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A Course of Lectures

ON THE

NATURE AND TREATMENT OF DEFORMITIES OF THE HUMAN BODY,

DELIVERED IN THE MEATH HOSPITAL, DUBLIN, BY

LAMBERT H. ORMSBY,

Surgeon to the Hospital, and Demonstrator in the School of Surgery, Royal College of Surgeons in Ireland.

Lecture II.—(*Continued from page 527, vol. xv.*)

I will now draw your attention to the *Non-Congenital Deformities*, or, in other words, those distortions *acquired* subsequent to birth, and will examine them precisely in the same order as I have done the congenital, and afterwards enumerate the causes that are generally reputed to give rise to them in the human body.

Non-Congenital Deformities

In the Head and Face.—The cranium, although liable to many defects of symmetry, is not subject to deformity as frequently as other parts of the body; and this seems remarkable when we consider and examine the ossific condition of the skull at the time of birth; think for a moment the number of muscles connecting the skull with the cervical vertebra; think of the ligaments, and their complex arrangements; and yet, considering all these, with what beauty do we find the cranium poised and balanced on the spinal column, allowing of perfect motion combining ease with gracefulness, lightness with stability; then, on the other hand, consider the number of bones that form this important cavity, which is destined to contain the most delicate, the most beautiful, and yet most mysterious of organisable substances, the Brain, which is thus protected in a complete and perfect manner from all external injury. Here, also, at birth we see a grand scheme of design in the architecture of this noble piece of handiwork, and as there are provisions against injuries to the brain from outward accident, which are all adequately supplied by the partial yielding of the bones on the application of impinging force, this same condition of the cranial parietes is made subservient to the requirements of a more or less rapid increase in the size of the brain. In accordance, then, with this wonderful provision of nature, we find cerebral development and cranial growth proceed with an even pace, until at length the full completion of the former necessitates, as a matter of course, the arrest of any further osseous development, with the exception of any bony growth which may accompany at different periods of life the complete closure of the Fontannelles and the consolidation of the various cranial sutures.

There are, however, certain nations of the world with very different skulls when compared with the European race, as regards their cranial configuration; for instance, the elongated skull of the Cherokee, the flattened cranium of the Carib; but you can hardly call this a deformity, rather a want of symmetry, although, in some cases, it has been produced by mechanical means, by a process of pressure and skull—squeezing, which barbarous nations have recourse to on the heads of their young children, for the purpose of making them appear noble, or more decidedly imply by their macrocephalus configuration some high distinction of birth or hereditary pre-eminence (*a*).

That flattened appearance of the vertex with an increase in the bi-parietal diameter, together with a triangular form of the face, we constantly see in advanced cases of hydrocephalus which occur very frequently among badly-nourished and scrofulous children.

In the Ears.—We not unfrequently see in young

(*a*) Dr. Tyler Smith, in his lectures "On Obstetric Medicine," *Lancet*, May 17th, 1856. Page 583. Also see a most valuable contribution "On Craniology," by Humphry Minchin, A.B., M.B., F.R.C.S.I. *Dublin Quarterly Journal of Medical Science*, New Series, Vol. XXII.

children an unnaturally prominent pinna, in other words, the *ears stick out* to such an extent as to simulate deformity. I remember meeting with such a case some time ago, in which I recommended an elastic band—worn round the head. The ears may also be destroyed by disease, but this deformity comes under the head of Deficiency, which, in itself, will be the subject of a future lecture.

The Non-Congenital Deformities of the Face.

The Face may be the seat of acquired deformity arising from a variety of causes, viz.: 1. *Disease;* 2. *Accident;* 3. *Muscular Debility;* 4. *Muscular Excitability;* 5. *Malignant and Benign Tumours;* 6. *Paralysis of the Portio Dura Nerve*, giving rise to Bell's palsy.

As all wish to be handsome and comely to a greater or less extent, and more particular among the fairer sex, who, if ugly, try to improve their personal appearances by rouges and tints, and, if endowed with a moderate amount of beauty, strive to preserve a pretty face, which is certainly very necessary if they have nothing else to recommend them. In considering the deformities of this important situation of the body, I can safely say there is no part that is more prized by the owner than the human face, which was called by the ancient writers, "*the image of the soul,*" as being the seat of the principal organs of sense, and the situation where the ideas, emotions, and expressions of the mind are fully demonstrated and brought into view, the *passions*, pride, and disdain are clearly shown by the expression of the face. Modesty is seen in the cheeks, majesty and veneration in the forehead. It is the face that shows the sex, age, temperament, health, pain, or disease. We have all seen, I am sure, the anxious and pinched look of one suffering from strangulated hernia; the frightfully distorted face in hydrophobia and tetanus; the bloated and flushed face of delirium tremens; the pallid and earthy look of collapse; the golden yellow hue of jaundice; the circumscribed blush of hectic. It is also the seat of human expression, by which we mean the expression of the passions, the turns and changes of the mind, so far as they are made visible to the eyes, by our looks and gestures. Beauty, in all its grades and styles, is here displayed intimately connected with the passions, and we may say in general that all the tender and kind passions add to beauty, and all the cruel and unkind ones to deformity; and it is on this account that good nature may very justly be said to be the best feature in the human face.

Mr. Pope, with his poetic genius, has included the principal passions of each sort in two very appropriate lines—

> "Love, hope, and joy, fair pleasures smiling train—
> Hate, fear, and grief, the family of pain."

The former of which naturally gives an additional lustre and enlivening tint to beauty, as the latter are too apt to fling a gloom and cloud over it.

The finest union of passions that can perhaps be observed in any face consists of a just mixture of *modesty, sensibility,* and *sweetness*, each of which, when taken singly, is very pleasing; but when they are all blended together in such a manner as either to enliven or correct each other, they give almost as much attraction as the passions are themselves capable of adding to a delightfully pretty face.

There is another point which I am quite sure each one of you are quite conversant with, which is, that there is a great deal of difference in the same face according as the person is in a better or worse humour, or in a greater or less degree of liveliness; that the best and softest complexion, the finest features, the most symmetrical form, with the most *dazzling* eyes without anything of mind expressed on the face are as insipid and unmoving as the marble bust or painted form of the most exquisite of Oriental Beauties, time will not permit me to consider this subject farther, and neither is it necessary for my purpose, but I refer you to the charming and masterly works of Sir Charles Bell and Mr. Darwin on the subject of expression (*a*).

Having, therefore, gentlemen, given you some idea of beauty and comeliness of appearance as exhibited in the human face, we cannot be surprised why so many of both sexes, at all ages, and in all ranks of society strive so persistently to preserve their faces from deformity; with what anxiety does the mamma watch the smallest spot or discolouration on the face of her infant, with what anxiety does the young *belle* enquire from the surgeon whether the opening of a facial abscess, the removal of a small tumour will leave any mark or cicatrix behind, which in any way might destroy the symmetry and beauty of her personal appearance, the freckle, the mole, the nævi, the pitting of the skin after small-pox are all sources of great moment to those affected, as well as to their anxious friends.

I. *The Eyes* are very frequently affected with acquired deformity.

1.—Strabismus either convergent or divergent, but the usual form of squint in young persons is the convergent, or that in which the eye is turned inwards; the divergent or that in which the eye is turned outwards is more rare, and is chiefly met with in elderly people, for the most part due to paralysis of the internal rectus, it sometimes happens that both eyes appear to squint, but I may say this is more apparent than real (*b*).

2.—*Ptosis*, or drooping of the upper eyelid, caused generally by accident, debility, or to disease of the third nerve and gives rise to a rather unpleasant deformity, it can be improved by operative means.

3.—*Entropion*, or turning in of the eyelids, has been attributed to a variety of causes, among which may be mentioned contraction of the ciliary margin of the lid, thickening and contraction of the conjunctiva at the line of reflection from the lid to the globe of the eye. Sir Philip Crampton believed the deformity to arise in the upper eyelid from the contraction of the fibres of the levator palpebræ superioris, it can permanently be remedied by surgical operation.

4.—*Ectropion*, or eversion of the eyelids generally seen in the lower caused by the closing of the conjunctiva owing to long continued inflammation, also very frequently caused by the contraction and cicatrisation of a severe burn in this situation, it can be remedied by surgical operation.

5.—*Lagothalmos* (or hare eye) signifies an inability to close the eyelids; it may be caused by disease of the portio dura nerve, a cold blast, or some other nervous or muscular derangement.

(*To be continued.*)

◆

OBSERVATIONS ON FEVER.

Being abstract of Lectures delivered in Dr. Steevens' Hospital.

By Thomas Wrigley Grimshaw, M.D.Dub.,

Fellow and Censor of the King and Queen's College of Physicians; Physician to the Hospital, and Senior Physician to the Fever Hospital, Cork Street, &c.

Reported and Edited by Henry J. Tweedy, M.B.Dub.,

Fellow and Examiner in Arts in the Royal College of Surgeons in Ireland.

Lecture II.

Gentlemen,—In our last lecture we discussed the various causes of typhus, enteric, and relapsing fever, in the present lecture I propose to direct your attention to the leading symptoms of each, comparing their prominence or importance in the three varieties as we proceed.

Before doing so I have a few words to say on the symptoms common to all forms of continued fevers. Pre-eminent among these are the changes which are observ-

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(*a*) "The Anatomy and Philosophy of Expression." By Sir Charles Bell. 3rd edition. 1844.

"The Expression of the Emotions in Man and Animals." By Charles Darwin, M.A., F.R.S. 1872.

(*b*) Mackenzie "On the Diseases of the Eye." Pp. 352.

able in the pulse and the temperature of the body. The pulse becomes accelerated from the normal range to various degrees of frequency. The temperature likewise increases from the typical 98·6° to over 100°; up to 107° in very severe cases. We should, however, guard against the error of supposing that either of these symptoms are in themselves completely indicative of the severity of the disease, for in children both are higher than in adults; and, again, the pulse may be very much quicker in relapsing than in the other forms of fever.

Rigors usually mark the accession of any feverish attack. This symptom occurs with different degrees of severity, varying from a slight chilliness to a distinct shivering fit, or even apparent collapse, as is not unfrequently seen in the intermittent fevers of warm climates.

On the other general symptoms we need not dwell at any length. They are, as you are aware, sense of lassitude and debility, pains in the bones, headache, thirst, loss of appetite, bad taste in the mouth, foul tongue, nausea, sleeplessness, &c.

Let us now pass on to examine the special symptoms of each form of fever. In doing so our attention is naturally directed first to the mode of invasion. This may be sudden, slow, or even so gradual as to be almost imperceptible. In typhus, the patient is generally unwell for some days, and then usually a distinct rigor comes on, decidedly marking the accession of the disease. Enteric fever comes on much more insidiously. On questioning the patient you will probably learn that he has been out of sorts for a considerable period, that he has had a bad taste in his mouth, and perhaps that his bowels are too free. He will complain generally of chilliness, but will seldom have had a shivering fit sufficiently distinct to arrest his attention. In relapsing fever a specific rigor invariably ushers in the disease, and is followed rapidly by a hot and then a sweating stage, especially if the disease does not directly result from starvation.

In treating of the special diagnostic signs and symptoms of the three continued fevers we shall consider them from fixed standpoints, viz., their connection with the various systems.

The symptoms referable to the integumentary system are those connected with the eruption. In typhus fever, about the fifth or sixth day from the commencement, a dusky reddish brown mottling becomes apparent. It is generally first seen over the folds of the axilla and front of the chest, and then spreads over the sides and the abdomen. It is not usually found at first on the extremities, but when it is you will almost invariably find it on the arms, more seldom on the legs, and comparatively rarely on the face.

This eruption is much redder in the young than in adults. It gradually becomes more defined, and distinct spots—*maculæ*—appear. These may be raised and irregular and even disappear on pressure. There is likewise frequently observed a kind of greyish marbling, supposed by some to be the precursor of these brownish spots. After the lapse of a day or two the maculæ become thicker, do not disappear on pressure, but continue for days, leaving permanent marks, called *petechiæ*. These are simply a series of minute ecchymoses caused by the extravasation of blood from the weakened capillaries. When the fever begins to subside the mottling gradually gradually fades away, but the petechial markings persist for a considerable time subsequently.

Enteric fever differs from typhus in respect to its eruption. In many cases no rash whatever can be discovered, but in the majority it is present. There is invariably some difficulty about fixing the precise date of its appearance, owing to the uncertainty that usually prevails as to when the disease actually commences. We may, however, as a general rule look for its advent from the seventh to the twelfth day of the fever.

The character of the eruption is—A few rose-coloured spots, often not very easily discoverable, (especially on the dirty and flea-bitten skins of our hospital patients). They are about an eighth of an inch in diameter, slightly raised, and disappear on pressure; they vary in number from one to twenty or thirty. They are usually first found on the abdomen and chest, but especially on the sides of the abdomen. In females, a usual situation of these spots is the breast. They keep coming out in successive crops for a fortnight or even longer, and never change until they disappear; they may even be present for a portion of a day and then vanish. You can observe these phenomena by tracing a circle with ink round one of these rose spots, and watching it from time to time The average duration of each spot is two or three days. They seldom, if ever, appear after the thirtieth day of the illness.

It is very different to distinguish the eruption of enteric fever from that of typhus at first, but after a couple of days the typhus eruption will be found assuming a darker colour, and failing to disappear on pressure, and furthermore no fresh crops ever come out. The opposite is as we have seen the case in enteric fever. In some cases, however, the two eruptions have been found to co-exist, but in such cases other symptoms of both fevers are also present.

With regard to relapsing fever we have nothing to remark on the subject of rash, owing to the fact that there is no characteristic eruption connected with this disease.

In the continued fevers, as in many other affections, the pulse is a most important index as to the patient's condition.

In typhus, the general range of the pulse is from 100 to 120 beats per minute. If it be much under 100 (80 or 70), it becomes a very serious and often dangerous sign, and augurs badly as to the termination of the case. It presents the usual febrile characters, is soft and undulatory, especially about the sixth or seventh day of the disease. The tension is lower in typhus than in enteric fever. Two causes have been assigned for this low tension of the pulse. First, a flaccid condition of the capillaries, and secondly, weakness of the heart itself. We find the force of the heart becomes diminished, the first sound is but faintly heard, and in many cases is completely lost. This is our great criterion in estimating the strength or weakness of our patient, and hence the vital importance of constant and careful auscultation. In enteric fever the pulse is frequently dicrotous, but its febrile characters are not so well marked unless the disease assumes a distinctly typhoid form. Marked weakness of the heart, similar to that so common in typhus, is not frequent, but when it does occur, it usually points to a fatal result. With regard to the indications afforded by the pulse in relapsing fever, I have not seen a sufficient number of cases of this disease to be able from personal observation to put you in possession of its special peculiarities.

The respiratory symptoms would next demand our attention, but as we shall have to deal with them somewhat at length when we come to treat of complications and sequelæ, we shall for the present defer their consideration.

The digestive system suffers *comparatively* little in typhus. There is, as we might expect, great dryness of the mucous surfaces and suspension of the normal digestive functions. The condition of the tongue, however, is most important to notice. At first it becomes coated with a whitish yellow fur, extending from the centre to the sides; this becomes gradually brown and then black, and the teeth loaded with sordes. When the fever begins to subside the parched tongue begins to moisten, cracks appear on its surface, the sordes disappear, and it gradually reassumes its normal condition. In enteric fever, the symptoms referable to the digestive system are very well marked. To commence with the tongue. It is usually white at first and red at the edges and tip, but if the case assumes the typhoid form the tongue presents all the characters of a typhus tongue. Sometimes, instead of being urred, the tongue becomes red all over, commencing with a strip of red at each side. This is not, however, to be entirely relied upon as a diagnostic sign.

Vomiting frequently occurs early in the course of enteric fever, and this, taken in connection with the other symptoms, affords a useful sign for distinguishing this disease from typhus, in which vomiting is not nearly so common.

Diarrhœa is almost invariably present in enteric fever; this is connected with inflammation or ulceration of the glands of the intestine, but of this we shall speak more particularly hereafter. In typhus the bowels are nearly always confined, but diarrhœa may be present.

The course which the temperature follows, differs in each form of fever. In typhus, the range of temperature follows the "continuous" variety, that is, continues to rise steadily during the first few days to about 104·5° or 105°, then gradually falls, without any sudden variations except such as may be due to the occurrence of complications. The highest temperature is usually reached about the seventh or ninth day.

In relapsing fever, at each exacerbation, the temperature rises quickly and suddenly to its full height, from 105° to 107°, and as quickly falls, and therefore the range belongs to the "acuminated" variety.

In enteric fever the range of temperature belongs to the "interrupted" variety, that is, rises and falls frequently. It may reach the height of 104° or more, frequently during the course of the disease having extensive daily fluctuations (sometimes of many degrees), the highest daily temperature usually but not always being in the evening.

The height of temperature is of very different import in the different forms of fever. In typhus a temperature above 104·5° is severe, above 105° dangerous, and 106° is seldom compatible with life. In enteric fever these rises are not of such serious import. In relapsing fever temperatures of 106° or 107° seem to be of little consequence so far as prognosis is concerned.

Sleeplessness, delirium, &c., we shall discuss in our next lecture in connection with the subject of complications, and I shall conclude for the present with a few words on the duration of the three forms of fever.

Typhus usually lasts about fourteen days. Defervescence takes place by crisis, which is most commonly accomplished either by sleep or profuse sweating. There is seldom a crisis to an attack of enteric fever. The duration of the disease is most uncertain. Three weeks is the average, but it frequently lasts much longer, and the patient may continue in a feverish condition—sometimes better and sometimes worse—even for months. In relapsing fever the first attack lasts seven days, and is followed in a few days by another exacerbation. There is no rule as to the number of relapses. They may vary from two to twelve. The first attack is the worst, and each succeeding one is less severe. We have now briefly considered the more important of the three varieties of continued fever. When next we meet we shall discuss in detail the complications and sequelæ atttendant on each form.

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REPORT ON SYPHILIS.

By C. R. Drysdale, M.D., F.R.C.S., &c.,

Senior Physican to the Metropolitan Free Hospital, &c.

Even the most ardent admirers of mercury in the treatment of syphilis (among whom the writer lays no claim to rank himself) are wont to confess that occasionally salivation and other disagreeable consequences result from even moderate doses, when mercury is absorbed by the digestive organs. Dr. Giovanni Pierantoni, in an Italian journal (*Il Raccoglitore Medico*, May, 1873,) praises very highly the use of subcutaneous injections of finely levigated calomel powder, suspended in distilled water in the cure of syphilis, and gives the following case to prove his thesis:—

A young woman, æt. 22, was seen by him in August 1872, with pallor of skin and mucous membranes, complaining of a feeling of uneasiness at the hypochondriac like a feeling of weight, although the liver did not exceed its natural size. There was no fever, but the urine was intensely deep in hue. Thinking that this was a case of paludal intoxication, he prescribed Fowler's solution; but on visiting the patient in a few weeks, he found her condition much worse. The abdomen was tympanitic, painful, and there was constipation with slight albuminuria. The volume of the liver was increased, and its upper border was found on percussion to reach the fifth rib, whilst its lower border was five centimetres below the border of the ribs. The superficies of it accessible to the fingers felt irregular.

There was also angina and enlargement of the glands of the neck with history of eruption over the body, preceded by an ulceration seated on the vulva.

The cause, then, of the tonsillitis, of the enlarged liver, and of the albuminuria was diagnosed to be syphilis, although enlarged liver is generally considered to be a concomitant of the later periods of syphilis. The pallor was doubtless due to the liver affection, and the albuminuria was probably one of the transitory forms of this affection, arising from some chemical change in the form of the albumen favourable to its osmosis.

With regard to treatment he elected that of hypodermic injection, as that which unites in itself so many advantages that, according to Barnard it is likely to become the favourite method for the absorption of all those substances which have great activity in small volume. Scarenzio and Ricordi assert that this method of treatment should be made general. "Every practitioner (they say) however little of a physiologist, must confess that the hypodermic treatment confides the remedy to an absorbing surface which is one of the most certain and most faithful. Besides, the practitioner can measure the mercury in this way more certainly, and make it penetrate into the system of the patient, another great advantage, of course. Besides, again, he may administer in a short time a quantity of the remedy, which could not be supported by the internal method, or by frictions, without exciting injury to the intestines, the skin, and the mouth."

These authors in company with Lewin, prefer the use of calomel greatly to that of corrosive sublimate for injections. It may be employed in quantities from a few centigrammes up to half a gramme (seven and a half grains) for each injection. The local accidents caused by such injections are not at all proportionate to the dose, whether regarded with respect to the reaction, or its termination in suppuration.

Twenty centigrammes of calomel produce an almost equal abscess with forty centigrammes, so that a strong dose of the remedy may be introduced at once. For instance, a gramme (fifteen grains) of calomel may be injected in the course of a few days without producing poisoning or salivation. Two injections of calomel are all that are needed, these are rarely exceeded, whilst corrosive sublimate must be injected twenty times.

Abscess always follows calomel injections, but this abscess is not of a nature gravely to annoy the patient, if the part be dressed with collodion after the operation. Barkley, Lewin, and Liegois, found that salivation was far more frequent after injections with sublimate, than after calomel injections; and the calomel injected is a reservoir of the remedy which is gradually digested by the connective tissue and thus enters the economy.

Scarenzio used glycerine first of all as a vehicle for the calomel, but afterwards substituted a solution of gum arabic to suspend the insoluble powder. The author, Dr. Pierantoni, always makes use of distilled water as a vehicle. The abscess, whether it opens spontaneously, or is opened with lancet, never assumes the appearance of a specific ulceration.

In the treatment of such abscesses the author employs three or four paintings with elastic collodion daily, which promotes the absorption of the pus, which never exceeds some eight grammes in amount, according to Scarenzio and Ricordi.

In the case before him and with the history, Dr. Pierantoni had no doubt that mercury should be used. He might, he says, have used iodide of potassium, but cannot see why mercury should not be used in this case. Both mercury and iodine are uncertain and expose the patient to relapses equally, he maintains. "Without denying the curative value of iodide of potassium (he says) mercury will always remain the sovereign remedy against syphilis."

On September 22, he made the first injection with twenty centigrammes of finely levigated calomel, suspended in half a gramme of distilled water, and in a week an abscess had formed and opened spontaneously. During the week the albuminuria disappeared, the pain disappeared from the right hypochondrium, and the sore-throat became much better.

On October 3, the injection was repeated, but fifteen centigrammes alone were injected. The abscess was in this case very small in size, and on the 11th day it was absorbed completely.

On October 20, the sore-throat was almost well, and the volume of the liver much diminished. A third injection was made *on the arm* similar to the second, and here also the pus which was in small quantity, was quickly re-absorbed.

The patient in November, after forty-four days of treatment was completely cured. No annoyance worth mentioning was caused by the treatment, and the patient could always proceed with her ordinary occupations.

Dr. Drysdale would refer the reader for further information to the work of Scarenzio and Ricordi, (one hundred cases), and to those of Lewin, (sixty cases), as also to the hostile criticism of this method by Dr. Alfred Fournier, in his "Leçons à l'Hôpital Lourcine," when he speaks of Liegois' treatment.

Dr. Alfred Fournier, whose name is so well known to English readers, as publisher of his teacher M. Ricord's, "Leçons sur le Chancre," has this year, 1873, published a most interesting work entitled "Leçons sur la Syphilis, etudieé plus particulièrement chez la Femme." This is a volume of more than eleven hundred pages, which unites all the lectures delivered by Dr. Fournier in the Lourcine Hospital, of Paris, during the summer season for some years past. The work has many most interesting features. It gives a most accurate description of syphilis as it affects women, whether in the form of primary indurated sores, or in that of that variety of ulcerations of special nature, often united under the name of condylomata, or mucous tubercles, but which Dr. Fournier takes great pains to analyse and describe carefully. Those who like the writer, have seen the great scrupulosity with which the learned physician of the Lourcine examines each case as it comes before him at that special hospital, will readily understand that this work contains a great deal that is new in syphilis. Thus, Dr. Fournier has consecrated distinct parts of his work to the consideration of the fever, sometimes caused by the presence of the virus in the system, as also to the effects produced in female patients by syphilis, in lowering the temperatnre of the extremities and producing analgesia in different parts.

Dr. Fournier also registers many cases of excessive and ravenous appetite for food observed among syphilitic women in his hospital. The points concerning the appearance of the primary sore in women are well treated, as is also that concerning the occurrence of chancre in the vagina, or on the cervix uteri.

With regard to the treatment of syphilis, Dr. Fournier is a decided and pronounced advocate for mercurial courses; and administers the proto-iodide of mercury in half grain doses twice daily for a month or six weeks at a time, and with intervals, so as to keep the patient under this treatment for eighteen months or two years. He keeps iodide of potassium for the treatment of tertiary lesions of the throat, but is firmly persuaded that the long treatment by iodide of mercury is a preservation against tertiary syphilis. With regard to the dose of iodide of potassium in tertiary sore throat &c., it should be large, one or two grammes, (fifteen to thirty grains) at least should be given in the twenty-four hours, and often far more than that when sloughing of the soft palate is threatened.

All persons interested in syphilis, (and few physicians or surgeons practising in large cities are now ignorant of the vast importance of this widely spread disease) should read Dr. Fournier's work, which will repay perusal better than almost any work of modern clinical experience. The style is clear, vigorous, and agreeable, for Dr. Fournier, like many French Medical authors, knows how to wield his pen, as well as his speculum.

Dr. G. McNalty, Staff-Surgeon, relates a most interesting case of syphilis, which seems to have been the cause of aneurism of the aorta and innominate artery (*Medical Times and Gazette*, May 31). A private soldier, æt. 35, had a history of chancre on the penis, followed by bubo, some four years before the appearance of a pulsatory tumour in the right side at the sterno-clavicular articulation. This patient was treated by iodine of potassium in eight-grain doses, with doses of three minims of tincture of aconite thrice daily, and in the course of six months (May 17 to November 19) the pulse fell from 96 to 76, whilst all symptoms of the aneurism which had eroded part of the navabrum of the sternum were much appeased. The patient left hospital, but returned in January, 1870, with pulsation in the tumour and ulceration of specific character on left knee. He died on the 22nd July.

At the *post-mortem* examination, the external surface of the heart is described as displaying numerous gummy tumours, from the size of a pin's head to half an inch in diameter, whilst the muscular structure was studded with circumscribed nodules of a greyish-white colour. There were two aneurisms, one of the innominate, the other of the ascending arch of the aorta; the sac of the former being as large as a middle-sized orange, and filled with fibrine. Several gummy elevations were noticed on the internal surface of the arch of the aorta. The liver was much enlarged—9 lb. 5 oz.; and had externally a tuberculated appearance. On cutting into it the section was found studded with various sized nodules, some white in colour, others yellowish and softer. The spleen had soft nodules throughout. The kidneys were healthy.

It seems unfortunate that the early part of the syphilitic history of this man was rather ill made out. There are few such cases of gummata in the heart recorded in Medical works—perhaps some twelve or fourteen up to this date. The writer hears from Dr. McNalty that he has seen other cases in his army experience. The patient seems to have sunk from the cachexia caused by the disturbance of the important functions of the liver and spleen, not from the aneurism. In deaths from infantile syphilis, this is often the true explanation of the fatal result.

In a case of thoracic aneurism, lately under the care of Dr. C. Drysdale, in the Metropolitan Free Hospital, although there was no history of syphilis that could be depended on, large doses of iodide of potassium were tried; but unfortunately had not the beneficial effect seen in this case.

Dr. Bellini (*Lo Sperimentale*, June, 1873) speaks of the way in which calomel behaves when used in therapeutics as follows: Calomel taken on an empty stomach is changed very slightly in the stomach, and more changed in the small intestines. It is the alkaline chlorides and the lactic acid which act upon it in the stomach in the small intestines, and the alkaline carbonates. When calomel is taken whilst the stomach digests proteine aliments, it is for the most part decomposed in the stomach; but if the stomach be digesting bread or starch, &c., there is no more effect than if the stomach were empty.

Acid drinks should be very dilute, and used with very great precaution in cases where calomel is made use of. Bread eaten by persons using calomel should have very little salt in it. Calomel should not be administered along with acetate, benzoate, or carbonate of ammonium, nor along with aqua laurocerasi or alkaline bromides, iodides, or sulphides. Grave phenomena may declare themselves when calomel is given by the mouth to such persons as have up to the last two or three days made use of alkaline iodides, bromides, or sulphides. Grave accidents may also take place if calomel be injected in powder into the cellular tissue whilst the patient takes iodides, bromides, or sulphides.

Dr. Gosselin in some clinical lectures at the Charité Hospital of Paris (*Tribune M.*, June 1), gives some examples of syphilitic tumours which presented some difficulty in diagnosis. In one case of a woman, æt. 35, in the hospital in 1870, there was a hard flat tumour about the size of a five franc piece, at the internal and inferior aspect of the right arm near the elbow. Near this there were two little tumours which had ulcerated and gave off a mucilaginous serosity, presenting as there base a greyish soft substance resembling gum, and another similar tumour was seen on the clavicle. Former tumours in the same patient had disappeared under iodide of potassium.

M. Gosselin prescribed a mixed treatment of green iodide of mercury and iodide of potassium, and in five weeks the patient was freed from these tumours.

In another case there was much hesitation in pronouncing a diagnosis. A young man, æt. 16, of good general health presented a tumour situated on the anterior and middle of the right leg. The swelling commenced, he said, about two years before, by a little kernel, which after remaining stationary for a long period, began suddenly to increase rapidly in size, without causing any suffering, however, or any obstacle to locomotion. The tumour was as large as the half of a large egg, was of soft consistence, without fluctuation, or change of colour of the skin. It reminded one in its consistence of a lipoma, but its progress and seat made it difficult to believe in this account of its nature. It occupied the internal aspect of the tibia under the form of a soft and superficial swelling with central depression. It did not seem adherent to the periosteum, and appeared superficial.

The diagnosis was obscure, and cold abscess, or spontaneous effusion was thought of but rejected, as the tumour had never been painful. Syphilis was then thought of, and as the patient was very young and had not had the acquired disease hereditary transmission was supposed, although the parents were not examined.

A mixed treatment was prescribed of mercury and iodide of potassium in the form of syrup of Gibert (a mixture of the red iodide of mercury and iodide of potassium). A cotton bandage was passed round the limb as a compress, and in seven weeks of this treatment there only remained a very small kernel in the locality of the tumour.

Note.—It is a pity that Dr. Gosselin does not mention the appearance of the central incisor teeth or the lips in the last case. Dr. C. Drysdale has noticed that in Paris, the discoveries of Mr. Hutchinson in hereditary syphilis are as yet ill recognised even by such distinguished men as Dr. H. Fournier.

Mr. Messenger Bradley, F.R.C.S., of Manchester, gives a most interesting case in the *British Medical Journal*, June 7, of a woman affected with a syphilitic tumour on the anterior left frontal convolutions which proved fatal, She was dull and melancholy as if affected with insanity and finally complained of severe pain affecting the left side of the chest, which continued until her death. A tumour the size of a pigeon's egg was found behind the left frontal bone. There was no aphasia.

Mr. Bradley remarks that it is chiefly among the poor that syphilis makes its severest ravages, and says truly that the disease often attacks a patient when he is weak. He affirms that the unholy trinity of drink, struma, and syphilis, however, is not the only cause of this fact; but that the omission of mercurial courses from treatment is a frequent cause. Some time ago, he adds, it was alleged that the abuse of mercury was answerable for some of the most terrible lesions of syphilis. He thinks this a grievous error and compares it to that of supposing that vaccination is the cause of severe small-pox. His utmost care, he says, has failed to find that mercury has been given in the worst cases of visceral syphilis he has seen, and observes that such cases always improve under the use of mercury. Nothing therapeutical, he maintains, is more certain than the powerful influence which mercury exerts over syphilis, yet in spite of this many patients are not treated with it at all, or get far too little of it; since if relapses are to be avoided, it is almost as important to keep up its action for some months as to commence it at all. Syphilitic gummy tumours are quickly absorbed by mercury and iodide of potassium.

Note.—The latter remarks of Mr. Bradley are very interesting coinciding as they do entirely with the views of Dr. T. Ricord and his pupils Dr. Fournier, of Paris, and Dr. De Méric, in London. Dr. A Fournier in his last written work "Clinical Lectures at the Lourçine Hospital, of Paris," indeed insists on the necessity of giving interrupted courses of the green iodide of mercury during two years, in order to *prevent* the appearance of tertiary gummy affections of the skin or internal organs. M. Ricord requires a year of mercury.

On the other hand the Edinburgh School and the Christiania School are opposed to the use of mercury entirely in many instances, and Dr. Bœck is especially opposed to this which he styles the devilish remedy.

Dr. C. R. Drysdale does not find that mercury prevents the occurrence of gummy tumours, but likes large doses of iodide of potassium in all stages of syphilis better than mercury, which is, as all confess, sometimes a very dangerous drug to make experiments with, and in his experience, unnecessary in syphilis.

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EXAMINATION OF THE WATER (VARTRY) SUPPLIED TO DUBLIN AND SOME OF THE NEIGHBOURING TOWNSHIPS (*a*).

By Thomas Abbott,
Exhibitioner in the Royal College of Science, Dublin.

I employed the same methods in determining the different substances estimated in the Vartry water as Dr. Studdert in the examination of the water supply of Rathmines and Rathgar.

The following are the constituents I estimated, and their weight in grains, in each gallon of the water :--

	Grains per gallon.	
Free ammonia . . .	0·0007	
Albuminoid ammonia .	0·0063	
Chlorine	0·7455	1·228 of chloride of sodium.
Total solid matter . .	4·90	
Permanent hardness. .	2°·20	
Temporary „ . .	0°·00	

According to my analysis the Vartry water contains a little more free ammonia than the amount found in the Loch Katrine water by Messrs. Wanklyn, and Chapman, but it contains as nearly as possible the same amount of albuminoid ammonia as those distinguished chemists found in that water.

In comparing in a domestic point of view the canal water supplied to Rathmines district and the Vartry

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(*a*) See Medical Press and Circular, May 21, 1873.

water, it is at once seen that the difference in degree of hardness, or, in popular language, the soap-destroying power of the two waters is very considerable; but even still more important is the difference in the quantities of albuminoid ammonia the two waters respectively yield, and along with this fact the quantity of free ammonia and the amount of nitrogen in the form of nitrates and nitrites (which latter, according to Dr. Frankland, indicate previous sewage contamination) the canal water contains, must not be overlooked.

In conclusion, I quote a few facts respecting the great reservoir in which the water supplied to the city of Dublin and some of the neighbouring townships is stored, which I have extracted from the City Engineer's report to the Corporation of Dublin:—

The great reservoir is at Roundwood, in Wicklow Co., it holds 2,374,358,344 gallons. The water began to be impounded in the reservoir on the 21st July, 1866, and on the 4th October in the same year 233,078,204 gallons had been impounded, which showed the average yield per diem of the Vartry river during the dry season to be 5,200,000 gallons; this was above 2,000,000 gallons per day beyond what it was calculated it would yield during the dry season From February 10th to June 1st, 1868, 1,688,993,956 gallons were impounded, notwithstanding there were drawn out of the reservoir about 8,000,000 gallons daily. The City Engineer estimated in the year 1869 that these splendid water-works would cost about £510,000; out of this for land and compensation was paid £76,046 18s. 1d.

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American Communications.

THE TRUE LAW OF POPULATION BASED UPON PHYSIOLOGY.

By Nathan Allen, M.D., Lowell, Massachusetts,

United States Commissioner at the late European Congress on "The Treatment of Criminals, the Prison Laws, &c."

The Medical Press and Circular for Feb. 5th, contained an article with this caption embracing a summary of facts and arguments going to show that the true law of population is based upon physiology. The same writer wishes now to present two classes of facts in proof of the same doctrine. But in order that the merits of the question may be better understood, the nature of that law and its conditions will first be briefly stated.

This law of propagation is based upon a perfect standard of organisation in nature, or in the perfectionism of structure and function, or, in other words, that every organ in the body should be perfect in structure, and that each should perform its legitimate functions in harmony with all others. This law applies not only to mankind, but extends throughout the whole animal and vegetable kingdom. While the fulfilment of this law requires the union of both sexes, much depends on age, health, adaptation, agreement, &c. The law is also subject to other conditions such as food, climate, exercise, &c.; but these operate mostly externally and after birth. Whatever influences these agencies may have in the increase of population they are secondary causes or factors; the great primary law—the law that leads, directs, and controls has its origin and foundation in physical organisation.

We present the two following classes of facts bearing upon this subject. One of the most remarkable changes that has ever occurred in the history of any people may be found in that of the Sandwich Islands. These Islands—seven in number—are located in the North Pacific Ocean, and cover an area of 6,500 square miles. When these islands were discovered by Capt. Cook in 1778 they were estimated to contain some over 300,000 inhabitants living in a savage and barbarous state. The American missionaries commenced operations there in 1820, and the first census ever taken was in 1830, when the population was found to be 130,315. In 1850 it was 84,165, and in 1872 it was 56,897. But of this number 5,366 were foreign, leaving only 51,531 natives. This strange decrease has occurred steadily every year and every decade of years, though not precisely uniform in each period. By the census of 1812 the number of married persons was 25,759, and of the balance a slight majority were males. It is now more than half a century since the missionaries established the institutions of the gospel on these islands, and some twenty years ago it was thought the inhabitants had become generally so christianised that the services of the missionaries could be given up. Education had become general, and the family institution was thoroughly established. All the elements of a christian civilisation had been introduced, and still the population steadily decreased. How can this be explained? It cannot be for want of food, there has always been an abundance of food easily obtained, and that which was healthy. It could not be from any change or fault in the climate, which has always been represented to be remarkably pleasant and wholesome. It could not be for the want of good government or any outward conditions that were unfavourable to growth. There certainly have been no wars, pestilences, famine, or calamities of that kind to account for such a change. According to the theories of most writers on population, these are the principal causes that operate in diminishing the number of a people. It is true two or three epidemics have prevailed there at times, but were not sufficiently destructive to cause such a change, and, besides, these occurred many years ago.

What then is the cause? It certainly is not in any external conditions or agents. Is it not from a change in the physical system? And has not the great primary law of increase, its service and fountain-head in physical organisation? It is alleged that the diseases brought to these islands by foreigners and the effects of intemperance occasioned by imported liquors have caused the decay of this people, and that even the redeeming influences of education and a christian civilisation, continued for almost two generations, have not as yet accomplished much to reverse the tendency.

It is a singular fact that the native inhabitants of nearly all these South Sea Islands are diminishing in numbers, and seem destined ere long to run out. There must be causes or agencies existing somewhere to account for such a state of things. Is there not, therefore, some radical defect in their organisation? May there not be a want of vitality, a want of stamina in the constitution, such a predominate tendency to physical degeneracy that their decay or final extinction cannot well be prevented? It may be said that the outward conditions here which are favourable are not sufficiently favourable to turn the scale. Let us then briefly notice some facts in the history of a people of a very different character and living under very different influences.

The first settlers of New England were a healthy race, possessing remarkably strong and healthy constitutions. From records carefully kept now for over 200 years, it appears that the average number of children to each family has decreased with every generation; that they commenced with large families—averaging eight or nine children—but it is now doubtful whether the average will exceed three children to a family, scarcely enough to keep the original stock good in numbers. This change has occurred in the same places, with the same people having the same climate and plenty of food. After making due allowance for some emigration of young people, this steady decrease of births cannot be accounted for as we can see in any other way but by some change in the constitution or organisation of the people. The compiler of the U.S. Census for 1870, in attempting to explain why the population had not increased more from 1860 to 1870 says, "No one can be familiar with life in the Eastern and middle states generally, and not be aware that children are not born to American parents as they were in the early days of the country. Luxury, fashion, and the vice of 'boarding' combine to limit the increase of families to a degree that in some sections have threatened the perpetuity of our native stock."

Connected with the Bureau of Education at Washington, established by Government, a report has just been published upon *Vital Statistics*. In this document are found some valuable tables and diagrams showing the birth-rate in different States and at different periods of time. Dr. J. M. Toner, of Washington, the compiler, in explaining and commenting upon these figures remarks, "With a desire to view this question of birth-rate from a standpoint that would be sufficiently comprehensive, and yet free from even the appearance of preconceived notions or sectional partiality, I have made something of a study of what the records of the United States census (1870) teach upon the subject of population, in its enumeration by ages; also of births, deaths, &c. From this source I find undoubted evidence of a gradual decline in the proportion of children under 15 to the number of women between 15 and 50 years of age in our country. I do not propose to adopt any theory or to explain this extraordinary condition. But it is proper that the Profession and the country should be made acquainted with the facts, and made to realise that *the American people in this particular are showing unmistakable signs of physical degeneracy. I have embodied facts only, and leave the enlightened understanding of the American people to ascertain the reasons, from the evidence everywhere around them, and to supply the remedy.*"

There may have been an increase in what has been deemed the essential elements of civilisation, in education, refinement, culture, &c., but, at the same time, a state of physical degeneracy may have been taking place, especially with women. This physical decay cannot always continue without producing the most serious results.

After examining and canvassing carefully all the theories on population we do not see how the changes above stated can possibly have occurred, unless there is a great primary law of propagation based upon the physical system, but subject to various conditions both internal and external.

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STUDENTS' COLUMN.

LECTURES ON HUMAN ANATOMY.

By Walter Rivington, M.S. Lond., F.R.C.S. Eng.,

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Lecture VII—(*Continued.*)

It will now be necessary for me to direct your attention to some of the general anatomical features of the Pelvis as a whole. In doing this we need not traverse anew ground which has been already occupied, but devote our time to the "fresh fields" which are opened out when the separate bones are in union with each other. If you were asked to describe the Pelvis, you might open your account with observations of general interest on its resemblance in shape to a basin with a large hole in its floor, and on the obliquity of its position between the Spinal Column and the Thigh Bones. You could not fail to observe its natural division into two parts by the *Innominate* or *Ilio-Pectineal Line*—the more open and expanded *False Pelvis above*, *below* the more enclosed and contracted *True Pelvis*. Describing first the *False Pelvis*, you would notice that its only real boundaries are its *lateral walls*, consisting of the *Iliac Alæ*. Posteriorly there is a wide notch which it is as well to fill by considering for the nonce, the fifth Lumbar Vertebra, with the Ilio-Lumbar Ligaments reaching out to the Crest, as part of the Pelvis, whilst anteriorly there is a great gap extending between the anterior borders of the opposite Alæ, and filled in the living body by the large muscles and soft parts which bound the Abdomen in front and at the sides. Desiring to be systematic you might say that the *False Pelvis* presents for examination an *Internal* and an *External Surface*, a *Circumference*, and a *Cavity*, all of which parts you could readily describe from your previous knowledge of the individual bones. It might be desirable to point out specially the continuity of the *Internal Iliac Fossa* with the *Triangular Surface* of the *Sacral Wing*, and to note how well its obliquity is adapted to throw the chief weight of the viscera which it helps to support on to the anterior wall of the Abdomen.

The *True Pelvis* will demand more careful study on account of its very great importance in reference to the process of parturition. Its boundaries or walls are generally reckoned as four, an *Anterior*, two *Lateral*, and a *Posterior*.

Its *Anterior Wall* is formed by the Pubic Bones and part of Ischia. It presents in the middle the Symphysis Pubis sloping obliquely backwards and downwards, and at the sides the Obturator Foramina, closed by the Obturator Membranes. Below the Symphysis is a large notch, partly filled in the recent state by the Triangular Ligament, and bounded on each side by the everted and diverging rami of the united Pubes and Ischium.

This notch is known as the *Pubic* or *Sub-Pubic Arch*. At its upper part, where it corresponds to the Sub-Pubic Ligament, it is about an inch in width; at the lower part, between the tuberosities of the Ischia, it measures three inches or more.

The *Lateral Boundaries* of the True Pelvis are formed by the Bodies of the Ischium and Ilium, and the Great Sciatic Ligaments, which cross the Sciatic Notch and convert it into the Sciatic Foramina.

The *Posterior Boundary* is formed by the Sacrum and the Coccyx.

Each of these boundaries may be described separately, both with the *Exterior* and the *Interior* of the Pelvis, but such detail would now be unnecessary repetition. All that I now need notice externally is the posterior boundary, because it presents certain prominent points, which in persons worn and emaciated by wasting diseases stand out so strongly against the skin as to cause sores, distressing both to patients and attendants (*a*). In the centre is the convex posterior surface of the Sacrum and Coccyx, and its most prominent point is the fourth Sacral Spinous Process. At the sides are the overhanging Iliac Tuberosities, projecting backwards and inwards for two inches over the three upper Sacral Vertebræ, and forming a deep groove for the Erector Muscles of the Back and the posterior Sacro-Iliac Ligaments.

The *Interior* of the Pelvis presents a *Superior* and *Inferior Opening* and a *Cavity*.

The *Superior Opening* is sometimes called the *Brim*, sometimes the *Superior Strait*, and sometimes the *Inlet of the True Pelvis*. It is more or less heart-shaped or kidney-shaped on account of the forward projection of the *Sacral Promontory* in the middle line behind. On each side of the promontory there flows off a thick rounded border, separating the superior from the anterior surfaces of the Sacrum, and continuous across the Sacro-Iliac Sychondrosis, with the rounded edge on the Ilium and the sharp edge on the Pubes, which together have been named the *Ilio-Pectineal* or *Innominate Line*. Further in is the *Crest of the Pubes*, whose posterior surface, smooth and shelving, is continuous with that of the body of the bone. Completing the brim in the middle line is the superior aspect of the *Symphysis*.

The *Inferior Opening*, *Inferior Strait*, or *Outlet of the True Pelvis* is bounded by three bony prominences. Behind is the *tip of the Coccyx*; at the sides the *Tuberosities of the Ischia*. The three prominences are separated by three notches. Between each Tuberosity and the Coccyx is the *Great Sacro-Sciatic Foramen*; between the Tuberosities themselves is the *Pubic Arch*. In the articulated Pelvis the Great Sacro-Sciatic Ligaments stretch from the Coccyx to the Tuberosities, and the inferior opening is described as assuming the shape of a lozenge, a description which is now as definite in the expression of form as in the expression of the size of an object it is to say that it is as large as a lump of chalk. The traditional lozenge referred to, however, is a four-sided figure, with two diagonals, a long and a short. The long diagonal of the lozenge runs from the Symphysis Pubis to the tip of the Coccyx; the short diagonal crosses between the Tuberosities

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(*a*) Great care is often needed to prevent the formation of bed-sores; but no pains should be spared to effect this object, for they may produce serious results. A remarkable case came recently under my observation at the hospital. A middle-aged woman was under treatment for kidney disease and chronic catarrh of the bladder. Towards the close of her illness a bed-sore formed over the Sacrum, and the Sacrum itself became affected with Necrosis. The death of the bone set up inflammation of the membrane coverings of the Spinal Cord, and this inflammation gradually extended up the Spinal Canal till it reached the Membranes of the Brain.

of the Ischia. The sides of the lozenge are formed in front by the united Rami of the Pubes and Ischium, and behind by the Great Sacro-Sciatic Ligaments.

This "*lozenge-shaped space*" comprises all the parts which belong in the living body to the region called the *Perinæum.* The Tuberosities occupy a considerably lower level than the tip of the Coccyx, and when sitting erect the trunk is supported by them to the exclusion of the Coccyx. It is not, therefore, strictly correct to use the language of former writers and say that in sitting man is supported on a tripod; but in reference to the more sloping and lounging attitudes assumed in an easy chair and occasionally in the lecture theatre the phrase will hold its own.

The *Cavity* of the *True Pelvis* is five or six inches in depth behind where it is bounded by the Sacrum and Coccyx, but only an inch and a-half deep in front where it corresponds to the Symphysis Pubis. Owing to the curvature of the Sacrum the cavity is more capacious in the middle than it is at either extremity, and it is still further contracted below by the convergence of the bony walls, the Symphysis Pubis sloping downwards and backwards, the Coccyx turning forwards and the Ischia slanting downwards and inwards to the Tuberosities. It is owing to their contraction that the openings of the Pelvis are called the *Straits.* The excavation behind is called the *Hollow of the Sacrum,* the slanting surfaces at the sides the *Planes of the Ischia.*

The *True Pelvis* is occupied by the Rectum and Bladder in the Male, the Rectum, Bladder, and Uterus, and Vagina, in the female. The Rectum lies in the hollow of the Sacrum, the Bladder behind the Pubes, the Uterus and Vagina are between the Rectum and the Bladder in the centre of the cavity. These Viscera open below, the Rectum in front of the Coccyx at an aperture termed the *Anus,* the Bladder by means of its tube called the *Urethra* which passes out of the pelvis through a hole in the Triangular Ligament, and the Uterus and Vagina by an elliptical aperture, the *Rima,* situated in the centre of the external parts of generation, which are known collectively as the *Vulva.*

These passages are the *Viæ Naturales,* the natural roads along which the excretions travel to their destinations. Through the continuous passage of the Uterus and Vagina the Fœtus descends in parturition, and it is in reference to this process that the Pelvis has received so large a share of attention from anatomists and obstetricians, and must yet receive further notice at our hands in a succeeding lecture. Meanwhile we may quote the words of Ward and say, "A brief description of the cavity might run thus—The Pelvic excavation is a short canal, more capacious above than below, and in the middle than at its extremities, curved so as to present a convexity backwards, and cut off very obliquely above and below, so that its posterior boundary is many times longer than the wall by which it is limited in front."

Apart from its subserviency in the female to the processes of gestation and parturition, to which we shall turn our attention hereafter, the Pelvis has been stated to perform three main functions—1. It supports the Spinal Column and receives the weight of the Trunk, transmitting that weight in the erect position of the body to the Acetabular Cups and Heads of the Thigh Bones, and in the sitting position to the Tuberosities of the Ischia; 2. It affords advantageous surfaces and ridges of attachment to many different groups of muscles and planes of fasciæ; 3. It encases and protects some of the most important of the excretory viscera. Adaptation to the fulfilment of these functions has been a governing idea in the construction of the Pelvis, whilst certain principles have been put in practice to which Nature has been observed to conform in every part of the Skeleton. One principle is that lightness shall be combined as far as possible with strength; another that elasticity shall be provided for wherever shocks have to be received; a third that the amount of bony matter at any part shall be proportioned to the weight or traction to be sustained. Lightness is obtained by the presence of foramina, cavities, and notches, the use of ligament in certain parts instead of bone, by thin lamellæ of compact bone in unimportant spots, by the copious use of a fine but firm network of fibres or cancellous tissue in the interior of large processes or under extended surfaces. Elasticity and distribution of shocks are secured by means of sigmoid curves, arcuate ridges, meandering lines, obliquity of position, inclination of articular surfaces, frequency of joints, the abundant use of cartilage, fibro-cartilage, and wavy or elastic ligaments. In what part of the body shall we find these principles better illustrated than in the Pelvis? For lightness observe the Sciatic Notches and Ligaments, the Obturator Foramina and Membranes, the Pubic Arches, the smaller notches, the great gap of the False Pelvis, the leaf-like thinness of the lamellæ of the Iliac Alæ and Acetabular Fossæ, the abundance of cancellous tissue in the thicker parts, the levity of the Sacrum, for its size the lightest bone in the body. For elasticity witness the obliquity of the Pelvic and Sacral inclinations to the Spinal Column, the sinuous curves of the Alæ and Crest and anterior border of the Ilium, the arched shape of the whole bone, most apparent along the lines of pressure, such as the arcuate ridge running from the Auricular Surface to the Cotyloid Cavity with its continuation by the Horizontal Ramus of the Pubes, the curvature of the Ischium the Sacro-Iliac and Pubic Symphyses with their fibro-cartilaginous plates. For aggregation of osseous substance in places where pressure or traction is sustained make a transverse section of the Pelvis obliquely through the Sacro-Iliac joints, the Pelvic Brim, and the top of the Cotyloid Cavity, and observe the great Cotyloid rib or buttress running from the Auricular Surface of the Ilium to the upper part or dome of the Acetabulum. Cut into the Tuberosities of the Ischia, and see the density of the osseous material to resist the traction of the Hamstrings and Great Adductor Muscles, examining the Descending Ramus of the Ischium, the Spines, the Crest, the Tuberosity and Auricular portions of the Ilium, the prismatic Rib, which is formed by the Horizontal Ramus of the Pubes. For admirable strength of junction and resistance to the prevalent forces which might cause displacement what can be more striking than the disposition of the Sacro-Iliac joints already dwelt on at length, with the mutual adaptations of the Auricular Surfaces, and the immense strength and withal cunning direction of the Posterior Sacro-Iliac Ligaments. The more we examine into the mechanical construction of the Pelvis the more forcibly shall we be struck with the skill with which the simple materials have been combined to fulfil at once many purposes.

For the transmission of the weight of the body the principle of the Arch has been adopted.

In buildings, *Arches* are constructed of separate blocks of stone or brick cut in a wedge-like form and disposed in a curvilinear manner, semicircular, elliptical, or cuspid, as the case may be. These separate pieces are called the *voussoirs,* and the central or highest voussoir is the *keystone.* The voussoirs are united in plane seams or *joints,* and the terminal voussoir on each side rests or abuts against solid masonry named the *abutments.* The top of the arch is the *crown,* the beginning on each side the *spring,* the intermediate parts are *the haunches,* and the space included between the ends of the arch is the *span.* The peculiarity of the arch is that the voussoirs support each other by their mutual pressure, and its great advantage consists in its capacity for bearing weight and transmitting it equally to the lateral points. Weight applied to the arch from above tends to increase its firmness by forcing the broader end of the keystone downwards between the lateral parts, and thus pressing the voussoirs closer to each other. The Pelvis is in reality a double arch or tunnel. Its main part, the foundation on which the rest of the fabric is built, is a hoop of bone rendered elastic by its curvature and the interposition of the Sacro-Iliac and Pubic Symphyses, and by its obliquity of position or *inclination* from the Spine. This hoop is the *brim of the True Pelvis,* and externally opposite the centre of each lateral half of its circumference are hollowed out the deep cups which receive and rest on the rounded heads of the Thigh Bones, so that the hoop consists of an upper arch and a lower arch united in the Acetabula. Thus, the upper arch comprises the Sacrum or central voussoir or keystone, wedged in between the Ilia or Haunch Bones, which represent amalgamated voussoirs, and it is designed especially for the transmission of the weight of the Trunk to the lower limbs. The Sacrum differs in some respects in shape and position from a true keystone, for it is kept from displacement forwards and downwards, not by its wedge-like form, but by the strong posterior Sacro-Iliac Ligaments and by those irregularities of the auricular surfaces which are comparable to the "joggled joints" of architecture, the indentations by which adjacent stones are fitted and held together and secured against lateral pressure. The lower arch is compounded of the Horizontal Rami of the Pubes meeting in the Pubic Symphysis, and acts as a tie to the upper arch by preventing displacement of the Acetabular ends of the arch outwards. It thus takes the place of abutments, and it also serves as a means of distributing and dispersing concussions. Thus are formed four osseous ribs, two belonging to each arch of the hoop, the two upper ribs, one on each side, running from the Cotyloid Cavity to the auricular surface of the Ilium and Sacro-Iliac joint, are termed the *Cotylo-Sacral Ribs;* the two lower the *Cotylo-Pubic Ribs*, one on each side. In the sitting posture another arch and other ribs or pillars come into play. Passing obliquely upwards and forwards from the Tuberosity to the Cotyloid Cavity is the thick Branch of the Ischium, which in the sitting position transmits the weight of the body to the base of support, and this rib is in reality continued through the Ilium to the Sacro-Iliac Articulation. Passing upwards and inwards from the Tuberosity of the Ischium is the rib formed by the conjoined Rami of the Ischium and Pubes, connected in front with the Pubic Symphysis and acting as a tie to the Ischio-Sacral buttress. The two ribs together form an arch called the Ischio-Pubic Arch, and by it again the force of concussions received on the Tuberosities is distributed and dispersed, the obliquity of the Symphysial Surface and the interposed plates of cartilage contributing to this end, in addition to the curved form of the Ischio-Pubic Rib, which runs at the upper part into the Horizontal Ramus by means both of the body of the bone and the internal margin of the Obturator Foramen. The position of the Acetabulum in the centre of the lateral hoop, in other words on the summit of a lateral arch, is well calculated to resist that tendency to displacement of the Acetabular end of the Cotylo-Sacral and Cotylo-Pubic Ribs inwards, which would become manifest if they were not so strongly united together at the Ilio-Pectineal Eminence. The pressure of the Head of the Femur on the Acetabular Cup is greatest at the upper part beneath the strengthening Iliac buttress where the cartilaginous tract is the widest but, inasmuch as the Head of the Femur is most accurately adapted to secure contact with the outer semicircle of the Acetabulum, this pressure must be regarded as expansive and shared, though unequally by the Ilium, Pubes, and Ischium. So that, as stated by Mr. Wood, "the Ischia also contribute to the resistance against lateral pressure, and form with the two other portions of the Innominate Bones an arched tripod, on the apex of which the Femur is supported." As the Ilium bears the greatest pressure an additional stay is provided as already intimated in the strong, thick, and curved buttress of bone which extends from the anterior border to the ridge formed by the most prominent part of the external convexity of the Ala running to the thickest part of the Crest. The pressure transmitted along this buttress must flow along the Iliac Crest to the Iliac Tuberosity and be resisted by the posterior Sacro-Iliac Ligaments, and the strong internal rib of bone continuous with the upper limb of the auricular surface may both act as a tie to the Crest, and also serve to disperse concussions travelling by the main line—the Cotylo-Sacral Rib. "But besides merely supporting quiescent superincumbent weight the Pelvic arches are required to resist and break the force of concussions meeting with the inertia of the Trunk and passing from the the lower extremities of the body to the vital and delicate cranial and thoracic structures. These dynamic requirements are met by peculiar modifications of the simple arch combining with it by an admirable adaptation the qualities of an elastic spring. First the *Cotylo-Sacral Arch* on which the greatest number and force of shocks fall is not placed vertically but *obliquely upwards* and *backwards*, while the Cotylo-Pubic Arch being united to it at its extremities and continued in the same plane over the femoral supports, forms the anterior arm of a bent lever of the first order, of which the Cotylo-Sacral Arch is the posterior arm, the Spinal Column, the weight, and the Heads of the Femurs, the fulcrum. The *anterior* or Pubic arm of this lever, giving insertion to the powerful extensor muscles of the Thigh which represent *the power*, is thrown upwards by the operation of downward force on the crown of the Cotylo-Sacral Arch, calling these muscles into contractile reaction, which overcomes gradually the force of any shock operating at the posterior extremity of the Pelvic lever over the fulcrum of the Thigh Bones. In well formed male Pelves the Pubic arm of the lever is increased in power by being longer than the Cotylo-Sacral by one half or three-quarters of an inch, the one being two inches and the other one and a-quarter inch in direct distance from the centre of the Cotyloid support; this gives the anterior muscles of the Thigh greater power in resisting the downward force of the Trunk at the Sacral extremity of the lever. But by the addition of the Iliac and Sacral projections posteriorly the Cotylo-Sacral arm is increased in length by two and a-half inches, a disposition which evidently increases the power of the Glutei Muscles in maintaining the habitual erect position and resisting any tendency to fall forward, by extending the Femora on the Pelvis. Again, if we follow the lateral curve of the Sacrum at the brim of the Pelvis we shall find that it projects forward in the promontory of the Sacrum immediately under the point supporting the Spine, so that its profile presents a curve with the concavity forward in the manner of a C spring.

It is worthy of remark that in the erect position a plumb-line dropped opposite to the centres of the bodies of the Axis and last Lumbar Vertebra passes across the centre of the Sacral promontory and directly between the centres of the Cotyloid Cavities, as was proved by the experiments of Weber. Such a plumb-line marks exactly the line of the transverse vertical plane of the Spinal Column, which, when continued downwards passes through the *Sacral extremity* of the Pelvic lever and also through the *Cotyloid fulcrum*, dividing equally and vertically the Heads of the Thigh Bones and crossing the Ischio-Pubic Rami about their suture. Thus, the oblique, C-like curve of the Cotylo-Sacral Arch or posterior bent arm of the lever meets this plane at its two extremities, directing its concavity towards it like the arc of a circle to its chord, and contributes by its elastic reaction to break the force of shocks operating through the Spine and Femora. In deformed Pelves we generally find that the sinking of the Sacrum, the crown of the Pelvic arch, under the weight of the Trunk, produces an increased curvature of the Iliac Bones *forwards* by the yielding of the C-spring, and thus still further encroaches upon the dimensions of the Pelvic Brim. Again, by the projection of the Sacrum and Tuberosities of the Ilia behind the Sacro-Iliac joints, another lever, less powerful than the foregoing, is formed, having also the Cotylo-Femoral supports for its fulcrum and the Spinal Column for its weight, the anterior arm of this lever being the Cotylo-Sacral Arch, and the posterior the overhanging Tuberosities of the Ilia and projecting Sacrum. Measuring from the centre of the Sacro-Iliac articulation the anterior arm is one and a-half inches in direct length, and the posterior about two inches and a-half. The power in this lever resides in the powerful muscles which pass from the Sacral and Iliac Bones posteriorly, to the Sacro-Iliac joint, to the osseous spinal projections and appendages above, viz., the Longissimus Dorsi and Sacro-Lumbalis, and its action is shown in the increase of the Pelvic inclination on the change from the sitting to the standing position, the principal movement taking place in the Sacro-Lumbar joint" (*a*).

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THE MEANS OF INCREASING AND DECREASING THE LENGTH OF BONES (*b*).

(Translated from the *Gazette Médicale de Paris*, April, 1873.)

I HAVE clearly shown by experiments on animals how we may greatly modify the growth of bone by irritating it during its period of development. Thus, by making the irritation at such or such a point, we increase its length or arrest its growth. Every irritation to the diaphysis, provided it attain a certain degree and be kept up a sufficient length of time, produces an elongation of the bone. Whether the irritation be at isolated points or whether applied to the periosteum, the medulla and the osseous substance proper experience the same phenomena of hypertrophy.

The means of producing this irritation and its consequence the elongation of the bone are very numerous and various. Lacerations, incisions, cauterisations of periosteum, irritation of the medulla by perforation, crushing, implantation of foreign bodies are all followed in young animals by an elongation of bone. It is not even necessary to have suppuration to have this result produced. The irritations, which are subacute but protracted, are the most efficacious and the least dangerous.

The excess of growth thus obtained is proportionate to the persistence of the irritation. It may increase to the one-tenth of the whole length of the bone. In man I have seen it greater still in consequence of certain spontaneous osteites. This elongation of bone operates not simply by the interstitial increase of the osseous substance, which plays only a secondary rôle, but by a greater activity of prolifera-

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(*a*) Wood, Article "Pelvis," "Cyclopædia of Anatomy and Physiology."

(*b*) A Paper, by M. Ollier, presented to the Academy of Sciences (Paris) March 17, 1873, by M. Nélaton.

tion in the cells of the cartilage of conjugation. As in the physiological increase of bone it is this cartilage which is the chief and almost exclusive agent in the increase of length.

The activity of the cartilage thus is stimulated by the propagation of the irritation whose point of departure is in the diaphysis. But while it is true that this irritation indirect or at a distance from the cartilage augments its tissue, the irritation direct or immediate of the same cartilage, that is to say, irritation of its own tissue by punctures, lacerations, &c., produces quite different results. Whether this direct irritation be light or intense, it never produces any elongation of bone. If it be light it does not influence the growth of bone in any appreciable way; if it be intense, it arrests the growth of the bone in its length to a degree proportionate to the intensity of the irritation.

Intense irritation of the cartilage thus by crushing or repeated laceration of its substance interferes with the evolution of its cellular elements, and, without always hastening ossification, produces, as a definite result, a sensible arrest of growth.

The partial or total destruction of this cartilage by excision or repeated crushing arrests completely or in the part destroyed the development in length. If the cartilage be raised and a round piece cut out in all its thickness, the development in length is arrested absolutely. If only a piece be excised, development in length is arrested at that point, and thus the direction of the bone may be changed or various deformities produce the same in result as by the ablation of the cartilage so far as the length of the bone is concerned. The periosteum and the marrow rapidly reproduce themselves by the proliferation of their respective tissues.

After the ablation of long bands of periosteum from the diaphysis of a long bone, there is observed an augmentation in the length of the denuded bone. This denudation of the bone acts like all traumata upon the diaphyses, that is to say, by the irritation it occasions in the other vascular tissues of the bone.

It is the irritations of the middle part of the diaphysis which produce the greatest elongations of bone. Irritations of its terminal parts, the juxta-epiphysal parts, sometimes produce reverse results. It is when the irritation has been so intense as to have led to suppuration which has advanced to implicate the articular cartilages. So an acute inflammation of the whole diaphysis arriving finally at the limiting cartilages is followed by a marked arrest of development. A bone in this state is in the same condition as though the two articular cartilages had been artificially destroyed.

Clinical observation completely confirms these results of experimentation, and we sometimes observe in man an increase, sometimes a decrease in the length of bone during and after its inflammation. Experiment furnishes the explanation, and I would refer to my "Traité Experimental et Clinique de la Regeneration des Os," vol. 1, chap. xii, xiii, Paris, 1867, for a detail of my observations on the various lesions capable of influencing the development of bone.

It remains for me now to demonstrate that these results of experimentation are applicable to surgery, and that we are able in certain cases to arrest or increase the development of bone in man as well as in animals.

It is scarcely necessary for me to remark here that all the various procedures which I have used in experimentation on animals are not alike applicable to man. Many of them were highly dangerous, especially those which acted upon the medulla. Irritation of the medullary tissue exposes to the liability of the gravest septicæmic accidents, and if the irritation be carried to suppuration, it is in certain cases almost surely followed by fatal pyæmia. But if we should refrain from attacking the medulla directly, if we should absolutely reject certain modes of irritation, dangerous even to animals which endure traumatism best; we may, nevertheless, by adopting the proper precautions, irritate the periosteum or act upon the articular cartilage of man. We have it thus in our power to cause an elongation of bone by irritation of its periosteum, and a means of arresting its increase by direct irritation or destruction of the articular cartilage.

These operations are not practicable upon all the bones of limbs. Many of them, by reason of their deep situation and by reason of their connection with synovial membranes, can not be approached without danger, but the bones of the leg and forearm, that is those for which such operations are most often required, furnish a favourable field.

In what cases, finally, are we justified in thus interfering. I cannot pass in review in a note so short all the cases in which it might become necessary to modify the development of bone. I will limit myself now to the citation of two examples for the proper comprehension of the indication to be fulfilled and the end to be reached. The one is the case of an unequal development of two parallel bones as in the forearm and leg; here it would be highly useful to modify the development of these bones that the deformity to the hand and foot which results from this inequality of growth may be arrested.

If the radius, for instance, be retarded or arrested in its growth by an epiphysal osteitis with alteration of its cartilage at the lower articulation, the ulna, continuing to grow according to the laws of its development, will extend down below the radius. It projects the hand thus towards its radial border, and a deformity is produced distressing both in appearance and function. If now the increase of the ulna be arrested by destruction of its inferior cartilage of conjugation, the deviation of the hand i relieved, and the normal position is reached with the gradual development of the radius.

Suppose, again, on the one hand, an osteitis of the middle of the diaphysis of the radius with considerable hypertrophy of this bone. The ulna remains sound, and not being at all influenced by the inflammation in its vicinity, it does not follow the radius in its elongation, becomes soon too short. There then results a deviation of the hand which inclines more and more towards the ulnar border. In relief of this deformity we possess a means most efficacious. It consists in increasing the activity of development of the ulna. The superficial position of the diaphysis of this bone permits us to act upon its periosteum, either by subcutaneous irritations or by cauterisations, so that we may increase the length of the bone by irritation of its surface.

We may secure thus a harmony of development between two parallel bones; on the one hand, by increasing the activity of development of the bone in arrears; on the other, by retarding or checking the development of the bone in excess. —*The Clinic.*

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THE

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 2, 1873.

MEDICAL ADVERTISING.

WE printed last week the resolutions passed by the Royal College of Physicians of London on the subject of advertising Medical books in general newspapers. The views thus authoritatively laid down support those carried out by the London College of Surgeons, and are in close agreement with those advocated by some of our contemporaries. Yet we doubt if they will find general acceptance, and we hesitate to endorse them. We do this in a disinterested manner, for the obvious result of excluding such advertisements from the general papers would be to cause their increase in Medical journals. This is so natural that we regret our Medical contemporaries have not refrained from engaging in an advocacy which is open to the imputation of being prompted by the hope of gain.

We are quite aware of the fact that this mode of advertising has been carried to excess, and we do not envy some of the magnates of the two London Colleges the position they often occupy among the pamphlets of notorious quacks. If they seek notoriety in the advertising columns of daily papers they must put up with the company of all who are ready to pay the same scale, just as the *Lancet* is happy to parade itself among the "penny dreadfuls."

At the same time we should like to know the difference between an author paying for his own advertisements and giving a large publisher a commission to do it for him. If the Colleges wish to play into the hands of the great tradesmen who make money by the brains of professional men, by all means let them declare it more respectable to take a share of a column at an increased price, than to buy first hand the space they require. But such a course would be derogatory to the Colleges, and we hope the Fellows who supported the resolutions did not do so in order to give a turn to the large tradesmen who can afford to farm a column of the *Times*. It would be as stupid as it is unjust to thus encourage the big publishers to drive harder bargains than ever with professional authors.

It is sometimes asserted in Medical circles that it is quite legitimate to advertise in the *Times*, or in the reissue of the great paper called the *Mail*, but not in other dailies. To us this seems to be a mere pandering to the power of the Jupiter of the press. If the *Times* is, as we have little doubt, the best medium, publicity will be sought in its columns both by publishers who own books and by authors who keep their own copyrights. But we hold that other papers are quite as respectable. Why should not an author advertise in the *Daily News*, the *Globe* or the *Echo* as "legitimately" as in the *Times* and *Mail?* To take weekly papers. Why is it wrong to advertise in the *Athenæum*, the *Spectator*, or the *Saturday Review?* We know that certain quacks may seek such media, but we also know that the very men who have passed the resolutions against it have been the most lavish in their own announcements. All the papers we have named are seen by Medical men and other book buyers, and those who choose to deal with them must be left as free to give their orders as they are to favour the MEDICAL PRESS AND CIRCULAR or the *Lancet*.

We have little faith in the Colleges doing any good in this new crusade. For years they have done nothing to prevent quacks from pretending to hold their diplomas, and covering every corner with filthy handbills. They have even looked on apathetically at the wholesale distribution of disgusting pamphlets through the post by men who professed to hold their licenses. In the long war we have ourselves waged against the filthy fraternity we have never been aided by the Colleges in any way, nor have they acted on any of the many hints we have offered. Why then should they now set up so high a standard of professional respectability? Is it not after all ridiculous prudery?

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INCREMATION OF HUMAN BODIES.

DR. BRUNETTI publishes a pamphlet on this subject in which he urges strongly the resort to this method of disposing of the dead, and thus avoid the inconveniences and dangers of the present recognised method of burial. Our feelings are long associated with the returning of "earth to earth," yet it is but a sentimental idea; no power can stay the defacing fingers of decay and decomposition, and in a short period, indeed, the body will have resolved itself into its original elements. Why attain then in the slowest and most revolting way the very idea that the elements which once composed the bodies of past generations now, it may be, absolutely enter into the constitution of our very food, taken up by cereals and plants, and so constituting the never ending cycle of natural chemistry? The method recommended as most effectual is that of a reverbatory furnace by which the body is reduced to a small mass of cinders. So far from its being repulsive Dr. Brunetti says, "it is a solemn process both sacred and impressive," and that it always produced a mixed feeling of sadness, of satisfaction, and that, as the human form fades away and leaves but ashes the moral prostration which so constantly attends funereal rites disappears at once. A leading London daily journal not long since in commenting on our remarks on this subject, made some remarks so very cogent that we republish them as reflecting in many particulars what will be said on the subject, yet it must be admitted that in the present overcrowded state of our population, and what we know in a sanitary point of view of the evils of overcrowding, it seems contrary to sense and we might add to religion to occupy such large areas of ground which might be useful to those who remain with burial places, varying from the lofty tumulus of the rich to the narrow cell of the village rustic or pauper, all alike resolve themselves into their original elements and are no more seen or discernible. The *Standard* thus puts the case:—

> "There are few questions more important; and as our population becomes thicker, and the evils of our present system of burial more and more salient, it is probable that it will be seriously discussed. At present we can hardly hope that it will be so, or that any change will be made during the present generation in the method of disposing of our dead. That the present system is a bad one, suited for thinly populated countries only, is generally admitted. The amount of evil which has been done by water percolating from graveyards, and by effluvia given out into the air, is too well known to need discussion; and yet we are not likely to have any change perhaps for centuries. People are very hard to move out of regular grooves. Most people will admit abstractively that cremation is vastly superior to burial. That the rapid destruction of the remains of the dead by fire, leaving only an ash which can be kept in an urn, is vastly less revolting than the slow process of decomposition with all its horrors. Nine men out of ten, probably, would say that they should prefer in their own cases, being burnt. And yet no change is made, or is likely to be made. Old customs and old associations are too strong for us. Burials may be said to have come in with Christianity, and it has been the Christain method of the disposal of the dead ever since. To many it would be an infinite pain to know that the remains of their

friends were not resting entire in a given spot of ground and would conceive that somehow or other it would be flying in the face of the doctrine of the resurrection. Educated people may smile at this, but the feeling would unquestionably exist strongly among our lower classes. The friends of cremation may have the best of it in argument, they may prove that sanitary science is entirely with them, and that, looked at dispassionately, it is more consoling and less painful to the survivors; but the force of public opinion, or rather of public attachment to old ways, will be too strong for them, and the most that can be hoped during the next half-century is, that it may become lawful to practice cremation in preference to burial, if such a preference be expressed before death by the deceased, and is also felt by his friends."

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Notes on Current Topics.

The Adulteration Act.

The Act which was passed last Session to put a check upon dishonest manufacturers and tradesmen is beginning to work very wholesomely. Scarcely a week passes but one or other is brought before a magistrate for disposing of adulterated articles, and we are happy to observe that convictions follow the action of the Medical officer in almost every case. We may here be excused pointing out the extreme value of our recent physiological and analytical articles on foods and articles of diet, which to officers of health and our readers generally will be found an excellent guide. So highly are these Reports esteemed, that one of our chemical contemporaries is transferring them bodily from our columns to its own—of course acknowledging the source—and in some American exchanges we find a similar compliment paid us. A small work on "Infant's Feeding" has also just been issued, in which we observe our Reports have been extensively quoted, and highly eulogistic expressions as to their merits made use of. Last week a case of cocoa adulteration came before the Richmond magistrates in which the analyst's remarks agreed exactly with our own investigations published some time since. In this instance a conviction was not obtained, inasmuch as the cocoa contained an admixture of sago and sugar, but nothing injurious to health. The packet was labelled "Fry's soluble Cocoa, manufactured by J. S. Fry and Sons from cocoa, combined with other perfectly pure and wholesome ingredients, according to Act of Parliament, Vic. 35 and 36, c. 7." The magistrates, however, stated that although "it was not their opinion that a conviction could follow in this case, in the face of the notices upon the cocoa, it was doubtless the presumption in the tradesman's mind that his customers knew what they were buying. But it should be borne in mind that in the case of those who could not read, the attention of purchasers should be called to any manufactured article, even if it should be all the better for the admixture. This requirement of the Act was imperative, and if not carried out in any similar case a conviction must follow."

Poisoning by Fish Eating.

A case has been recently recorded of poisoning by eating conger eel in a somewhat decomposed condition. The patient was a black, æt. 30, generally healthy and not particularly choice in his food. On 5th Nov. he stewed and eat the head, tail, and liver of a large conger which, having been killed the day before, was semi-putrid. He got vomiting, purging, itching skin, and cramps, large bloody bullæ appeared here and there over the body, and the skin was denuded in places to a considerable extent even as much as ten inches, the hands and fingers became gangrenous, and the patient sank in a typhoid condition ending in death on Nov. 30.

The unhealthiness of fish-eating at certain seasons and even permanently in some climates.

Old fishermen eschew certain fish and certain portions of them—the liver of conger eel specially.

How far putridity which, in twenty-four hours in November weather could hardly have gone to any extent really had to say to the condition induced may be questioned—the fish may have been in some unhealthy condition or the man himself at the very time.

Tatooing of the Cornea.

The *Clinic* translates from the *Annales d'Oculistique*, Sept.-Oct., 1872, an extract from Prof. Anagnostatris' contributions to the "History of Ocular Surgery among the Ancients," from which it appears that the colouring cicatrices of the cornea to hide this deformity by indelible spots, dates from the time of Galen; Celsus makes no mention of it.

The purpose of the procedure is explained in the following passage from Aetius, which proves that the practice continued to be in use at the epoch in which he wrote :—

"*Colouring Leucomata.*—We have established that it is necessary to abstain from such topical applications as are intended to colour opacities of the cornea.

"However, in order not to ignore medicines endowed with this virtue we will mention these substances also" (*a*).

But let us see how Galen performs the operation; he touches the leucoma with the end of a probe previously heated; he then applies to the small ulcers thus made, a powder made of the gall-nut and a preparation of copper. Naturally the resultant insoluble salt is deposited as the salts of lead are deposited on the cornea in ulcerations, and forms white and indelible spots.

The following are some of the terms used by this author in describing this cosmetic operation :—

"*Tincturæ Albuginum.*—Gallam tritam ac lævigatam in prompto repositam servanto, usu vero expetente cum specilli nucleo calefacto adhibeto, deinde atramentum sutorium aqua dilutum admoveto. Aliud.

"Malicorium tritum adhibeto, indeque atramentum sutorium dilutum admoveto. Aliud.

"Misyos, atramenti sutorii gallarum omphacinarum, singulorum œquales partes, contusas et cribatas reponito. Usus veroaridum adhibeto" (*b*).

It is known that Prof. Schuh in 1860 adopted this idea by tatooing with vermillion, the skin transplanted after a cheiloplasty, and that M. de Wecker has lately applied the new process successfully in opacities of the cornea, using for this purpose a needle.

The *Chemist and Druggist* (noting the unique proposal of M. Donac to get rid of dead bodies by converting them into a syrup free from colour or smell) says that the weak point of the suggestion is, that "there are some persons who will never make a syrup—Mr. Ayrton to wit."

(*a*) Aetius, vii. edit. Aldus, p. 181.

(*b*) Galen De Compositi. Medicinæ. Sec. locos. L., vi. edition. Kühn, T. xii. P. 8x9 Traduction de Kühn.

Population of France.

The *Presse Médicale Belge* gives the following statistics :

Male population	Boys ...	9,623,227
	Married	7,353,096
	Widowers	1,005,153
Female population	Girls ...	8,832,148
	Married	7,320,510
	Widows	1,969,087
		36,102,221

The mean average deaths per day	87,561
„ „ „ hour	3,653
„ „ „ minute	61

Thus every second a life ends.

On the other hand, about 70 to 80 births take place per minute. So that the births slightly exceed the deaths.

Vesico-vaginal Fistula.

Dr. Hergott, Professor at Nancy, has given a report of 14 operations, 12 succeeded and 2 died of peritonitis, presumably attributable to an epidemic existing at the time in the hospital.

Are Vibriones Infusoria?

Till now, vibriones have been classed amongst infusoria, and in this class have been introduced frequently into the discussions on spontaneous generation. Dr. Onimus now announces that he has observed the motions of vibriones persist in carbolic acid, ammonia liquid, hydrochloric acid, and corrosive sublimate solution. He therefore questions are they animalculæ, infusoria, or corpuscles which can resist such destructive agents, and may they not be merely particles endowed with Brownian movements?

Anti-Vaccination in India.

A contributor (Assistant Surgeon McGregor) to the *Indian Medical Gazette* gives as the principal reason for the difficulty in introducing the practice of vaccination into India, the prejudices of the native population against British rule :—

"A wide-spread belief exists," he says, "which reminds one of the old Jewish times 'when Herod was King' and the Jews too were under an alien rule. There is a child king to be born, in whose veins milk flows instead of blood. He is to drive the British from the country, and 'to reign in their stead.' To find out this child king, and to slay him, is the object of our rulers in the institution of vaccination."

After all, such an idea as this is not the least more preposterous than the arguments and statements of the anti-vaccination agitators at home.

Hospital Sunday in London.

As there are still several places of worship at which collections were promised in aid of this fund to come in, it can only be approximately guessed at the probable sum total. The amount received by the Lord Mayor at the Mansion House, in aid of the Hospital Sunday on Saturday afternoon was about £24,000. Collections are still being paid in.

The Port of London Sanitary Commission are taking precautions against cholera.

Wild Beasts in India.

It was stated in the House of Lords on Friday that in one year from 13,000 to 20,000 human beings were killed by wild beasts and venomous snakes in India, and that the number of man-eaters (Tigers, &c.) is increasing alarmingly.

Military Surgery and the Shah.

We understand that Dr. Tholozan, Physician to His Imperial Majesty, in acknowledging the receipt of copies of Surgeon-General Gordon's works on the "Hygiene and Surgery of the Franco-Prussian War," and of "The Soldier's Manual of Sanitation," presented by their distinguished Author, writes that the works will be studied with the greatest interest, as at the present time there may be said to be no system in the Persian Army. It is well known that the Shah intends to introduce many reforms upon his return, and we may expect that openings will be made for members of our Profession.

Polypus of the Rectum in a Child of Six Years.—Recovery.

A child, æt. 6, of lymphatic temperament and in tolerable health, suffered from a polypus the size of a cherry, situated above the sphincter, about four months before some blood had flowed from the anus, and the tumour had been discovered about two months. A purgative was administered, followed by emollient injection. The child was next morning operated on, being laid flat and chloroform administered. A small bivalved speculum was introduced into the rectum, the pedicle of the polypus was seized by the galvanic sector, which was then connected with the battery and section easily accomplished. The polypus was got rid of, and recovery rapidly followed.

The Irish Medical Association and the "Lancet's" Dublin Correspondent.

We are obliged to decline the invitation of the Dublin Correspondent of the *Lancet* to republish his two-column letter to that journal, in vindication of his statements with reference to the Irish Medical Association. One column is devoted to proving that the amendments in the Union Officers' Superannuation Bill were the work of Dr. D. T. Maunsell, but the *Lancet's* Correspondent only succeeds in showing that, whatever relative share Sir Dominic Corrigan and Dr. Quinan, who went to London for the express purpose, may have in the credit of these amendments, Dr. Maunsell or his Association had nothing whatever to say to them. The second part of the *Lancet's* Correspondent's letter is an attempt to justify his sneer at the proposal to establish a Fund for the Widows and Orphans of Poor-law Medical Officers, and it is so full of misstatements that in the interest of truth we could not transfer it to our columns. It is not the fact that any actuary "has pronounced the scheme impracticable," nor is it the fact that the scheme proposes to stop £6 annually out of the salaries of all Medical officers.

The chief demerit of this beneficent suggestion is that it did not originate with, and is not calculated to glorify, Dr. Maunsell (whose inspiration of the *Lancet's* correspondence is obvious), and it, therefore, is not included in the programme of the Club which prints that gentleman's pamphlets.

It would, however, be more convenient if our contemporaries, whose Irish ideas are dictated by that gentleman, would allocate a special position to him and relieve their readers of the inevitable monthly perusal of the record of his great services to the Profession.

THERE were twenty-five deaths from cholera at Nashville, America, on one day last week.

MME. CHATEAU, a *sage femme* of Vierson, has been awarded a prize by the Ministre d'Agriculture for her devotion during the small-pox epidemic of 1870. Her vaccinations amounted to 400, and the re-vaccinations to 3,750.

MISS TRAFFORD SOUTHWELL, of Hyde Park, has intimated her intention of giving an additional £500 to the Wisbeach Hospital, making the total value of her gift £16,000.

A BAZAAR was held on Wednesday and following days last week in aid of the North London Consumption Hospital. H.R.H. the Marchioness of Lorne and several other ladies of distinction being present.

IN consequence of the appearance of Asiatic cholera at Dantzic in an epidemic form, the Danish Minister of Justice has ordered the enforcement of the regulations enacted to prevent the introduction of the disease by sea from that port.

IT is announced that the Annual Meeting of the Medico-Psychological Association will be held in London at the Royal College of Physicians, Pall Mall, S.W., on Wednesday, August 6th, Dr. T. Harrington Tuke, F.R.C.P., President.

THE Council of the London College of Surgeons will, on the 10th July next, proceed to the election of the several Professors and the Lecturer for the ensuing year. The present holders of the Professorships are candidates for re-election, but the Lecturer on Anatomy and Physiology does not desire to be re-elected to his office. The persons nominated for re-election must, except in the case of the Professorship of Dermatology, be Fellows or Members of the College.

DR. D. T. MAUNSELL, of Dublin, requests us to state that the Society which he calls the Irish Poor-law Medical Officers Association is not dead or moribund. Dr. Maunsell is careful to explain that "as our (the Association's) efforts are principally devoted to Poor-law Medical matters, its meetings are deferred until there should be valuable material to bring before its notice."

We interpret Dr. Maunsell as meaning that the Council of the Association is "gravelled for lack of matter," and that the *soi disant* representations of the Poor-law Medical officers can find nothing in the length and breadth of the Irish Medical Charities System worthy of debate or conference. Perhaps, however, it is found that the Irish Poor-law Medical Officers Association looks better on paper than in assembly. One can make an "Association," but it takes many to make a meeting.

BRIEF ANSWERS TO THREE PARLIAMENTARY PAPERS ON THE CONTAGIOUS DISEASES ACTS.

THE following Report as to the effect of the Contagious Diseases Acts on the amount of venereal disease in our Home Army has been prepared by Dr. Bell Taylor and the Rev. Dr. Hoopell. It is worth reading.

No. 208.—AS REGARDS THE ARMY.

The Effect of the Operation of the Acts upon the Health of the Army.—This Report says not one word respecting the *real evil*—True Syphilis; and for a very good reason; because no diminution in it can be recorded. True syphilis is the foe against which the Acts are professedly directed, and yet this complaint, the only complaint of real importance, is absolutely unnoticed.

With regard to the other specific venereal disease, gonorrhœa, no improvement is shown, but rather an aggravation. In almost every year since the introduction of the Acts, that disease has been worse at the Stations under the Acts than at those not under them,—in some years very much worse.

The only head under which a diminution is shown is that entitled "Primary Venereal Sores,"—a heading which does not represent any specific disease, but a conglomeration of cases, many of them of the most trifling character. The Report uses the words "that form of disease which is *likely to produce* great constitutional deterioration." To show that real good has been effected by the Acts it must be shown that the cases which so eventuate have diminished—to show that much good has been done by the Acts, it must be shown that such cases have largely diminished. As already remarked, however, not one word is given in this Report, showing that such a result has been obtained.

To speak, however, of the cases grouped together as "Primary Venereal Sores," as "that form of disease" is hardly accurate. Those cases include a large number of complaints which are the result of no disease at all—sores caused by "mere abrasion, mechanical excoriation, and inattention to cleanliness." A diminution in the gross number of these, at the stations under the Acts, may easily be brought about, either by omitting to classify such trifling ailments, or by providing and enforcing recourse to means of cleanliness among the men.

With regard to the real evil, true syphilis, we have independent means of knowing its extent in all the great divisions of the whole home army. The "Army Medical Report," published yearly, furnishes the materials for ascertaining this. The last volume published is that for 1870. From that it appears that the amount of true syphilis in the principal Divisions of the Home Army, numbering 70,131 men, was, in that year, 25·01 per 1,000, being a greater amount than in 1866, the last year before the enforcement of the first of the existing Acts. On the other hand, without any of these Acts, the prevalence of this disease had diminished, in the period of corresponding length preceding the enactment and enforcement of these laws, from 32·91 per 1,000, to 23·39 per 1,000. Such facts speak volumes.

Prevalence of True (Secondary) Syphilis in the Principal Divisions of the Home Army, in 1862, 1866, and 1870, deduced from the Army Medical Reports of those years.

YEAR.	STRENGTH.	TOTAL CASES.	CASES PER 1,000.	REMARKF.
1862	76,029	2,502	32·91	4 years before 1866.
1866	59,758	1,398	23·39	Last year beore existing Acts.
1870	70,131	1,754	25·01	4 years after 1866.

In paper No. 209, noticed farther on, the hollowness of the plea about "protecting the innocent" is finally shown, by Dr. Sloggett's remarkable intimation, that the effect of the Acts, in achieving this physical benefit, must not be looked for till after they have been in operation a long time, and that then doctors only will be qualified to judge whether it has been accomplished.

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WHAT IS SAID ABOUT THE NEW MEDICAL WARRANT IN INDIA.

According to the *Times of India* the new Medical Warrant which removes all Surgeons from the establishment of British Regiments, and gives the Surgeon Major only a few years' tenure of their regimental appointments, appears to be a measure of very questionable expediency. First of all where was the necessity for this resolution? Did the old system work badly? Was there any hitch in its machinery? Did either the doctors, or the men they doctored cry out against it? Were there general complaints throughout the the Service, that it didn't answer? On the contrary, it has been proved to work admirably.

The primary object to keep in view in all dealings with the constitution of the Medical Department of the army is the health of the troops. That is the final cause of the Medical Department, and should be the guiding star of the Medical authorities. Any regulations, whatever their purpose may be, whether to settle matters connected with promotion inside the department, or its relative rank, or any points of detail, should be regarded as legitimate only when they do not militate against this grand doctrine. Now it hardly requires demonstration to show that this reform which is being introduced at the present moment, so far from being calculated to make the Medical Department a more effective weapon in the cause of sanitation, is rather likely to interfere with its professional efficiency. Henceforth, a British regiment is to be treated for five years with one Medical man, just long enough in fact for that Medical man to become thoroughly acquainted with the Medical history and constitution of his patients, and the system which obtains in the regiment. Then he is to be removed, just at the time that his experience is becoming valuable. The work of learning all that it has taken five years for him to learn is to begin again with his successor. The regimental system is to suffer a periodical shock, perhaps collapse, and the new man is not even to have the advantage of the assistance of regimental subordinates, but of Staff Surgeons temporarily attached. Fancy, proposing to gentlemen in civil life that their Medical adviser should be changed every five years, that the family Doctor, who has been studying the constitutions of every one in it for years, must be changed for a new man who has never seen it, and who will take charge of it for the next five years!

Yet this is exactly what is contemplated by the Whitehall conclave with reference to the supply of doctors for the Queen's troops. Some theories touching promotion, as well as what we may term ambitious views of purely departmental organisation, are probably at the bottom of this movement. Every man is to have his turn, there will be no chance of stagnation now, it will be open to all to have an innings. Very comfortable perhaps to some of the doctors (although we believe that this constant changing will not be really satisfactory to the great body of them),—but assuredly very unpleasant for the doctored. And this is where we are at issue with the Medical authorities. It may be all very right and proper if the Medical service might be fairly regarded in the light of a game at cricket, that all the players should have innings. It may seem hard, perhaps, that some of its members should have a big share of the loaves and fishes, and others have to sit out in the dark watching their more fortunate brethren enjoying the dainties. In short, it is right enough to be as just and evenhanded as possible in the nomination of men for regimental appointments, but it is indefensible to sacrifice all the far heavier interests, which are the final cause of these appointments being made at all, to this blindly punctilious, idea of departmental justice.

The new order leaves the Surgeons Major upon the regimental establishments, changing them every five years, but at the same time it removes from regiments all the surgeons, who as assistant-surgeons up to the present time have always been regimental, and places them upon the staff list. We have puzzled over the possible reason for this inconsistency, and give it up. Why the Surgeons Major, should be regimental, and the subordinates who work under them in their regiments, and are to all intents and purposes just as much belonging to those regiments as the Surgeons Major, should be only "attached," is to us one of those problems which Medical science may be equal to the task of unravelling, but we confess is far beyond our calibre.

We cannot help expressing our regret at this disturbance of the Medical system in the British army, which is apparently to be effected. We do not see the necessity for it, and apprehend very unsatisfactory results from its operation. It really seems as if the men who are now at the head of military affairs, whether general or departmental, are bent resolutely upon breaking up everything which made British regiments what they were. Field officers are to be five years men, and may be strangers to the regiments to which they are appointed on promotion to that rank; and now doctors are to be five years men, and the juniors are not to belong to the regiments at all. What possible interest can a young Medical officer, attached to a regiment temporarily, knowing that he is available for staff duty at any moment, and liable to be removed from the corps, feel in that regiment, compared to the attachment, social as well as professional, which the system now to be discarded created between him and those with whom he was regimentally connected? It may be urged that practically there will not be much difference in future from what has hitherto obtained; so far the length of tenure of these attache-ships to regiments is concerned, that the real difference will be more in the name and the idea than anything else. If so, we reply, why effect the change at all? And we do not believe this. It is a form of expression often adopted, when mischief is meant. Besides, there is a great deal in an idea. The mere fact of these young men being only "attached" to regiments is, to our mind, objectionable. Talk as we may about the trifling nature of a change which is rather one of name than of essence, we can never persuade ourselves that an attached officer can feel towards the regiment to which he is attached, as *he* does who is part and parcel of it, takes a pride in it as *his own* and loves it as his home, from which only misconduct can separate him. Which man of the two is likely to do his duty the more efficiently? The question hardly needs an answer.

"There is also another consideration, which occurs to us. This dissolution of the old bond between Assistant-Surgeons and their regiments appears to place the former in an invidious position with reference to the rest of the regimental staff. It seems odd that the paymasters, for instance, should be borne upon the regimental establishment, while the doctors are abolished from the roll. In cavalry regiments, the Veterinary Surgeon is to remain a regimental officer, the Surgeons are to be on-hangers. If it be in contemplation to have *all* the regimental staff that is non-combatant, removed eventually from the regimental establishment, there is a strange jumble of systems.'

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ROYAL WARRANT, ARMY MEDICAL DEPARTMENT.

At a meeting of Medical officers, held on the Curragh on the 19th May, 1873—with the sanction of the Major-general commanding the district, and on the permission given by Mr. Cardwell in the House of Commons—to consider the grievances to which they felt themselves subjected under the new Medical Warrant, it was unanimously resolved—To respectfully request that the following representations may be forwarded, through the prescribed channel, to the Director-General, for the favourable consideration of the Right Honourable the Secretary of State for War:—

By Clause 3 of the Warrant, it is provided that the maximum pay of a surgeon shall be 15s. per diem, whereas under the former Warrant, assistant-surgeons received 17s. 6d. per diem, on the completion of fifteen years' service. It is felt that the former rate of pay should be restored, or promotion guaranteed on completing fifteen years' full pay service, and that the deductions already made from the pay of Medical officers should be refunded.

By Clause 4, a surgeon-major, who has completed twenty years' full pay service, ranks as Lieutenant-Colonel, but *junior of that rank*. It is felt that juniority of their rank in the case of these officers is a grievance; and although it is admitted that the condition was imposed by the Royal Warrant of 1858, it was believed that this was done under misapprehension and to avoid the imaginary inconvenience of a regimental surgeon-major being senior to his commanding officer, which never could have occurred, as the commanding officer, whatever his rank may be is always superior. This restrictive condition was removed by the Royal Warrant of the 3rd February, 1866, and re-imposed in a modified form as junior of the rank except for choice of quarters, in that of 27th December, 1870; in which modified form it is now published in the Army List by authority. It is felt that it might be altogether removed, without prejudice to discipline; and that it has the effect of placing the Medical Department in a position of inferiority to other departments in which it does not exist. It is also considered a hardship that while the deputy controller receives the relative rank of Colonel immediately on his promotion, the deputy surgeon-general has to serve for five years in that rank before he attains it.

By Clause 5, it is provided, that in the case of Medical officers attached to regiments, the choice of quarters should be according to regimental seniority. It is felt that this is a grievance, inasmuch as by Clause 15 it is provided that the tenure of regimental appointments shall be, as a rule, for five years. It is submitted that although Medical officers did not object to come under the system of regimental seniority, while they were permanently appointed to regiments and held regimental commissions, the case is now different; and that, being no longer regimental officers, they are entitled to all the precedence and advantages attaching to their relative rank in the army.

By Clause 6, it is provided that forage shall be granted for such number of horses as are "necessarily" kept for duty. It is felt that the allowance of forage is essentially an item of daily pay, and that whatever arrangements it may be considered expedient to make for the future economy of the department, these arrangements should not have a retrospective application, but that as all allowances and privileges granted by the Royal Warrant of 1858 were granted after mature deliberation, and as no more than a just satisfaction of the claims of those officers who received them, the new regulations should not be made applicable to those officers who were in the service at the time of the promulgation of that warrant, or who joined on the understanding that its provisions would be permanent. The loss that would be occasioned by buying and selling horses according to the changes of station to which Medical officers are so constantly subject, would be greater than most of them could afford; and it is, therefore, hoped that this regulation may be re-considered, and that Medical officers may receive the same allowance of forage as combatant officers of corresponding rank.

By Clause 12, the majority of the vacancies in the rank of surgeon-majors is to be filled by selection instead of seniority, and all of them may be so filled. It is felt that this regulation may have the effect of retarding the promotion of many meritorious Medical officers, and that it will be injurious to the service; and it is earnestly hoped that the first step of promotion at least may be given by seniority as heretofore.

By Clause 15, only one Medical officer is allowed to a regiment. It is felt that those Medical officers who have been, or may be, removed from their regiment under this provision, should be compensated for the outlay that they have made in band and mess subscription, uniform and other equipment, and in payments for exchanges, which latter, although not sanctioned by regulation, may, it is hoped, receive the same regard as has been given to the payments over regulation made by combatant officers. It also seems desirable that definite instructions should be given as to the uniform to be worn by Medical officers attached to regiments, and the amount of subscription to be paid by them; which it is considered should be modified, in view of their having been deprived of all right of proprietorship in the mess and band equipment, and no longer belonging to the corps.

By Clause 20, the condition of compulsory retirement at the age of sixty-five for the administrative, and fifty-five for the executive, ranks has been relaxed or virtually withdrawn. It is felt that it should be re-imposed, not only for the efficiency of the department, but as securing a flow of promotion which, although very slow, was at the same time sure.

It was hoped that in framing the present Warrant regard would have been had to the existing stagnation of promotion, and that, in order to remove it, more liberal terms of retirement might have been conceded; and it is earnestly requested that this subject may be favourably considered.

By Clause 44, *Army Circulars*, 1873, many of the duties formerly pertaining to the Purveyor's Department, such as charge of stores and buildings, &c., have been imposed upon Medical officers. It is felt that those duties not only involve a serious pecuniary liability, without any compensating advantages, but they cannot be undertaken by Medical officers consistently with the efficient performance of their more legitimate professional duties, especially during war or pestilence; and the same conclusion was arrived at by Mr. Sidney Herbert's committee, after a patient and careful investigation. It is, therefore, hoped that Medical officers may be relieved from them.

Much inconvenience has, no doubt, been experienced from the introduction of a divided authority into hospitals; one class of servants being subject to the Medical, and another to the Purveyor's, Department; but it is submitted that the chief authority which it is so necessary that Medical officers should exercise in all matters of hospital discipline and administration, might be secured to them, without their being burdened with non-professional work and responsibility.

We hope that the Secretary of State for War may be pleased to consider these objections, which we trust have been respectfully stated; and we desire to express our obligation to him for the gracious permission he has given us to address him on the subject.

Signed by all

THE MEDICAL OFFICERS AT THE CURRAGH.

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Literature.

LECTURES ON CLINICAL MEDICINE (a).

WE are sorry to have come to the last of these volumes, as the index to this one seems to intimate. For, as far as our reading goes, we know not any single work of its kind which we could put in comparison with it. The general reasoning, the great breadth of view taken of each subject, the minuteness of detail where such was necessary, the vast experience, the boundless reading, more particularly of English authors, joined to a style of lecturing at once free, forcible, and authentic, all combine to render these volumes the most valuable which the present age has seen. In one sense, indeed, they do not appear to us so much lectures as essays. Clinical essays, we would call them, as distinguished from any other works of a similar kind. If we were to compare these volumes with those of any other author, as for instance, the writings of the famous German physician, Niemeyer, we would not for an instant hesitate as to which should get the precedence. The one bears the impress of a great and accomplished mind; which cannot, as it appears to us, be said of the other.

The volume before us is made up of seventeen essays; and most assuredly in none of the preceding have more important subjects been handled. To a very brief notice of some of these we would now ask the attention of our readers; but for full details they must, of course, go to the volume itself. The first in the volume, being the 85th in the series, is on "Marsh and Intermittent Fevers." In it the author discusses, at considerable length, the causes of these forms of fever, and inclines to the belief that the nervous system is the part of our frames on which the poison primarily falls. He quotes authorities, however, for the idea that the blood must be first attacked, and subsequently the nervous system. For ourselves, we think that when a person, in a malarious district, is attacked with ague, in any form, he must previously have been out of health. Otherwise, it would be very difficult to understand how a residence for a single night could produce the disease; which would continue till either it was cured, or the individual left the district. Did our space allow, we think we could adduce strong arguments in favour of the opinion advanced. The different ways in which the disease may progress are very well given; and the fact of its frequent latency specially dwelt on. The author also warns us strongly against mistaking ague for any other affection; a mistake which we ourselves have known to occur, and to lead to the use of quinine; whereas the agueish symptoms were really due to another and very different cause. After noticing at length the class of fevers known as "pernicious," the lecture is concluded by very definite and full directions for the cure of the disease; and which are avowedly based on the work of our own Sydenham. It is worthy of remark that our author prefers the powder of bark to quinine, in the cure of intermittents.

(a) "Lectures on Clinical Medicine, delivered at the Hôtel-Dieu, Paris. By A. Trousseau, Physician to the Hôtel Dieu." Vol. v, with Index. Translated from the Edition of 1868, by Sir John Rose Cormack, K.B., M.D. Edin., MD, Paris. The New Sydenham Society, London, 1872. Pp. 479.

The second lecture is on "Rickets," and in every respect a very valuable lecture it is. The literature of the disease is, as usual, well given; whilst the detail of the symptoms it would seemly be impossible to surpass. The author gives to Glisson, an Englishman, the credit of being the first to describe the affection; but it would seem as if an error had crept in here, for others hold that it was known much earlier. Indeed, it is more than probable, that a disease of the nature of rickets must have been recognised whenever it appeared; and as improper or deficient food is its main cause, so wherever this prevailed the disease would show itself. The morbid anatomy is also very well given, particularly the changes in the bones; and then the author goes on to describe the etiology of the affection; and shows, by the experiments of Guerin, what a powerful influence deficient food has in causing it. A damp climate is also dwelt on as conducing to the same result. The author then speaks of the disease in adults, and a case of much interest of this kind is fully detailed; also one where the patient had reached seventy years of age.

The cure of this disease the author tells us may be trusted almost entirely to cod-liver oil; or to butter in large quantities, where it happens that the oil cannot be taken. A formula is given for combining the iodide and bromide of potash with the butter. The surroundings of the patient are, of course, to be the best which can be commanded. Taking the essay on rickets, as a whole, there is no more complete one in the entire work.

The third is on "True and False Chlorosis," in which the author insists on the great necessity of distinguishing the one from the other. He further states that whilst iron will improve or cure true chlorosis, it is as likely to disagree or do positive mischief in the other, by leading on to the developement of tubercle. We confess we cannot quite agree with him in this. We know there are some cases of incipient phthisis where iron will disagree, but it is quite another matter to say that it is not therefore to be given at all. As a matter of common experience, we know that in many incipient cases it proves most useful; and merely requires the caution which other potent remedies demand.

The fourth lecture is occupied with the important subject of "Cirrhosis;" which the author holds, and we believe rightly, to be due to a slow form of inflammation; and this no matter what particular organ is affected. His idea is that this slow form of inflammation leads on to a general atrophy of the organ; which lessens the size of the blood-vessels, and so forms the disease. He is further of opinion that there is no actual deposition of new material, such as many authors have described. On this point we confess to have some doubts. It seems to us that the slow process of inflammation often, if not always, leads to the exudation of lymph, which is subsequently converted into the tough hard material, which is found to pervade an organ that is cirrhosed. When the disease attacks the lung, besides the change which the substance of the organ itself undergoes, there is surely to be seen new growth, in the shape of dense white septa, and so we take it to be in other organs, though possibly not in so marked a degree. There is another point on which we doubt whether our author be quite correct. He thinks cirrhosis is very often consecutive to disease of the heart. This has not been our experience, and in this we agree with Frerichs. When the two diseases co-exist we look upon it as a coincidence, and not that they stand to each other as cause and effect. Cirrhosis is, as far as we have seen, rare, in comparison with disease of the heart, and when the latter exists in such a form as to implicate either the lungs or liver, and this is very common, cirrhosis has not ensued; but totally different affections. We cannot, however, pursue the question further here. We may add that the results of cirrhosis of the liver are particularly well described, as well as a good deal of consideration given to the physiology of the organ.

The fifth lecture is on "Addison's Disease," and our author makes it one of much interest. He enters at considerable length into the physiology of the supra-renal capsules, as determined by Brown-Séquard, and considers the point proved that these organs are of much more consequence in the economy than has been commonly thought. He considers too that some relation must exist between the disease and the supra-renal capsules. For ourselves, we think that some more general cause must be present, to account for the symptoms of this peculiar affection, including the bronzing of the skin. For, on the one hand, the capsules have been found diseased, and yet none of the characteristic signs of the disease were present; and, on the other hand, the symptoms have all been present, and yet the capsules have been found healthy. These are hard facts to reconcile with the idea that diseased capsules and Addison's disease stand to each other as cause and effect. It is worth noting, as bearing on the nature of this affection, the number of instances in which scrofulous matter has been found in the capsules, as well as tubercles in the lungs; we mean where the symptoms during life were those of the disease. We have sometimes asked ourselves could the affection be some modification of the strumous diathesis. Time only can answer the question.

The sixth and seventh lectures are on "Leucæmia" and "Adenia" respectively. We put them together, as in some respects they approach each other. The spleen may be, and often is, enlarged in each, as well as the lymphatic glands, and in each there would seem to be, though not necessarily, a diseased state of the blood, as shown by a disproportion between the white and red globules. It would seem that enlarged spleen is not always attended with an excess in the white globules; and on this point our author dwells at some length, and states that it is only when enlarged spleen depends on paludal poisoning that cinchona is useful. We confess we think a point on this sort would require very extended observation before it ought to be accepted. In the lecture on Adenia the author draws particular attention to the enlargement of such glands as by their morbid growth may interfere with the respiration, such as the bronchial glands, or those close to the trachea. A case is detailed too where the dyspnœa became so urgent as to induce him to cut down on the trachea, and so relieve the great tension which existed in this case. The relief afforded was, however, but temporary. Still, we think cases might occur where such an operation could be followed by much more permanent relief; as, for instance, where the glands close to the trachea were alone enlarged. It would seem that some of the baths of the Continent have been found of at least temporary use in this affection.

The eighth lecture is on "Amenorrhœa and Menorrhagic Fever," and will be found a very practical one. The lecture had its origin in the fact that the author had mistaken a case of mild fever for one of essential fever; the fact being that the feverish state ushered in menstruation. This the author avows. He notices the fact, too, that when females come first to reside in a city from the country their menstruation is very apt to go astray, and *vice versâ*. We have said this lecture is a very practical one, and such they will find it.

The ninth lecture is on "Pelvic Hæmatocele." But as this is a special subject, and connected much more with midwifery than practice of medicine, we cannot notice it farther here, than to say the lecture is very elaborate, and, as far as we know, very complete.

Correspondence.

CONTAGIOUS DISEASES (WOMEN'S) ACTS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I notice another article on the recent debate on the Contagious Diseases Act in last week's issue, communicated by a pro-Act anonymous writer, semi-editorial, and occupying a prominent place in your Journal. I feel sure, Sir, nevertheless, from the altogether exceptional fairness with which the MEDICAL PRESS is conducted, that you will permit me to criticise the article in question for the edification of your readers.

Your correspondent remarks that the opponents of the Acts having "won the toss," were freely given *every advantage* by the members of the Royal Commission. What does he mean? The only conclusion to which your readers could arrive, from the sporting phraseology adopted by the writer, would be that the opponents of the Acts selected the members of the Royal Commission, and having "won the toss," brought up their witnesses first, and absorbed most of the time of the Commission in the ventilation of their own views.

This is the only just and fair inference to be deduced from your correspondent's remarks. Now, the facts are simply these: The most earnest opponent of the Acts, such men as Jacob Bright, Mr. Fowler and others declined to serve on the Royal Commission on principle; they declined to enquire into the working of an Act which they considered utterly bad in itself, and one of the most able opponents, Dr. Chapman, who has in the *Westminster Review* so fully exposed the entire failure of the system in every known clime and age, was kept out, so that there were twenty-three gentlemen appointed to serve on the Royal Commission, and matters were so managed by the pro-Acts' Association, that fully one-third of these were pledged to extend the Acts to the civil population, and, in fact, were members of the pro-Acts' Association, and there was only one gentleman, the member for Warrington, a pronounced opponent of the Acts among the twenty-three Commissioners; in fact, matters were managed then as they are now, the truth was suppressed by the leading Press organs, and the twenty-two remaining members went to that Commission prejudiced to a man in favour of the Acts. Well, almost all the time, two-thirds at least, if I recollect rightly, was taken up in the examination of witnesses who had a vested interest in the continuance of the Acts, or were engaged in carrying them out, and of course made the best of everything that could be urged in their favour, yet when at last the opponents of the Acts came to be examined, as Mr. Mundella remarked, the fact began to dawn upon the members that voluntary hospitals would effect far more good, both in the mitigation of disease and the reclamation of fallen women, than any vain and aggravating efforts at police control.

Mr. Charles Buxton was a vice-president of the Association for extending the Acts to the civil population, F. D. Maurice was another pronounced supporter, and Mr. Holmes Coote was another, yet they all came to the conclusion that the Contagious Diseases Acts were utterly indefensible, and ought to be repealed, and the Royal Commission, as a body, in their report stated that there was no evidence to show that the periodical examinations of women had had any effect in mitigating disease, and recommended that those examinations should be discontinued; the twenty-three members signed this, and Sir John Pakington, the strongest promoter of the Acts, was the first to sign. This recommendation was tantamount to a repeal of the Acts. Why has it not been carried out?

As for the figures furnished by your correspondent, let him say where they come from. I have investigated all the statistics published upon the subject—a great number—and can only say that the figures given in this "communicated" article agree with no others that I have ever seen. If they are meant to apply to a single year, and in the case of hospitals—and I cannot see how else they can be intended to be taken—they are utterly wild and visionary, ludicrous to the last degree in their absurd exaggeration.

The truth is that the number of men in the whole Home Army affected with syphilis was only 23 per 1,000 in 1866, and was actually *greater* in 1870, *after four years of the Acts*, being then 25 per 1,000, while the number affected with sores was 68 per 1,000 in 1870, having been 78 per 1,000 in 1866. These latter cases had gone down in the four preceding years, without any of the existing Acts, from 102 per 1,000 to 78, and syphilis had gone down in the same period from 33 per 1,000 to 23. These facts show that the Acts have no effect in diminishing disease.

Your correspondent says, beyond question, the solid advantage to the State is established by the returns furnished from trustworthy sources as to the direct repression of a horrible plague, also that disease has diminished in a marvellous degree. Now, Sir, I give to this statement and all similar ones a direct and unqualified denial. I defy your correspondent to prove one word of this assertion, and may as well tell him here that the trustworthy statistics furnished by the police, to which he refers, were subjected to examination by Professor Huxley, one of the best hands at analysis in this country, and declared, after careful examination, to be *utterly unreliable and valueless* (see Mr. Mundella's speech); and may also tell him that two leading Medical men on the Royal Commission protested against the Acts altogether, even that of 1864.

The pro-Acts' Association taunts us with bringing indelicate matters before the public, yet your correspondent quotes statistics on the subject supplied from a pro-Act source to one of the London daily papers. It is shameful to frighten the public by parading figures of this description, and doubly shameful for the editors of such papers to suppress replies (as they constantly do) from opponents of the Acts.

The reply to these figures is furnished by the editor of the *British and Foreign Medico-Chirurgical Review*, who says, in reference to this subject, "How can hospital statistics assist us to discover the amount of mischief effected by syphilis on our population? What we want to discover is the proportion of our population suffering directly or indirectly from this cause. At the best, hospital statistics can only tell us of the proportion of sick persons whose illness is attributable to this cause, and, indeed, not even this accurately, for it can only tell us of a certain class of our *population more liable than any other thus to suffer*, and of these only of such as apply to hospitals for relief."

But no satisfactory statistics even of this character have yet been put forward by the promoters of the extension of the Acts of 1866 to the civil population. They announce—and make the most of the announcement—that, from inquiries which have been instituted, from one-third to one-fifth of the surgical out-patients of our general hospitals in London suffer from venereal disease, but then they do not tell what proportion these bear to *all the out-patients applying*, nor do they limit their figures, as we hold they ought to be *limited, to true syphilis*. We are at a loss also as to the assistance our inquiry is to receive from the records of ophthalmic hospitals. No one who is acquainted with syphilis is ignorant that the eye is one of the most common seats elected by that disease for its constitutional manifestation, or would express or feel any wonder at the proportion of syphilitic cases which a special hospital of this kind admits. Even if the estimates afforded were unquestionable, we should be no nearer the solution of the question we want answered. Apart from the fault of grouping all venereal diseases together, as proper matter for State intervention, *grave doubt has been thrown upon the statistics*, such as they are, which the Association parades. The Medical Officer of the Privy Council has taken some pains to test their accuracy. At the Children's Hospital, in Great Ormond Street, he finds, on inquiry, that of 118,590 children of the poor treated there during *the last ten years for all sorts* of diseases, the proportion recorded to have been syphilitic has *only been 1½ per cent.* From a very careful investigation conducted by Mr. W. W. Wagstaffe, who visited for this purpose several of the largest general hospitals and dispensaries in London, it appears that, of 9,363 out-patients in all departments of these charitable institutions, only 8·71 per cent. were affected with venereal diseases of any kind, and only 4·21 with syphilis, the remainder being mostly cases of gonorrhœa. Mr. Wagstaffe extended his inquiry to the in-patients treated in hospitals, workhouse infirmaries, and by the parochial out-of-door surgeons, with the result that 6·92 will probably represent the per-centage of the sick poor population affected with some form of venereal disease, of which about half, or 3½ per cent., would be infecting syphilis. *Surely 455 persons suffering from true syphilis in* *one form or another, in a poor population of a million and a half, such as that which seeks gratuitous Medical aid in our London population, cannot be held to be a proportion so large as to call for exceptional action on the part of any Government*" (*Brit. and Foreign Medico-Chir. Review*, Jan. 1870), and it must be remembered that London probably represents the utmost dimensions the evil can attain in this country.

I am, Sir, your obedient servant,

Charles Bell Taylor, M.D.

Nottingham.

P.S.—I find Dr. Beevor has mis-represented the condition of the female operatives of St. Luke's. The following quotation from the *Medical Times and Gazette* will serve to correct this (Is it not foolish in the face of facts like these to talk about women choosing to make a trade of their persons?):—"Nearly all the braces worn by the gentlemen of England are made in St. Luke's; they are the spécialité of the district. The payment *is 2d. per dozen pairs*, the needlewoman finding her own cotton at a cost of three-farthings. A dozen and a-half pairs may be made in a day by dint of resolution, so that when the cotton is paid for there will be within a fraction of 2d. clear earnings for the industrious. Clear earnings! Not quite. Seeing that the work has to be done in courts and allies where the sun never, and daylight seldom, penetrates, there is artificial light to be paid for, generally oil at 2½d. the half pint. How do they live? 'On a ha'porth of tea, a penn'orth of bread, and a farthing's-worth of dripping.' Such is the day's meal, earned before it is eaten."

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THE USE AND ABUSE OF ALCOHOL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Much has of late been written on the effects of alcohol. I am in the habit of saying to patients, when speaking of eating and drinking, that the mind is a real substance of our own shape and make, and that what we call "being alive" is the mind buried in weaving, and investing its every part with, a material made from the food we eat. This material we call the body. When we eat wholesome food, it is converted into a pabulum (the blood), from which all the tissues of the body are manufactured. But when we drink alcohol, it passes as vapour into all the tissues throughout the body and keeps them from decay, as alcohol in a bottle keeps flesh from decay. In health the old material keeps continually crumbling away, to be replaced by new. But when alcohol is habitually partaken of too freely, it keeps the old shrivelled or impure textures hanging about us far too long, and this leads to a variety of diseases in different organs of the body, according to surrounding circumstances and the habits of individuals. On the other hand, when in disease the tissues of the body are dropping off us too quickly, alcohol is of inestimable value, as it keeps them from complete decay, till with returning health they can be replaced with new tissues. Alcohol, when it intoxicates, so stops the process of decay that the blood provided for new tissues, not being required, accumulates in the vessels, and this general plethora causes, first, freer flow of blood to the brain, attended with excitement, but afterwards congestion with coma. And alcohol may even so completely arrest decay that no new material whatever is required; it then stops the mind in its work of forming the body, all outward activity ceases, and the man is said "not to be alive".

I am, yours obediently,

Epping, Essex, Duncan. R. McNab, M.R.C.S.
June 26, 1873.

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PROPHYLAXIS OF SYPHILIS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I do not desire to engage in a storm *in vacuo*, which evidently a discussion going over simple assumptions, and oft asserted theories as to the Contagious Diseases Acts, would be leading to no practical result. Just allow me to illustrate my ideas of the differences of facts and of the theories as given by your correspondent. He says:—

"1. The Acts are not necessary."

I am satisfied they are, and that it is little less than madness not to have them universal; ample evidence before the Parliamentary Commission, if it prove anything, proves this.

"2. They fail utterly to do any good."

Every day's experience from statistics, and observation, shows absolutely the reverse.

"3. Other means would accomplish infinite good."

I admit a certain amount of good; but about the same proportion of good as if Government had not interfered in the late cattle plague, by insisting on what we may call its compulsory treatment. Every other means have, as yet, utterly failed.

"4. They are opposed to the religious feelings of the people."

The clerical evidence of those who really understand the question practically, contradict this.

"5. They violate the first principle of morality, equal laws."

This seems to me a new principle of morality, but I must deny the parallelism between a persistent and vicious trader, and one who may "be overtaken in a fault," or over-stimulated by a powerful natural impulse, as the male.

"6. They oppress the weak in the supposed interest of the strong."

I think certainly not. They deal with a trade, and offer every means and aid to the weak to escape from the state in which they have involved themselves, and offer the only *practical* help to them that has ever been done.

"7. They deprive people of their civil rights, &c."

I think not, as the trader can retire from the unhallowed trade any time, and every, not only facility, but even inducement is offered to do so, and this through the medium of the Acts themselves. The writer makes the extraordinary statement that "a very minute portion of our population is affected." How far this is really the case the statistics published in your last issue from the various hospitals, and the everyday experience of Medical men themselves will best answer; for my own part, I differ *toto cœlo* from a statement so evidently a mistake.

On referring to the late Parliamentary report, which I must assume to be true, although it is proposed to doubt it whenever the evidence is condemnatory to the opponents of the Acts, anyone interested can satisfy himself as to the writer's ideas of prostitution being a healthy trade—I must deny it—and am confirmed in my saying so by the experience of surgeons connected with such institutions as deal with these persons; the constant thinning of the ranks by death and decay, is only rendered more appalling by the rapidity with which volunteers enter, too often in spite of protests and in spite of the most earnest efforts of their parents and friends.

As to the remarks of the "Lock Hospital Surgeon" he gives of June 25, I cannot see what practical interest they have. Whether a mistake was made or not, the question of the number of brothels, &c., is beside that of the *ascertained* fact that wherever the Acts have been enforced, immediately the disease has been enormously checked and almost dissipated, as *incontestably* proved at the Curragh of Kildare, where the disease has almost disappeared amongst the troops since the introduction of the Acts. What is the use of rhodomontade against such *facts*. Dr. Beevor accuses me of writing "pseudo-morality at such a price per line"—an example by-the-bye of the imaginative or assumptive mode of argument so frequently adopted by the anti-Contagious Acts advocates; but as we differ so wholly in our "pseudo-morality" there is no opportunity for exchanging compliments. Dr. Beevor remarks that I consider that if a woman "be immoral or fast, and marries without matrimony (which, I conclude, is a newly-invented delicate term for a natural weakness suited to the tender feelings of these writers) she is to be branded by the world as a common prostitute." I confess I should have no hesitation in doing so, as immorality in such a matter is simply one of gradation. Such refinements of immorality or of "pseudo-morality" may be assumed and may be defended in the *Shield*, but depend upon it the remedy is simple; subject a vicious trade to the ordinary principles of State rules, modesty and decency will carry with them their own safeguards.

"Virtus mille scuta,"

which I would translate as a suitable motto for their paper, "Virtue is worth a thousand shields."

To delay the enforcement of the Acts I believe to be as cruel and mistaken towards the community, as it is to the immediate subjects of them.

Yours, in conclusion,

Reviewer.

A QUERY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Your last number contains in one of the leading articles an allusion to the "Anti-Vaccination Organisation Society for the Propagation of Syphilis." Will you kindly inform your readers, what the society or organisation is to which you refer? We know that there is a society in existence whose professed object is to extend to the whole kingdom, certain acts, whose tendency is well-known to increase syphilis to an unlimited extent, and whose extension, if carried out, holds out to future syphilographers the hopeful prospect of being able to carry on their scientific researches at home on that extended scale, which they cannot now so well avail themselves of, without a journey to Paris or Berlin. Now, if your object was to express condemnation of the Society to which I refer, well and good, but what has anti-vaccination to do with it? Pray, will you explain?

Yours, &c.,
EWING WHITTLE, M.D., M.R.I.A.
Liverpool, June 24th, 1873.

[The phrase is rendered unintelligible by the omission of the words "or the." The sentence which had reference to the agitation of female Medical students, should read as follows:—"Perhaps, if the women students would put themselves under the protection of the Anti-Vaccination Organisation, *or the* Society for the Propagation of Syphilis, they might get up an agitation, a Royal commission, and mayhap, the farce of an annual Bill in Parliament."

The organisation which we indicate by the name of "the Society for the Propagation of Syphilis," is the noisy knot of agitators who—with the assistance of Mrs. Butler, the popular public lecturer on chancres and how to get them!—are striving to bring the Contagious Diseases Acts into disrepute.—ED. M. P. & C.]

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THE SCOTCH CORPORATIONS AND MEDICAL REFORM.

THE Royal Colleges of Physicians and Surgeons of Edinburgh have circulated their reasons why Mr. Headlam's Bill to amend the Medical Act, 1858, should not pass the second reading, which we epitomise below.

I. That the Medical Council has been for fifteen years engaged in carrying out important practical reform.

II. That though it has been attempted to discredit the results of the Medical Act, yet, that ample evidence can be adduced that it has produced the most beneficial effects, and, if allowed its free course, it is capable of proving still more effective.

III. That the curriculum of professional study has been extended and improved; entrance has been barred against the admission of illiterate persons into the Medical Profession; examinations have been rendered more extensive, more practical, more uniform, more stringent, and consequently more efficient. As a proof, it can be shown that about *one-third* of the candidates examined failed to satisfy the examiners, and were remitted to their studies.

IV. That by Clause XIX. of the Medical Act provision has been made for conjoint examinations. That that Clause has been taken advantage of in Scotland, and that similar arrangements might be carried out in England and Ireland without fresh legislation.

V. That the establishment of three Licensing Boards would be extremely difficult of accomplishment, inconvenient, cumbersome, and attended with great expense. Hitherto a complete qualification in Medicine and Surgery has been attainable in Scotland for sixteen guineas. Under Mr. Headlam's Bill it will be necessary for candidates to pay thirty guineas, or nearly double.

VI. That under one Board for each division of the kingdom (as proposed in Mr. Headlam's Bill), in which Universities and Medical Corporations are mixed together—since the standard of competency might be raised too high, and the country might lack its due supply of general Medical practitioners, especially in the remote, extensive, and far from wealthy districts of Scotland.

VII. That due provision has been made in the Medical Act, 1858, for the visitation and inspection of the examinations.

VIII. That the continually maintained agitation for Medical reform tends to create uncertainty, and to retard improvements which might otherwise be pushed on.

IX. That the passing of Mr. Headlam's Bill would lower the status of the Licensing Bodies, cripple their resources, and thus interfere with an important organisation of the Profession.

X. That if there is to be a Medical Bill, it should be preceded by an inquiry, either by a Select Committee or Royal Commission.

The foregoing reasons are, no doubt, forcible from the Scotch point of view, but they lose somewhat of their cogency from the facts that some of them will be directly negatived by the opinion of the Profession and others involve a confession that the Scotch Licensing Bodies exist by the quantity of cheap licenses in the manufacture of which they conceive that they have a vested interest that no Medical reformer should disturb.

The assertion that the Medical Council has, in its fifteen years of life, performed its duty with anything like heartiness, or with considerable material advantage to the Profession or the public, may be left to the arbitration of public opinion. We venture to meet the statement by asserting that there are not five hundred men in the Profession who are even half satisfied with the Medical Council—its constitution or its acts.

The growth of education and competition have produced undoubted improvements in Medical education and qualification, but the Medical Council is entitled only to the credit of having sailed with the stream and absorbed the money of the Profession.

That a student who is expected to pay thirty guineas in London or Dublin for a guarantee that he is competent to practise, should, as set forth in Reason 5, be able to purchase in Edinburgh for sixteen guineas qualifications good enough for "the remote and far from wealthy districts of Scotland," is surely a state of things demanding interference; and, from their fifteen years' experience of that body, we doubt that the Profession will not be disposed to leave that interference to the Medical Council. The admiration of the Scotch licensing bodies for the Medical Council and the present system is in itself a little suspicious, and if we had the Royal Commission which in the hope of indefinite postponement they advocate, we might know something more of their reasons for opposing Medical reform.

THE CHOLERA ROUTE.

THE Dublin Sanitary Association have recently circulated in pamphlet form their very cogent suggestions in connection with the threatened approach of cholera.

The Committee have ascertained that the great epidemic of 1831-32 reached this country through Russia and the northern ports of Europe. Having appeared at Riga on May 26th, 1831, it reached Hamburg on Oct. 26, and was introduced into England by a ship from Hamburg to Sunderland, which arrived at the latter port Nov. 4, 1831. The first case in Dublin occurred on the 22nd of the following March. The cholera of 1854 reached England *via* the Mediterranean. The last epidemic, that of 1865-66, reached England by the same course, having first appeared at Southampton on September 27, 1865, and at Epping, in Essex, on October 1, 1866' (at a time when it had not invaded the northern part of Europe, but had attacked various ports along the Mediterranean). The disease broke out at Altenburg, near Dresden, on August 4, 1865. On July 1, 1866, it was introduced into Liverpool, *via* Hamburg and the Tyne, by German emigrants, having reached St. Petersburg about the same time, and appeared in Dublin on July 27, in the person of a girl who arrived from Liverpool at 22 City Quay. The present epidemic seems to be approaching both by the Mediterranean and north Europe route. It has spread through Turkey and the Levant since the November of last year (1871), and has spread over Northern Russia to St. Petersburg, where it has existed since July 13; it was reported in October in Dantzig and Dresden, and is now stated to be at Hamburg, from which port it has been twice introduced into England. Although the Baltic ports are or soon will be closed, yet the other routes are open, and the increase of commerce with the Mediterranean involves an increase of liability, so that we cannot expect to ward off the disease for a longer period than formerly, and it is not improbable that its spread to this country may even be more rapid than formerly.

Having made themselves acquainted with most of the reports on cholera which have been published, your Sub-Committee beg to lay before you a brief abstract of the reports of Dr. Budd, of Bristol, and Dr. Schleisner, of Copenhagen, on the precautions adopted in those cities against the epidemics of 1865-6. Dr. Budd states that in the epidemic of

1832	there were	626	deaths from cholera in Bristol.
1849	„	1,979	„
1854	„	430	„
1866	„	29	„

when disinfection was for the first time extensively adopted. In each epidemic the disease was believed to have been imported in the first instance. The precautions adopted were the appointment of health officers and inspectors, and a constant supervision of disinfection.

NOTICES TO CORRESPONDENTS.

Dr. Rooke, Scarborough.—A correspondent asks us if the Dr. Rooke in "The Medical Directory" is the same person who is continually sending quack pamphlets to the houses of private individuals. During the past few months a patient of his has received two copies of the said work, which, to his mind, is of a highly objectionable character, and calculated greatly to degrade the status of the Profession, and to mislead the public who read it. Of course, editors cannot be expected to know everybody, and for the credit of our Profession, we sincerely hope the author of the objectionable stuff is not in it. We can only add, that if Dr. Rooke, whose name is on "The Register," be not the author of the pamphlet in question, the sooner he disavows it, and stops the individual assuming his name, the better for all parties.

MEDICAL WITNESSES—IMPORTANT.

In a case (Maskery *v.* O'Connor) tried in the Court of Queen's Bench on Monday, Dr. Percy Leslie, who had been called as a witness, objected to being sworn unless he received the usual fee of one guinea instead of a shilling which had been tendered with the subpœna, basing his objection upon a case recently reported in the Medical journals.

The learned judge (Quain), after some discussion, addressing the witness, said—"All I can tell you is, you *must* give evidence. You need not have come here at all, if you had liked, but now that you are here the rule is that you must give evidence. It ought to be generally better known amongst Medical men resident within the bills of mortality, when a shilling is tendered with the subpœna, and they attend the court, they are bound to give evidence. It is, of course, optional with them to stay away if they choose. My duty is to tell you, you are bound to give evidence as you reside at Westminster, which is within the distance prescribed, and you have been tendered 1s. with the subpœna. Mr. Davies, swear the witness.'

L.R.C.P., Edinburgh.—The most recent works upon the subject are Surgeon-General Gordon's "Lessons in Hygiene and Surgery," and the new edition of Michel Levy's "Traité d'Hygiene Publique et Privée." The two works embrace the whole subject, both civil and military.

Psychologia.—Write to Dr. Harrington Tuke for the information you require.

Sir Dominic Corrigan, Bart., M.D., will distribute the prizes to the successful candidates at St. Mary's Hospital Medical School, this (Wednesday) afternoon, at three o'clock.

Communications, with Enclosures, &c., have been received from—Professor Erasmus Wilson, F.R.S. The Director-General Army Medical Department. Mr. Honey, St. Andrew's. Dr. Mackie, Cork. Dr. Godwin Timms, London. Dr. Hogg, Meerut, India. Dr. Collenette, Guernsey. Mr. Lunn, Birmingham. Mr. J. Laurence, Birmingham. Dr. Kidd, London. Dr. Johnston, Rotherhithe. Mr. Coulter, Chatham. Dr. Pennefather, London. Mr. H. A. Smith, Manchester. Mr. Popjoy, Accrington. Mr. Mellin, London. Mr. Courtney, London. Dr. McNab, Epping. Mr. Evans, London. Dr. Braithwaite, Leeds. Dr. Quinan, Dublin. Dr. Bennett. Dr. Neville, Chorley. Dr. Brown, Newmarket. Dr. Cheadle, London. Dr. Maunsell, Dublin. Dr. O'Neill, Castledermot. Dr. Sandiford, Dunus. Dr. Donaldson, Crossmaglaw. Dr. Molloy, Manorhamliton. Dr. McKeogh, Nenagh. Dr. Mapother, Merrion Square. Dr. Croly, Rathfarnham. Dr. Pratt, Market Hill. Dr. Sarayne, Carrick-on-Shannon. Dr. Rawson, Carlow. Dr. Westropp, Limerick. Dr. Nason Ovens. Dr. O'Reilly, Cavan. Dr. O'Ryon, Carrick-on-Suir. Dr. Smartt, Ballymahon. Dr. Reynolds, Claremorris. Dr. Corlev, Dublin. Dr. Walter, Dublin. Dr. Smyth, Belfast. Dr. O'Brien, Bansha. Dr. Humphrys, Dublin. Dr. McDonnell, Broadford. Dr. Davin, Kilfinane. Dr. Proctor, Lydd. Dr. Anderson, Moira. Dr. Price, Dublin. Dr. Daly, Belfast. Dr. Webster, Bristol. Dr. Macnamara, Corofin. Dr. Boyce, Wicklow. Dr. Spencer, Letterkenny. Dr. Ryan, Bailieborough. Mr. W. C. Palmer, London. Dr. Palfrey, London. Dr. Bathurst Woodman, Finsbury. Professor Galloway, Dublin. Dr. Nathan Allen, Lowell, America. Dr. Black, Edinburgh. Dr. Beevor, Scarborough. Dr. Wood, Bath. Mr. Whatford, Brighton. Dr. Falconer, Bath. Mr. Worth, Nottingham. Dr. Stead, Manchester. Mr. W. J. Cox, Hawksbury. Dr. Heagerty, Bellinghan. Dr. Herbert Davies, London. Dr. Chapman, London. Mr. Hurlstone, Pimlico. A Rural Surgeon. Dr. Meymott Tidy, London. Dr. Boreham, Abbotsbury. Dr. McGrigor Croft, St. John's Wood. Dr. Routh, London. Mr. Harris, London.

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VACANCIES.

Torrington Union, Devon. Medical Officer. Salary £100, with fees extra. Applications to Mr. Grubb, Great Torrington.

Greenwich Union. Dispenser. Salary £80 per annum, with unfurnished residence.

Leeds. Medical Officer of Health. Salary £400 per annum. Applications to be addressed to the Town Clerk.

Wandsworth Union, Surrey. Dispenser. Salary £120 per annum. Applications to be addressed to the Clerk, Union Offices, Clapham.

Warwick and Rugby Rural Sanitary District. Medical Officer of Health. Salary £800 per annum. Applications to be addressed to Mr. H. C. Passman, Clerk to the authorities, Leamington.

Stamford Infirmary House-Surgeon. Salary £100, with board and residence.

Bradford Infirmary. Physician. Honorary.

Wolverhampton Hospital. House-Governor and Secretary. Salary commencing at £150, with board, residence, and washing. Applications to the Chairman of the Board.

North Charitable Infirmary, Cork. Apothecary. Salary £100 per annum, with residence. (See advt.)

St. Thomas's Hospital, London. Demonstrator of Anatomy. Testimonials to be forwarded to Mr. Whitfield, at the Hospital.

Ampthill Union, Bedfordshire. Workhouse Medical Officer. Salary £50, exclusive of fees. Applications to Mr. Wright, Ampthill.

Chelmsford Union. Medical Officer. Salary £132, with extra fees. Address the Clerk to Guardians, Chelmsford.

West Herts Infirmary. House Surgeon. Salary £100 per annum, with residence. Address the Secretary, Infirmary, Hemel Hempstead.

Stratford-on-Avon Sanitary District. Medical Officer of Health. Salary £600 per annum. Address the Clerk to the Rural Authorities.

Bromley (Kent) District. Medical Officer of Health. Salary £800 per annum. Address the Clerk to Rural Authorities, Tonbridge.

General Hospital, Birmingham. Resident Medical Officer. Salary £100 per annum, with board and residence. Applications to House Governor.

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APPOINTMENTS.

Anderson, W. S., M.B., Resident Surgeon to the Wards under the charge of Professor Lister in the Royal Infirmary, Edinburgh.

Argles, F., M.R.C.P.Edin., M.R.C.S.E., Medical Officer to the Bethnal-green Schools, Leytonstone.

Carter, C. H., M.D., Assistant-Physician to the Hospital for Women, Soho Square.

Crisp, J. L., L.R.C.P.Edin., Medical Officer for the Westoe District of the South Shields Union.

Eshelby, D. W., M.D., Medical Officer for District No. 2 of the Stroud Union, Gloucestershire.

Evans, J. A. M., M.B., Physician to the Victoria Hospital for Sick Children, Chelsea.

Farquharson, P. D., M.B., Medical Officer for the Parish of Aberdour, also Medical Officer of Health for New Pitsligo.

Fox, C. B., M.D., Medical Officer of Health for East Essex, including the united Districts of Chelmsford, Maldon, and Billericay.

Haigh, T. H., M.R.C.S.E., Medical Officer for the Golcar District of the Huddersfield Union.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 9, 1873.

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SYMPATHETIC OPHTHALMIA.

BY PROFESSOR ARLT, of Vienna.

Translated, with permission of the author, for the MEDICAL PRESS AND CIRCULAR from the *Wiener Medizinische Wochenschrift*, Feb., 1873, Nos. 5, 6, 7,

By V. F. ALEXANDER, M.D.

WE call inflammation of an eye sympathetic, when we think ourselves justified in considering it as the consequence or effect of an inflammation of the other eye. All sympathetic ophthalmia presupposes of necessity that an inflammation of the other eye has preceded it.

Sympathetic ophthalmia, anatomically considered, is an inflammation of the ciliary body, that part of the choroid which is distinguished not only by a different vascular arrangement, but also and particularly by enormous manifoldness of its surface (in the direction of the vitreous body and the posterior chamber), and which plays a part of the greatest importance in the nutrition of the vitreous and the lens, as well as in the secretion of the aqueous humour.

(We may consider that the iris is not the only, and, probably, not even the principal organ which secretes the aqueous humour, from the fact that this fluid continues to exist unaltered after the iris has been completely removed.)

Like cyclitis in general, sympathetic ophthalmia presents itself either in the form of an increased serous exudation, especially into the vitreous, as so-called secondary glaucoma, or—as is usually the case—in the form of a deposit of a fibro-plastic exudation upon the surface of the ciliary body turned towards the vitreous, and in the latter itself, or in the posterior chamber, and by consequence in the anterior chamber—serous iritis; more correctly iridocyclitis with predominantly plastic exudation (with cloudiness of the aqueous humour, punctiform precipitates upon the membrane of Descemet, adhesion of the edge of the pupil to the capsule).

Cases of the first class were considered by the older authors (Beer, *Augenpflege*, 1802; Himly, *Krankheiten und Missbildungen des Auges*, 1843, vol. ii., p. 414) as amblyopia or amaurosis congestiva. (Comp. Arlt, *Krankheiten des menschlichen Auges*, Prag, 1853, vol. ii., p. 50). Graefe (*Archiv für Ophthalmologie*, vol. iii., part 2, p. 442), carefully described a case of the first class under the name of sympathetic amaurosis; although the symptoms, especially the contraction of the field of vision and the excavation of the papilla, point unmistakeably to increase of the intraocular pressure (secondary glaucoma).

As Tavignot and I (*l. c.*, p. 51) conjectured, and Heinrich Müller (*A. f. O.*, iv., I. Abth., 368) afterwards proved, the inflammation is brought about by the irritation of the ciliary nerves of the eye first affected (*a*) being conveyed to those of the eye secondarily attacked (*b*). When such a continual, or occasionally recurring irritative or inflammatory condition of the ciliary body in *a* cannot be proved, we are certainly not entitled to speak of sympathetic affection of the eye *b*. Bowman and Graefe have sometimes even found a certain local correspondence of the inflamed parts in both eyes (redness, sensitiveness to touch).

Two cases which Th. Pooley (*Knapp's Archiv. für Augen- und Ohrenheilkunde*, 1869, I. Abth., p. 230) holds to be sympathetic inflammation of the *optic nerve*, show, to say the least, unmistakeable signs of co-existent cyclitis, which, it is highly probable, preceded and induced the affection of the optic nerve.

The matter stands otherwise in two cases related by H. Cohn at the Heidelberg Congress in 1871 (*Zehender's Klin. Monatbl.*, p. 460), in which not a trace of inflammation could be demonstrated in the uveal tract of the bulbus either before or after it had been enucleated with brilliant results in the effect upon the eye threatened sympathetically; again, in a case mentioned by Mooren (*Ophthalmolog. Beobacht.*, Berlin, 1867, p. 160), in which likewise a sympathetic affection appears to have been induced through the medium of the optic nerve. Certainly, however, the fact of sympathetic affection, *viâ nervi* *optici*, needs to be further confirmed by careful observation, whereas the *via nervorum ciliarium* is clearly demonstrated, and is certainly taken in the greatest number of cases, if not in all.

Sympathetic iridocyclitis, especially the form with plastic exudation, has certainly many peculiarities compared with analogous forms of a different origin; but they are not of themselves sufficient to settle the clinical diagnosis, and can at most only excite suspicion of this origin.

The symptoms seldom develope themselves in remarkably quick succession—acutely. Increased sensitiveness of the eye *b* to ordinary daylight, and irritability on exertion of the accommodation, later on, limitation of the range of accommodation (departure of the near-point from the eye), and, it may be, some decrease in the acuteness of vision, may exist to a certain degree for a long time as prodromal symptoms, and are certainly to be considered as dangerous ones. As soon as such eyes show even a transitory pericorneal redness after unusual stimulation by light or after employment of the accommodation, cyclitis has probably already begun its course, although the formation of exudative products in the vitreous, or the aqueous humour is not clearly demonstrable at the time. Often, however, the patient is first induced to seek medical aid by disturbance of vision in *b*, which is very striking in comparison with the increase of tension or the visible cloudiness of the vitreous and the aqueous humour (punctiform opacity of the membrane of Descemet caused by precipitates from the aqueous humour), and the very slight complication of the iris in the beginning. In most cases, even at this time, it is possible to find in *b* in the more or less reddened region of the ciliary body (in its whole extent, or a part of it) sensitiveness to touch with, say, an ivory stylus. Increased tension seldom exists, and if so, does not last long.

All bulbi affected with the plastic form of sympathetic iridocyclitis fall later victims to atrophy, if a timely arrest of the process be not brought about. As soon as the production of fibrinous exudation on the inner surface of the ciliary body and into the vitreous has reached a certain degree, atrophy sets in, with consequent traction of the ciliary body inwards, and the vitreous is replaced by a watery, thin, yellowish or brothy fluid.

The iris, which is sometimes in the beginning retracted towards the zonula at its periphery, and later glued down to the capsule at its pupillary border, is bulged out in the middle, chiefly by fluid exudation; this is in general more favourable (as far as the iridectomy, which may possibly be performed later, is concerned), for the most part, however, its texture becomes loose and feltlike, permeated by small vessels, reddish or rustcoloured, and appears in its whole extent to lie nearer the cornea. In this case its posterior surface is coated with a thick layer of exudation, which is adjoined by similar layers on the inner surface of the ciliary body; its tissue lying over these becomes gradually pale from atrophy, and assumes a yellow tint, and even a marbled appearance from the pigmentary layer showing through in places.

These changes may take place at intervals, or without interruption, accompanied by violent symptoms affecting the vascular and the nervous system, or even with only a moderate degree of dark redness around the cornea. The perception of light, which is finally extinguished by shrinking of the vitreous and detachment of the retina from the choroid, may subsist for a long time in a tolerable degree; but the hope of obtaining a successful result from iridectomy, even when combined with extraction of the lens, is for the most part very slight, on account of the mechanical obstacles thereto. The layers of exudation behind the iris can only be broken through with great difficulty, and even if the attempt succeed the apertures close again very easily.

Different causes may bring about irritation or inflammation of the ciliary body in the eye *a*, without which we can hardly speak of sympathetic affection of the eye *b*, and which may be recognised—if not by other manifest symptoms of inflammation—partly by the pain which comes on spontaneously in the neighbourhood of the ciliary body, and often radiates to a great distance, and partly by that which arises on touching the eye in the same region; the idea, however, that a sympathetic relation exists, appears to have been inspired among our predecessors, principally by cases of traumatic injury, in which the ciliary body is complicated, or a foreign body remains behind.

Among the causes belong, first of all, permanent or occasionally recurring (increased) traction of the iris by a projecting cicatrix of the cornea (especially conical staphyloma—partial or total), wedging-in of the iris at the boundary between the cornea and the sclerotic (cystoid cicatrization with bulging of a part of the iris), dragging-inwards of the ciliary body from cicatricial contraction after penetrating wounds. Simple contusions in the region of the ciliary body are not often the cause of a cyclitis, which induces in its turn a sympathetic cyclitis; on the other hand, penetrating wounds, which extend into the ciliary body, often give rise to sympathetic ophthalmia. Cases of sympathetic affection after the modified linear extraction, if carelessly performed, or unsuccessful on account of imperfect union of the incision, are far more frequent than after flap extraction; for this leads rather to suppuration of the cornea, and where the latter occurs—whether from traumatic injury or after operations—no sympathetic affection of the other eye arises, unless changes take place when the bulbus becomes atrophied, for instance, traction upon the ciliary body, calcareous or bony deposit, which may certainly lead to sympathetic affection of the other eye. In penetrating wounds which reach the capsule of the lens, it is generally the swollen lenticular substance which, by pressing upon the iris and the ciliary processes, induces sympathetic inflammation of the other eye.

Injuries are more to be feared when a foreign body remains behind, than simple penetrating wounds, when they do not lead to wedging-in of the iris peripherally, to swelling-up of the lens, or to cicatricial contraction.

In an eye, the sight of which, to all appearance, cannot be preserved, suppuration is less dangerous than a condition of chronic irritation or inflammation with a likelihood of sympathetic disease of the other eye. This point is to be kept before the mind above all when a foreign body is lying in one of the eyes.

It hardly needs to be particularly mentioned that a similar action can be exerted by reclinated and spontaneously or traumatically dislocated lenses—especially when they have become chalky—as well as by cysticerci.

Suspicion of the sympathetic character of an affection arising in the second eye is also provoked, when an eye which has long been blind becomes painful with or without cause (*e. g.* after a blow, or wearing an artificial eye), no matter whether the pain comes on spontaneously, or when the region of the ciliary body is touched. A fresh attack of inflammation, as well as chalky or bony deposit on the inner surface of the choroid or in the lens, can be the exciting cause of sympathetic ophthalmia in the other eye.

An eye blinded by glaucoma endangers the other, only after it has entered the stage of atrophy, or calcareous deposit. I have observed such a case during this session. An iridectomy was performed on the patient's left eye four years ago with lasting benefit; the right eye, in which even at that time iridectomy was no longer indicated, began in the autumn to become painful. The patient, who sought advice on this account, rejected the proposal to enucleate this useless eye, which was plainly smaller and softer, and showed signs of chalky degeneration of the lens. Four weeks later he returned with marked cyclitis of the left eye, under the form of serous iritis. It was not until after four weeks' treatment—chiefly non-medicinal—and particularly, not until the swelling of the upper lid and the ciliary injection of the left eye had almost entirely disappeared, that the right eye, which was still painful and sensitive to touch, could be enucleated. It is still doubtful whether the left eye can be saved. The history of this case, which is still under treatment, as well as that of three others, I think of publishing later.

I cannot agree with Mooren (*Ophthalm. Beobacht.*, Berlin, 1867) in thinking that if the eye *b* is attacked by inflammatory glaucoma a few days after iridectomy has been performed on the eye *a*, the origin of this affection is to be sought in *a*; it seems to me rather to be due to the state of mind produced on the patient by the operation, and by his whole situation. In support of this view we need only think of the well-known state of excitement (to which Sichel especially has drawn attention), into which many anxious or excitable people fall, when the eyes are bandaged for a long time after extraction, and which may even rise to madness, as well as of the influence exerted upon the outbreak of inflammatory glaucoma by moral depression. As Mackenzie teaches (*Pract. Treatise*, 1854), and Schweigger justly insists (*Handbuch*, 1871), sympathetic ophthalmia has never been observed before the lapse of five weeks after the exciting causes came into action.

Mooren (*l. c.*, p. 155) has also seen iridocyclitis, which was produced by detachment of the retina, cause sympathetic affection (impossibility of exerting the accommodation, subconjunctival hyperæmia, and lacrymation), and has rescued the threatened eye *b* by timely enucleation of the eye *a*.

In cases in which one eye is affected after the other by iridocyclitis, without preceding traumatic injury, we have generally to refer the attacks to a common cause; but even here, one can hardly avoid thinking that the inflammatory condition of the eye, in which the disease is further advanced, may exert an influence upon the other. If, then, the eye first affected is not free from the inflammatory attacks by iridectomy, no surgeon could be reproached for performing enucleation, provided only that he did not operate while the inflammation of the other eye was at its height. In such a case, long observation, and careful balancing of all the circumstances are necessary.

It is very probable that the non-medicinal treatment of the eye *b*, during the period in which irritation or inflammation exists in *a*, has an essentially prophylactic influence upon the production of the sympathetic affection. For bright illumination—strong contrasts—and employment of the accomodation of the eye *b* (reading, writing, sewing, and the like) excite or aggravate the pain in the eye *a*, and, through increase of the irritation in *a* react prejudicially upon the circulation, nutrition, and innovation of the eye *b*. Beer (*Angenpflege*), Himly (*l. c.* ii., 40), and Mackenzie (*l. c.*) have referred with particular emphasis to this unfortunately too often neglected influence. The latter deserves, however, that we should fully appreciate its importance, not only in taking prophylactic measures, but also with respect to operating, inasmuch as when the sympathetic affection—especially the form with plastic exudation—has once commenced its course, we possess—outside of strict care (even complete bandaging of the eyes for several days or weeks)—hardly any means of arresting the process or of bringing about that degree of remission in the eye *b*, which is necessary, if we would enucleate the eye *a*.

The prognosis as regards the eye sympathetically attacked is the more doubtful, the more pronounced this affection is. If the eye *b* is still in that state which we may properly term the prodromal stage of the disease, it may be saved almost without exception. Almost the same holds true of those relatively unfrequent cases, in which the sympathetic affection, although distinctly pronounced, runs its course under the form of secondary glaucoma. In cases, however, where the exudation is predominantly plastic, the process may cease of itself, or may be arrested by proper treatment—chiefly of a dietetic nature; especially if active symptoms have disappeared, either spontaneously, or after operative interference, in the eye previously affected; but in certain cases the eye attacked sympathetically is destroyed, in spite of all that we can do. Even when the process is arrested, and the perception of light is still good, the false membranes behind the iris present an obstacle to the opening of a passage for the rays of light; and even when large gaps are made they seldom remain open, although the lens may have been removed at the same time. The result is then finally atrophy of the globe.

Treatment.—Inasmuch as we know that the eye *b* is exposed to great danger of sympathetic affection, when certain processes are going on in the eye *a*, especially after injuries; and, particularly if the eye *b* is not carefully protected during their course, we are to a certain extent really entitled to speak of the prophylactic treatment of sympathetic ophthalmia. This consists on the one hand in endeavouring to bring the dangerous process in the eye *a* as quickly as possible to a permanent close, and, on the other hand, in protecting the other eye against the full glare of daylight, and in not allowing it to be employed in any way.

When a foreign body has penetrated the eye, and there is any probability that it still lies in the vitreous, and if the chances do not preponderate that it will become incapsulated, without causing iridocyclitis or detachment of the retina—as is particularly the case with bodies rather large, angular, specifically heavy, or of chemical action—and if we cannot extract it without danger of injuring the globe so greatly, that too much of the vitreous would be lost, or that slowly progressive inflammation would be caused, we must enucleate the eye, unless we decide in favour of Barton's procedure.

In doubtful cases, or if the proposal to enucleate or perform Barton's operation be rejected, the other eye must at least be carefully watched and protected; as soon, however, as prodromal symptoms appear, the operation should be pressingly recommended, and if it be still refused, further responsibility should be declined.

It may happen—though certainly very seldom—that in such circumstances the eye *b* luckily escapes; but ten cases of enucleation of an eye which has anyhow lost its vision, and which would perhaps not have given rise to sympathetic ophthalmia, would not outweigh a single one in which non-performance of the operation caused irreparable loss of the other eye. Moreover, the encapsulation of a foreign body offers no security for the future, any more than the encapsulation of hard lenses after couching. In some cases violent inflammation with suppuration, in others chronic inflammation, shrinking of the connective tissue in the vitreous, traction inwards of the ciliary body, and sympathetic affection of the other eye, have been observed after a foreign body has remained in quietness for several years in the injured eye.

Our task is otherwise if, after mechanical injury of an eye—whether a foreign body remains behind or not—extensive suppurative infiltration of the vitreous (panophthalmitis) is coming on or is already running its course. A foreign body projecting from the eye may be pulled out; otherwise, however, all operative interference—especially enucleation—should be avoided. Death from suppurative meningitis may be the consequence, as two cases of Graefe's have shown. Only in case that the pain —which is sometimes insupportable, and may last for several days—cannot be assuaged by poulticing, we may rid the patient of it by puncturing boldly, or by incising the sclerotic. Experience shows that after suppurative inflammation of one of the globes, sympathetic affection of the other does not occur so easily; unless later on —it may be after months or years—an inflammatory process becomes developed anew in the stump, with sensitiveness to touch in the region of the ciliary body.

The explanation of this point of experience may, perhaps, in many cases be found in the destruction of the ciliary nerves by suppuration; perhaps, too, in the fact that the panophthalmitis keeps the patient in his bed or in his room for a long time—five or six weeks; and that he is forced, by loss of strength from fever and violent pain, to give up his ordinary occupation, and thus to spare his other eye.

When sympathetic inflammation is to be feared, in consequence of traction on the iris, as was set forth above, proper measures are to be taken against it, especially with iridectomy, even if no sign of sympathetic affection exists.

If, after traumatic injury, the lens swells up, and the intra-ocular pressure increases, the hope of saving the injured eye and the security of the other imperatively demand suitable operative interference—paracentesis, extraction, or iridectomy.

In case of dislocation of the lens, when extraction cannot be performed—as is particularly the case when the lens lies in the vitreous, and actually maintains, or probably would excite, a condition of irritation—and if an eye which has long been blind becomes painful (see above), enucleation is indicated as a prophylactic measure, which, when proposed, will hardly be obstinately rejected by the patient or his friends. If we allow the cyclitis to run on farther than the precursory symptoms, enucleation may possibly do more harm than good.

I cannot help quoting a passage from Beer's "Diseases of the Eye" (1802), which I once cited in an article on enucleation (*Zeitschrift der Gesellschaft der Aertze*, 1859, No. 10). "It has been long proved by experience, that when persons who have had the misfortune to lose an eye have become accustomed to this condition and use the eye at first with care, they see much more distinctly with one eye than they did before with both."—"At first every one-eyed person feels an unnatural movement and a painful tension of his blind eye when he attempts to use it; the sound eye can hardly endure any exertion, and becomes soon tired and very often watery. These symptoms, which, if they last long, are a certain proof of increasing weakness of the eye, soon vanish in most cases, provided the blind eye be covered up. These disagreeable symptoms can, however, be completely prevented if the sound eye be not exerted until the eye which has been partially destroyed by inflammation or suppuration has completely recovered, and is no longer painful. If this well-meant counsel, which rests entirely on experience, be neglected, fresh and severe pain will attack the affected eye whenever the sound eye is unusually exerted, and the patient will be unable to devote himself to any occupation for a long time." I will add that when sympathetic affection is to be feared in children and in adults who are not intelligent, it will be well at first to bandage the threatened eye during the day; later on, to protect the eyes against the glare of daylight with smoke-coloured glasses, and by this means to render it impossible for the patient to busy himself with small objects, until the eye *a* is no longer painful, either spontaneously or to touch, in the region of the ciliary body.

When the sympathetic ophthalmia is already pronounced we seldom see the process arrested; still seldomer do we see it come to a complete end after the primarily affected eye has returned to a condition of quietude. Cases in which the exudation is predominantly or exclusively serous offer a much better prospect of preservation or improvement of the sight by means of iridectomy than those where the exudation is of a plastic character. In all such cases, before operating on the eye secondarily affected, it is advisable to prevent, by enucleation or other operative means, particularly by iridectomy, a fresh attack of irritation or inflammation in the eye first affected, even if at the time its condition be perfectly quiet.

In cases of sympathetic ophthalmia, with continued or periodically returning irritation or inflammation of the eye primarily affected, enucleation (at times, iridectomy) is in general the indispensable condition for the preservation of the other from further destruction. But we cannot reckon with certainty upon an arrest of the process in the other eye after this operation; indeed—as Critchett was the first to expressly remark (*Heidelberg Congress in Zehender's Klin. Monatbl.*, 1863)—when the sympathetic affection is of an active nature, it may be aggravated even to complete destruction of the eye by operative interference with the eye primarily diseased. Hence, in every case of sympathetic ophthalmia, before we proceed to enucleation (or iridectomy) of *a*, we should endeavour to bring the eye *b* back to a state of quiet by means of strict care and rest, and, if needed, general treatment. If this attempt fail, and the condition of the eye sympathetically affected becomes continually worse, we can at least console ourselves with the consciousness of not having accelerated the cause of this affection by a procedure, which, according to experience, generally causes this result when the process is at its height. Cases of active sympathetic inflammation, which come off even tolerably well after the enucleation of the other, are probably hardly more numerous than the cases—which it is well known are very unfrequent—in which this relatively favourable result is observed without enucleation.

It must be remarked, that sometimes cases occur, in which, after the sympathetic iridocyclitis has run its course, the eye first affected may be restored to sight. I once operated upon a boy—and watched the case for four years afterwards—in whom, in consequence of a wound which penetrated the cornea, iris and lens of the left eye, swelling up of the lens, and closure of the pupil occurred, followed by sympathetic iridocyclitis of the right eye. Iridectomy was first performed on the left eye, and then on the right with good results. Later, however, it had to be performed twice more in the left eye. If I had enucleated the eye at that time, the procedure would have been not only useless, but unjustifiable.

As to the mode of performing enucleation, I have nothing new to add to the above cited article of mine, except that now, after the method of Bowman, I preserve as broad flaps of conjunctiva as possible, and fasten them together after they have been turned back against the tunica vaginalis; so that after the enucleation, there is properly speaking, no open wound left; the irritation is limited, and the process of cicatrization is abridged as much as possible. The lids are then closed, and as much lint is laid upon them and fastened with a bandage, as is necessary to press the conjunctiva down upon the vaginal tunic, and hinder as far as possible the accumulation of blood behind it.

Mackenzie, to whom we owe the first special notices on sympathetic ophthalmia (third edition, 1843), mentions in his fourth edition (1854), that Prichard, of Bristol (1851), was the first who, at the commencement of sympathetic ophthalmia, successfully performed the operation of extirpation of the injured globe in human beings, after Wardrop (Morbid Anatomy of the Human Eye, London, 1828) had a long time before drawn attention to a similar procedure in the case of horses.

According to the same author, Barton, of Manchester (about ten years before), in the case of a foreign body in the eye, and then Taylor, in a case of sympathetic ophthalmia from other causes, had endeavoured to bring the process to a rapid close in the eye primarily affected, by cutting away the cornea of the injured eye, and treating it afterwards with warm fomentations, and thus endeavoured to exert a preservative influence upon the other eye. If a foreign body lay in the vitreous, Barton forced his way directly through the lens with a Beer's knife, (as Wenzel did in extraction), in order to make the delivery of the latter more easy; at the same time, a portion of the vitreous escaped and occasionally the foreign body, if not, the corneal flap was removed with the forceps and a pair of scissors; linseed poultices were then applied to the closed lids. In all cases in which a foreign body (a percussion-cap for instance) had entered, Barton found it some days afterwards in the conjunctival sac, between the lids, or in the blood-clot which had stopped up the opening.

Mackenzie (*l. c.*) closes with the remark, that in certain cases, partial abcission after Barton, or extirpation after Prichard, may rescue the eye sympathetically inflamed.

Royal Hospital for Diseases of the Chest, London.—On Friday last Her Royal Highness Princess Louise, Marchioness of Lorne, visited this useful institution and spent some time in an inspection of both the indoor and outdoor department. Her Royal Highness was received and conducted through the building by Messrs. Dobell, Crucknell, and Sansom, and on leaving expressed herself delighted with the general arrangements, and the cleanliness which prevailed.

A Course of Lectures

ON THE

NATURE AND TREATMENT OF DEFORMITIES OF THE HUMAN BODY,

DELIVERED IN THE MEATH HOSPITAL, DUBLIN, BY

LAMBERT H. ORMSBY,

Surgeon to the Hospital, and Demonstrator in the School of Surgery, Royal College of Surgeons in Ireland.

LECTURE II.—(*Continued from page 2.*)

II. *Deformities of the Nose* sometimes occur after accident or direct violence, or after pugilistic encounters; a broken nose often gives the person affected a very droll and ludicrous appearance. When inflammation passes away a well padded circular metallic spring can be conveniently applied, or, perhaps, more simple, a mould made of gutta-percha. The nose is frequently destroyed by lupus and syphilitic disease, and can be remedied by plastic operation.

III. *Deformities of the Cheek* are caused by small tumours growing in the substance of the cheek, either malignant or benign, and can be removed by surgical operation if approved of; there are also bony tumours called exostoses, growing from the superior maxilla, and increasing to such an enormous size as to give the person affected a most hideous and revolting appearance. I saw the late Mr. Maurice Collis operate some years ago in his theatre on a well-known gentleman of this city for an enormous exostosis of the upper jaw; the operation was a perfect success, and the patient is alive at present and enjoying excellent health, and his personal appearance is entirely changed, whereas, before the operation his face was hideous to behold, so great was the deformity.

IV. *Deformities of the Lips.*—We constantly see the lips frightfully deformed from the ravages of advanced epithelioma, also retracted in every direction by the contractions and cicatrisations of severe burns, retractions of the lower lip causes the unpleasant dribbling of saliva over the chin and neck. Epithelioma in the early stages can be removed by surgical operation, leaving little or no deformity behind. Retraction of the lower lip, the result of a burn, can be remedied by surgical operation, which I will mention when considering burns in the region of the neck.

In the Neck.—In this situation we have many distortions arising, in some cases, from disease, debility, constant position of the same attitude, or the result of severe burns. The deformities affecting the neck are three in number, namely—

1. Anterior curvature of the neck, commonly called round shoulders.
2. Wry-neck, or torticollis.
3. Distortion arising from burns and other injuries.

1. Anterior curvature is generally a distortion acquired in early life, and frequently in those children who suffer from a scrofulous diathesis, and it is a sure indication of an enfeebled frame. Mechanical appliances to support and keep the neck in its normal position are recommended for its relief.

2. Wry-neck or torticollis, which may be occasioned by the shortening, contraction, or palsy of the cervical muscles, but more particularly the sterno-cleido mastoid. Scalenus and the trapezius are the ones most affected, the head is bent down towards one shoulder and the face is turned to the opposite side, the eyebrow and curves of the lip are drawn down, and the side of the face appears smaller and less developed than the opposite side. Wry-neck may occur from other causes giving rise to distortion. 1st. It may be only a part consequence of a general lateral curvature of the spine. 2nd. Caries of the cervical vertebræ. 3rd. Glandular enlargement on one side of the neck only. Lastly, this distortion may be caused by disease of the spinal accessory nerve which supplies the sterno-cleido mastoid and the trapezius, causing local paralysis of those muscles, in consequence of which the other muscles on the opposite side act uncontrolled by any antagonistic force, and thereby permanently cause the deformity. If the internal administration of strychnine and the application of blisters, and electricity fail, I would strongly recommend division of the contracted sterno-mastoid for the purpose or curing the deformity.

3. *Distortions arising from burns and other injuries in the cervical region.*—There are few deformities which give rise to a more distressing appearance than the cicatrices and contractions which result from an extensive and severe burn. Many surgeons have applied their utmost ingenuity to adopt some new mode of treating burns, so as to prevent and avoid this unfortunate result. Appliances have been suggested and used during the healing of the ulcers, but in many cases they have been found to be worse than useless. The integument becomes hard, indurated, and is found in puckered bands uniting in severe cases the chin to the sternum, and more or less affecting the whole face, drawing the lower eyelid down, causing partial eutropion and everting the lower lip, causing a frequent and distressing flow of saliva. There are many different plans recommended for the treatment of such cases. Mr. Skey makes a number of small transverse cuts in the cicatrix. Mr. Wood, of King's College Hospital, transplants a portion of skin from the abdomen. The late Mr. Rynd, for many years surgeon to this hospital, in a very able paper (*a*), relates the history of a very successful case in which he denuded the cicatrix by a semi-lunar incision, and freed all the contractions.

Of the Shoulder Joint.—Deformities of this important region occur generally from three distinct causes: 1. Disease; 2. Accident; 3. Debility; and as this articulation affords the greatest range of movements over any other joint in the body—such as *Flexion*, *Extension*, *Abduction*, *Circumduction*, *Rotation*—we can easily understand why any derangement or deformity gives rise to such serious inconvenience to the person affected; and I would strongly urge upon you the propriety of studying and examining the position and *contour* of the shoulder in its normal shape, as afterwards you will be better able to determine any deviation or deformity occurring in this region, more particularly as I believe there is a great deal of blundering and ignorance displayed in the diagnosing of dislocations, fractures, and deformities in this joint by many who ought to know better; and I would refer you to a valuable article which will afford you much information, written by Luther Holden (*b*). I saw a gentleman the other day who had suffered from dislocation of the humerus into the axilla, it was not recognised as such at the time, and was not detected for at least six weeks afterwards, when reduction was had recourse to on two different occasions under chloroform, but without success, and now the bone remains permanently in its new position. 1. From Disease. We find this joint changed, for instance, in that affection which Mr. Adams, of Dublin, was the first surgeon to give an accurate description of, *Chronic Rheumatic Arthritis* in this region, we find the head of the bone very often dislocated upwards, the long head of the forceps entirely destroyed. I presented a very typical case of this disease before the Pathological Society of Dublin last. 2. From Accident, frequently the result after gunshot wounds, and by great destruction of tissues, contraction is nearly always the result when the parts are healing; also contraction follow the cicatrices of severe burns. 3. Debility; paralysis of the deltoid muscle, giving rise to what is commonly called *Drop-Shoulder*. I have met many of these cases, and always find blister-

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(*a*) "On the Deformities occasioned by the Cicatrices which result from Burns." By Francis Rynd, A.M., F.R.C.S.I., Surgeon to the Meath Hospital, &c. Art. ix. *Dublin Quarterly Journal of Medical Science*, 1856. Vol. xxii.

(*b*) Article ix. "Medical and Surgical Landmarks." By Luther Holden. "St. Bartholomew's Hospital Reports." London, 1870.

ing and afterwards galvanism to the deltoid to be an excellent mode of treatment.

Of the Elbow Joint.—This important articulation is very prone to muscular contraction of the biceps and brachialis anticus, giving rise to deformity in the flexed position, and also contraction of the biceps, giving rise to deformity in the straight position; also *true* and *false Anchylosis.* In fractures in the vicinity of this joint, we must be very careful not to keep the forearm too long in the flexed position, more particularly in children, whose bones unite so quickly; and Hamilton, in his great work, "On Fractures," recommends passive motion of the joint after seven days (*a*). However, in his opinion, that is rather soon I had a case under my care some time ago of fracture through the condyles in a child of six years old, in which I resorted to passive motion at the end of three weeks, and the case turned out remarkably well. We may also have deformity and anchylosis arising from inflammation in the joint; in deformity in the flexed position the appliance generally recommended is a double splint connected at one extremity by a hinge, and fixed at any angle required by an elongating screw, which, by gradually turning the screw, brings the forearm into normal position. If this is not successful, tenotomy of the biceps tendon has been performed with great success; if the joint is left permanently in the extended position, myotomy of the forceps has been recommended, as mentioned in Mr. Barwell's book (*b*).

Of the Wrist and Fingers.—These comprise a number of deformities, and for convenience I will describe them under three heads: those arising from—1. Disease; 2. Accident; 3. Debility.

1. From Disease we frequently find strumous affections arising in this joint, setting up extensive inflammation, which may end in anchylosis, ulcers, and by their healing cause contraction and deformity; we also find neglected paronychia affecting the fingers, which often leads to contraction, and becoming anchylosed in a bent position.

2. Accident, from gunshot injuries, a man putting his hand through a pane of glass. I saw such a case, which led to great deformity, the cicatrices of a severe burn. This, I may say, is a very common cause; or mill accidents, a hand being caught between two rollers. I have such a case under my care, where there was a great tendency to deformity; but, owing to the timely use of appropriate splints, a remarkably good and useful hand has been the result.

3. Debility. Drop-wrist is a very common affection, as a symptom of lead-poisoning occurring in painters and brass-founders. This deformity, however, gradually passes away, as the disease which gives rise to it is treated with proper constitutional remedies. Contracted fingers frequently arise from paralysis of the extensor digitorum communis, which may be improved by galvanism. Digital cramp—we constantly see in those callings where the fingers are constantly called into action, a permanent contracted condition of the fingers. Mr. Heather Bigg, of London (*c*), enumerates at least five kinds of this deformity, viz.: 1. Writer's or Scrivener's Cramp; 2. Compositor's Cramp; 3. Musician's Cramp; 4. Shoemaker's Cramp; 5. Sempstress's Cramp. All these maladies are, more or less, unfortunate when they arise, for they generally occur in those persons who can ill-afford to be idle, as rest and mechanical appliances seem to be the only treatment.

In the Spine.—Perhaps no subject in the whole of the study of deformities has engrossed the attention of surgeons so much, more particularly as any derangement of this important structure so incapacitates the person affected from performing any of the ordinary duties of life, and renders his existence quite a burthen to him. We find, however, three distinct varieties, viz.: 1. Posterior Curvature; 2. Lateral Curvature, with a certain extent of rotation of the vertebra; 3. Anterior Curvature; but, as I intend to give a separate lecture in a future part of my course, "On Spinal Curvature: its Causes, Nature, and Treatment," I will, therefore, postpone any further observation for the present.

In the Hip-Joint.—We frequently find this articulation affected with anchylosis. In reduced dislocations, and muscular contractions, also deformities taking place from extensive hip-joint disease.

In the Knee-Joint.—This is perhaps more frequently affected than any other joint in the body, in support of which many reasons and causes may be assigned—1. It has the largest synovial membrane in the body; 2. The largest articulating surface; 3. Its great tendency to inflammation where injury has taken place near the joint; 4. A common situation for strumous disease and inflammation. We have muscular contractions in the flexed position, the limb is also seen permanently immoveable in the extended position. We very often notice in weakly and strumous children, *knock-knees* or the inward inclination, Genu Valgum; or the outward inclination, combined with bandy legs, or Genu Extrorsum. True and false anchylosis is not very uncommon, and when the leg is anchylosed at right angle to the thigh, it gives rise to a most unsightly deformity.

In the Ankle-Joint.—I may say we have all the deformities as mentioned before as occurring among the congenital affections. We may also have false anchylosis and disease in the joint, which gives rise, when far advanced, to great deformity.

In the Toes.—We very often find the toes affected sometimes in a contracted form, sometimes in a permanently extended position. We also may have bunion arising in the metatarso-phalangeal joint of the big toe, giving rise to great deformity and uneasiness in locomotion. Tight boots seem to be a common cause of deformity in the toes, also rheumatism. We have now quickly enumerated the different joints separately that are subject to deformity of any sort, and I will now draw your attention to the causes of Non-Congenital Distortions.

(*To be continued.*)

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Reports

ON

DISEASES OF THE THROAT.

Edited for the "Medical Press and Circular."

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Practical Uses of Larynyoscopy in Diagnosis and Treatment. Changes in Colour. Varieties of Colour in Parts in Health. Hyperæmia. Laryngitis. Congestion of True Cords, of Cornicula, &c.. Anæmia. Changes of Form. Increase and Decrease of Substance. Swelling. Œdema. Infiltration. Thickening of Epiglottis, of Cartilages. Phthisis, and other Causes. Hypertrophy. Exudation. Diphtheria. Deposit of New Tissue. Cancer. Polypi. Decrease of Substance. Atrophy. Degenerations. Necrosis. Gangrene. Ulceration. Accidental Changes Affecting Shape or Colour. Pigmentation. Foreign Bodies. Diseases not Affecting Colour or Form. Interference with Movements. Spasm of Glottis. Paralysis.

The laryngoscope is an instrument which enables us not only to discover, but to treat diseases of the larynx; its practical uses may therefore be considered in reference both to diagnosis and therapeutics.

(*a*) "Bryant's Surgery." Page 935.

(*b*) "Treatise on Diseases of the Joints." By Richard Barwell.

(*c*) "A Manual of Orthopraxy." By Henry Heather Bigg. London, 1869.

Laryngoscopy is merely the art of bringing within the field of vision certain parts that are ordinarily out of sight. It therefore renders easy the detection of diseases, which, without it, can only be guessed at. True, before the introduction of the laryngoscope into Medical practice, many shrewd guesses were made by great men, but any-one who compares the literature of the pre- —with that of the post—laryngoscopic period cannot fail to be struck with the extent to which certainty has taken the place of probability in diagnosis. When we remember that the advance has been almost as great in treatment, we need not be surprised that laryngoscopy has taken so high a place in the estimation of those competent to pronounce on its claims.

The first practical use of the laryngoscope is as a means of physical diagnosis. The appearance of the laryngeal image in health has already been described at some length. It has, moreover, been mentioned that any deviations from those appearances must be attentively observed. It is to the discovery of such deviations from the normal condition of the organ of voice that the attention of the laryngoscopist is constantly directed. Some deviations may take place within the limits of health, and variations of natural conformation are not to be confounded with the changes produced by disease. Most of these are deviations either in colour or form, and may be separately considered. Of course, it is necessary to establish first of all a normal standard, and this has been done as to form, by the description that has preceded. Such descriptions give far less satisfaction as to colour. Hence it is the more necessary to study it by attentively examining the healthy human larynx. Difficult, however, as it is to describe colours, I will specify some of the main features of the colouration of a healthy larynx as a prelude to speaking of changes in colour.

The natural standard depends on the construction of the parts. It is to be remembered that the interior of the larynx at which we look, is covered with mucous membrane, the density and blood supply of which vary in different parts; while the sub-mucous tissues vary still more. The colour of the interior of the larynx may be compared to that of the mouth, the true vocal ends standing out in marked contrast, as white. There is, however, considerable difference in the depth of colour of the several parts. Thus, in the lip of the epiglottis, the yellow of the fibrous cartilage seems to shine through the pink mucous membrane. This is not observed in the cushion, which therefore looks bright red. The upper surface of the valve presents a more obscure colouration. The cornicula stand out in relief, being of a deeper richer hue than the surrounding parts. The aryteno-epiglottidean folds are much lighter, closely resembling in colour the gums; while the false cords may be said to be a shade between these folds and the cornicula.

Now changes in colour may affect the whole larynx, or be localised in any of its parts. Moreover, the colour may be increased or diminished. In the one case we have hyperæmia, in the other anæmia. Sometimes such changes have taken place that it is not easy to say whether they have been brought about or depend on the one state or other. It is obvious, however, that any change in the circulation of the blood in a part may materially affect its colour. Diseases characterised by hyperæmia are easily detected, and in the mirror we can see the exact part of the larynx that is thus affected.

Acute, sub-acute, and chronic laryngitis, and the milder forms often termed congestion of the larynx, can thus be diagnosed with certainty. They are all characterised by general hyperæmia, the intensity of the red colour of the mucous membrane sufficing to determine their differences. I am far from suggesting any inattention to other points, especially in acute diseases. The functions of the larynx are, of course, interfered with, and we may learn much from the voice, the cough, the breathing, and even the general symptoms, but it is obvious that to see the part is as desirable as in any other local inflammation.

Acute laryngitis is liable to give rise to œdema. This is very dangerous, since a slight degree of swelling may suffice to close the glottis. When œdema has taken place we have no longer the intense redness of the preceding stage, the effusion being only covered with the thin mucous membrane, which, although hyperæmic, when thus stretched loses much of its colour. We have, however, change of form. The swelling may be distinctly seen in the mirror, and its shape and extent made out. The epiglottis is generally not only intensely red, but considerably swollen.

Besides the active hyperæmia dependent on congestion from the arterial side of the circulation, we may see passive, venous congestion, in which case the characteristic bluish tinge takes the place of the deep red.

There is a great difference in the shade of colour in the congestions met with in phthisis and syphilis, so much so, indeed, that to those who have had much experience, the hue is as suggestive in affections of the throat as in those of the skin.

Again, there may be want of colour, a true anæmia of the larynx, a condition to which I have long attached considerable importance, especially in reference to the early stage of consumption. Semeleder is of a similar opinion, and though many others do not admit it, I am thoroughly convinced of the importance in this and other respects of noticing any approach to anæmia.

In regard to changes of colour localised in parts of the larynx, the importance of the disease depends on the degree with which it interferes with the functions. A slight hyperæmic condition of the true vocal cords at once manifests its presence by affecting the voice. It can be easily seen with the mirror, the whiteness of the ground bringing it into full relief. Increased redness of the false cords is not so prominent, but can always be readily detected. The cornicula are very liable to suffer from congestion, and the deepening of their colour is at once manifest. We must not, however, hastily conclude that they are inflamed because they look redder than the surrounding parts, for, as just mentioned, their natural hue is considerably deeper. I have several times seen beginners erroneously conclude they were congested, and the same caution may be offered regarding the cushion of the epiglottis, which is naturally redder than the lip.

Alterations in form constantly follow those of colour, and sometimes accompany them from the beginning. Swelling is as constant a symptom of inflammation as redness. We have seen that acute laryngitis often rapidly gives rise to œdema, and this may speedily terminate life. The condition is necessarily reflected in the mirror, and its extent can be accurately estimated. The laryngoscope is, in this case, a sure guide to treatment. But other swellings more localised may be observed. From this cause the epiglottis often completely changes its form. In consumption it sometimes increases so much in thickness as to interfere greatly with the exploration of the interior of the larynx. In the same disease we frequently meet with tumefaction in other parts. The aryteno-epiglottidean folds are specially liable to be affected in this way, even in the early stage of laryngeal phthisis. Sometimes only one side of the larynx is swollen, but in most cases both folds are involved. Unilateral swelling suggests more localised disease, *e.g.*, abscess.

The cornicula are also very liable to enlarge in consumption. At an early stage they often appear slightly congested. Swelling may succeed, and in time the outline of the posterior part of the larynx be completely changed. The division between the cartilages cannot be distinguished, on account of the swollen condition of the parts, and the arytenoids, the cartilages of Wrisberg and Santorini, look like single, round, or oval bodies—one on each side. The swellings just described in phthisis are pale, and look so transparent that the beginner might easily fancy them to be produced by clear fluid, effused beneath the mucous membrane. Simple œdema is, however, still more transparent, for in phthisis the membrane itself seems to have lost some of its transparency by a deposit which makes it look thickened. In reality this is its condition, and thickening may often be seen at an earlier period.

So much stress has been laid on the swelling in this region as diagnostic of phthisis, that it seems desirable to insist on the still greater importance of thickening. It has, indeed, been stated that these swellings are pathognomic of phthisis, but many authorities regard this as erroneous. We must, therefore, look upon it for the present as doubtful. When the swelling is marked with a number of superficial yellow points, as if yellowish matter were exuding from enlarged follicles, the appearance is regarded as more significant, though we are not necessarily to conclude that these yellow points are actually due to the deposit of tubercle.

This thickening is not to be confounded with a somewhat similar state that is sometimes met with in syphilis. In the latter disease it is more irregular in form, and speedily goes on to ulceration, while the thickening that follows extensive ulceration of this kind is accompanied by great deformity.

It will be readily understood that several other conditions exist, characterised by change of form from increase of substance, and which may be spoken of as swelling, thickening, hypertrophy, infiltration, &c. Most of these arise in and are accompanied by inflammation. In fact, this process in the larynx is particularly manifested by the two first terms of its ancient definition—*Rubor et Tumor.*

Instead of simple tumefaction, the mucous membrane may be covered with an exudation, when the passage of the glottis may be quite as seriously narrowed. The exudation that occurs in croup and diphtheria, thus ininterferes with the respiration, and may be seen reflected in the laryngoscope.

In like manner we may see pus or blood in the larynx when suppuration or hæmorrhage has taken place in the respiration tract.

Increase of substance also occurs from the deposit of new tissue. This has been incidentally alluded to in speaking of the swelling in phthisis. Another example is cancer, in which the deposit of new substance is as marked as it is sometimes rapid.

The natural tissues may also be simply hypertrophied, and it may be difficult to draw the line between such hypertrophy and adventitious substance. The great deformity that is produced by cicatrisation, may be mentioned as an example.

Polypi occur in the larynx far more frequently than was supposed in the pre-laryngoscopic period. These growths are as various in structure as in other organs. All may be included under the term increase of substance, inasmuch as they arise either from hypertrophy of the natural tissues, or the deposit of new material. Their exact position and shape is revealed by the laryngoscope, which further enables us in suitable cases, to remove them.

We turn now to the opposite condition—decrease of substance. As diminution of colour may occur from deficient blood supply--anæmia ; so this, in its turn, may give rise to wasting of tissue—atrophy. General atrophy of the larynx is a term sometimes applied to the condition met with in the aged, when although the cartilages have become ossified, the removal of the softer structures renders them more transparent, and the mucous membrane, and sub-mucous tissue appear to diminish in thickness. Such a state, *minus* the ossification, may also be met with in long standing anæmia or cachexia, or in the course of wasting diseases. Moreover, the tissues may undergo metamorphosis at the same time, and then in place of simple atrophy we have degeneration ; fatty, lardaceous or other.

It is to be remembered, however, that degeneration may accompany increase as well as diminution of tissue.

Necrosis and gangrene imply loss of substance, but they are almost invariably preceded by processes that imply tumefaction.

The most common form of disease characterised by loss of substance is ulceration. This too, it may be said, is preceded by the prior process of inflammation, in which the opposite condition of increase of substance, or at least tumefaction, is present. This stage has, however, sometimes passed away before the laryngoscopist sees the case. It may be added that ulceration in one part causing great loss of substance, is commonly accompanied by considerable swelling of other portions of the larynx. Ulceration may be simple, phthisical or syphilitic. The two latter are by far the most common. Indeed, Mandl (*a*) says that up to the present he has never met with a case of catarrhal ulceration.

It is then important to distinguish between the forms of ulceration, and this is not usually difficult. In phthisis we find that ulceration is preceded by a stage of congestion, with thickening. It mostly begins in minute points, and gradually extends. The larynx presents a general appearance of pallor, even when portions, as already described, are both red and swollen. The true and false cords are both liable to attack, and, in advanced cases, seldom escape. The posterior commissure and the arytenoids are also often affected, and the epiglottis is not unfrequently the seat of the disease—its edge appearing sometimes completely serrated. In secondary syphilis ulceration is not common, but in the tertiary stage it attacks the epiglottis, the arytenoids, the true and false cords, and the aryteno-epiglottidean folds. Syphilitic ulceration is usually deep and rapid, and gives rise to extensive loss of substance, and the deeper, dusky-red hue contrasts strongly with the apearances of phthisis.

Besides varieties of colour or form, or both, as the result of disease, we may trace accidental changes. Thus in miners and others, the inhalation of dust of various kinds may cause the deposit of material of any colour or form in the larynx. Such pigmentation is quite superficial, but may obviously set up disease.

Another accidental change is the intrusion of foreign bodies into the larynx. Their appearance and position is revealed by the laryngoscope, which enables us to extract them.

Before dismissing the subject of changes of form, we may mention that the laryngeal canal may be narrowed and deformed by causes external to itself, such as the pressure of a bronchocele, aortic aneurism, or other tumours, in the neighbourhood. These may further produce a displacement of the organ.

On the other hand, the larynx, or trachea, may be dilated. Rokitanski attributes this condition to relaxation of the posterior wall, in which state hernia of the mucous membrane may occur. The dilatation is also said to result from general atrophy of the tissues, and might therefore be expected to be more frequently found in old age.

Besides changes in colour or form, the laryngoscope reveals lesions that affect the motor power. It will be readily understood that derangement of this function may arise from interference with innervation as well as more direct causes. A similar division may be made of diseases affecting this function, as in those causing change of colour or form. Thus, the motor power may be either increased or diminished.

Impairment of motor power may be slight, or it may proceed to its abolition when we have paralysis of the glottis. So exaggeration of movement may produce slight or occasional symptoms, or it may appear as spasm of the glottis.

Derangements of motor function have received much attention from laryngoscopists, and often shed light upon diseases affecting the general system. Spasm may be slight or severe ; recurring frequently or rarely ; endangering life or causing only trivial inconvenience : it may be localised in single muscles or nerves, or it may be provoked by distant and deep-seated disease.

Paralysis of the vocal cords is still more important, and we can, by means of the laryngoscope, distinguish

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(*a*) Op. Cit., p. 382

the muscles that are affected. Thus, the diminution of the movement of the cords may depend on paralysis of either the abductors or the adductors. In the one case the cords are not drawn to the sides of the larynx on inspiration, so that the opening of the glottis does not enlarge sufficiently during the act. In the other case the opposite condition exists, the glottis being widely dilated, and on attempted phonation the cords cannot be brought to meet in the median line. In either of these cases the disease, instead of involving both sides, may be confined to one, when the cord of that side will be seen to be incapable of acting, although the motion of the other is distinctly visible. Minor forms of interference with motor power, and, of course, with the function of voice, may be traced to spasm or paralysis of the tensors and laxors of the vocal cords, but will not so easily be diagnosed by beginners.

As we are here only studying the conditions revealed by the laryngoscope, I have not touched on general symptoms, but think it sufficient to warn the reader that they are not to be forgotten. He will be but a sorry laryngoscopist who is a mere specialist, for the instrument is capable of rendering the greatest services to many branches of our art.

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FUNCTIONAL DISEASE OF THE HEART.

In a clinical lecture delivered in Medical wards of Mercy Hospital of Chicago and reported in the *Medical Examiner*, Dr. N. S. Davis, the able Professor of Clinical Medicine, made some admirable remarks on a case such as often puzzles students.

A young woman had for several weeks suffered so much from the sense of weakness, mental anxiety, and cardiac excitement, that she has omitted all attempts at work, her mind being impressed with the idea that she had serious organic disease of the heart. The stethoscope revealed nothing unnatural in the respiratory sounds in any part of the chest, unless it were a slight prolongation of the respiratory murmur in the infra-clavicular region of the left side. Neither was there a perceptible alteration in the resonance, as indicated by percussion.

On applying the ear or stethoscope over the cardiac region, the rhythm or succession of phenomena was natural, but the systolic action was quick, short, and sharp, and the first sound a little exaggerated, though not rough. The sound in the aorta, especially near the arch, was also louder than natural, but neither rough nor harsh.

The essential symptoms of this case, then, were stated by Professor Davis as follows :—

General feeling of weakness, with mental depression and anxiety; indigestion; moderate constipation; nervous excitability and cardiac palpitations, more especially when quiet and alone; a sense of fulness or oppression in the upper part of the chest, and occasional sharp pains under the left breast; insomnia during the first half of the night, and a slight exaggeration of the cardiac sounds. Do these phenomena indicate any form of disease of the heart? Valvular disease in any of the cardiac openings always causes more or less roughness, and, generally, irregularity in rhythm, and uniformly increases the symptoms when the patients attempt exercise, and diminishes them when at rest. Simple hypertrophy, without cardiac disease, causes constant increase, both in the force and direction of the systolic action of the heart, as well as increased shortness of breath on attempting exercise. If the muscular structure of the heart had undergone degeneration, fatty or otherwise, the effect would be to render its action weak, often irregular, and always tremulous or disturbed on taking exercise. You thus observe one symptom common to all organic diseases of the heart, namely, increased trouble, both in respiration and the abnormal action of the heart by exercise. On the contrary, nervous, sympathetic and functional disturbances of the heart are more apt to trouble the patient when quiet and alone, or after eating, than while the mind and body are both occupied with moderate exercise. Apply these rules to the patient before you, and you will have little difficulty in arriving at a satisfactory diagnosis. The quick, systolic action of her heart, the cardiac fluttering, and mental depression when alone and sitting or lying still, the temporary excitement after eating, and the various morbid feelings in the upper part of the chest, as well as in the cardiac region, that prevent sleep in the first part of the night, all show that the cardiac disturbance is purely functional, arising from a morbid sensitiveness of the cardiac and cœliac plexuses of the sympathetic and pneumo-gastric nerves. The morbid condition of these portions of the nervous system, and the consequent impairment of digestion and nutrition, in this case, has resulted from the co-operation of two causes, namely, close, long-continued confinement within doors, and the too liberal use of tea. The latter is one of the most direct and pure excitants of the nervous structures that we possess, and when used persistently and freely, especially by those who take but little exercise in the open air, it often induces that morbid sensibility of the nervous centres which causes loss of appetite for nutritious food, insomnia, tremulousness, palpitations, pain under the left arm, &c. This young woman says that I examined her about two years since on account of symptoms similar to those of which she now complains, and that I then assured her that she had no organic disease of the heart. I must repeat the same assurance to her to-day, with the addition that she can be relieved of all her annoying symptoms, and regain fair health, if she will permanently correct the faults in her mode of life. If she will take from one to two hours of active exercise in the open air daily, occupy a sleeping room sufficiently capacious and well ventilated, take nutritious and digestible food regularly at the meal-times, and entirely avoid the use of tea, coffee, and all other nervous excitants and exhilarants, in six weeks she will be able to sleep as soundly and feel as free from apprehensions of "heart disease" as any of us. She may be aided in attaining so desirable a result by a judicious use of medicine; but the latter alone can never afford permanent relief while the causes which have been most influential in producing disease are permitted to continue operative.

Dr. Davis prescribed bromide of potassium in combination with digitalis at bed-time, and some pills containing steel and aloes.

Pure Milk.

Much of the mortality of infants is owing to the impurity of milk. Mr. Gail Borden has ascertained that a quart of milk, measured and weighed on delicate scales, is equal to two pounds two ounces and one quarter of an ounce (2lbs. 2¼ ounces), The tests were made with different samples of milk at different times, but without materially altering the weight. Mr. Borden has adopted the above as a true weight of a quart of milk having a fair average quality. Hence, any person who buys milk may determine by weight, with satisfactory accuracy, whether he receives a quart when he is required to pay for that quantity.

Condensed milk may be often used with advantage in preference to that from milkmen in cities. About this, we learn from a French source that the question whether condensed milk has been prepared from skimmed milk, or from milk which retains all the natural cream, may be answered by ascertaining how much fat is contained in the condensed milk. One hundred cubic centimetres of *unskimmed* milk contains from three to four grammes of fat; one hundred cubic centimetres of *skimmed* milk contains only about one gramme of fat. If milk be condensed four times, that is to say, if into one volume of the solid or semi-solid condensed milk in the tins, there have been concentrated the nutritive ingredients of four volumes of milk, there must be four times as much fat in the one volume of condensed milk as there was in the original milk from which it was made. If the original milk had been unskimmed milk, there should be in one hundred cubic centimetres of condensed milk from twelve to sixteen grammes of fat.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 9, 1873.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

WE congratulate the Royal College of Physicians of London on their really brilliant *conversazione* of last Wednesday. The President received visitors on their arrival, discharging the rather onerous duty with the dignity and urbanity which have all along characterised his rule. The company was numerous and distinguished—the brother-in-law of the Shah of Persia being among the guests.

The hall of the college was lighted with lamps fitted with Silber's burners, from Messrs. Gardner, and the libraries were filled with interesting objects of art and science.

Loyalty calls for first mention, by the medallion portrait of the Queen, exhibited by Messrs. Wyon, who also lent a portrait of the late Dr. Jelf. Great interest was excited by a model of *The Captain*, lent by Messrs. Laird Brothers, also by a model of *The Devastation*, as well as Typographical Models of Metz and of the lines round Paris during the Franco-German War, lent by the Council of the United Service Museum.

In the small library some live hippocampi attracted attention, and Captain Colomb's system of signalling was demonstrated with great success. This consists in burning the Chatham powder at intervals in a lamp specially constructed, and which sends out most brilliant flashes. The one called the "Northfleet" lantern will serve as a sample. Captain Colomb's "Northfleet" lantern was so conspicuously successful as to be pronounced by the appointed judges "An excellent signalling arrangement" when the trial of distress signals, subsequent to the loss of the *Northfleet*, took place in Hyde Park in April, 1873, and it is as simple as a common anchor lantern, as shown at the College. It is hoisted a few feet above the deck in the ordinary way, and it will remain many months ready for lighting without re-trimming. Its light is *three times as bright* as an ordinary blue-light, but it will burn as long as a blue-light for *one penny*, and it can be burnt for several hours at short intervals. It was hoisted at a fair height in the College, and its flashes at intervals sent out an almost blinding light. It is only necessary to blow gently, either with the mouth or a pair of bellows, through a tube in long and short blasts, to produce the required light. About ten grains of Chatham powder would thus be blown away in half a minute, which is a longer time than most blue-lights last. This Chatham powder, which is used in the "Northfleet" lantern, consists of a very finely powdered magnesium, mixed with certain resinous substances which assist combustion and render the powder innocuous. It is claimed on behalf of the Chatham powder that it is absolutely safe, as it will not burn except in the manner arranged for in the Chatham lamp, that it does not deteriorate with years or climate, and is only liable to be spoilt by heat greater than that required to melt common resin; while even then it may be restored by rubbing in a mortar. Besides being thus better and cheaper than the ordinary blue-light, the "Northfleet" light may be used to talk to ships distant ten miles, more quickly and easily than can be done by flags in the day time. This is done by "flashing signals" now used all over the world.

Other objects exhibited on this occasion were Microphotographs by E. J. Gayer, M.D. (Indian Service), under powers of 40, 50, 75, 100, and 150 diameters; Autograph Letter of Rev. John Wesley, with Medical advice, by Thomas Sopwith, Esq. Specimens of Wedgwood Ware, by Francis Sibson, Esq., M.D. Photographs from Dissections of the Nervous System, by W. B. Carpenter, Esq., M.D. Hughes' Type Printer: Duplex arrangement apparatus by which messages are now sent simultaneously in opposite directions upon one wire, by R. S. Culley, Esq. Engravings of Old London—Charing Cross, by J. E. Gardner, Esq. Specimen of Pareira brava, by D. Hanbury, Esq. Volcanic Dust blown on board ship, and a pencil sketch of the Volcano by the Captain, by Captain Toynbee. Landscapes enlarged and printed in Autotype from Negatives taken by Vernon Heath, by Mr. Vernon Heath. Group of Rock Crystals; Model and Photographs of the large Cape Diamond, weighing 288 carats; Geological specimens, by Professor Tennant. Specimens of Art Pottery, by Messrs. Phillips. Barker's Continuous Hydraulic Break, by C. Baly, Esq. Apparatus to Illustrate Wave-motion—large Nicol's prism, by Mr. Ladd. Views of the Alexandra Palace, taken before and after the Fire, by the Heliotype Company. Statue of a Chinese Goddess, with the deposit found in it, June, 1862; Chinese Soapstone Pictures, Compass, and Musical Instruments, by T. Williams, Esq. Elongation and Contraction of a Palladium wire during its absorption and evolution of Hydrogen gas; Vibration of a plate of Palladium in a flame of burning Hydrogen, by Mr. T. Wills. Portrait of the late Baron Von Liebig, by George Harley, Esq., M.D. Specimens of Glass and Stone Engraving by Tilghman's Sand-blast process, by Mr. Tilghman. Enlarged permanent Photographs; copy of Mr. Long's Picture in the Royal Academy; specimens of ordinary Photography, by Messrs. Barraud and Jerrard. Works of Art, Specimens of Opium and Australian Tobacco, various Autographs, by Mr. Morson and Mr. Thomas Morson, jun. Portraits of Members of the Gladstone Cabinet, and other works of art, by the London Stereoscopic and Photographic Company. Pen and Ink Design for a Town Hall, by the late Benjamin Lee, Esq., by Mr. William Gurner. Apparatus showing Action of Magnetism on the Electrolysis of Water; a new form of Ozone Generator, by Messrs. Tisley and Spiller. Works of Art, by Messrs. Graves. Dr. Wilde's Electrical Probe and Forceps; an improved Medical battery; a series of Notating Vacuum Tubes; patent small Induction Coil, giving 5-inch sparks in air; specimen of Name-writing in Vacuum Tubes; Gassiott cascade; Set of Ampère's apparatus; Electrical apparatus (frictional); Inductive apparatus; Holtz and Bertsch combined machine, by Mr. Apps. Hippocampi, Water Spiders, &c, by Mr. King. Specimens of Peat Fuel condensed by patent machinery; samples of Clays of various kinds, and Models of Brick-making machinery, by Messrs. Clayton, Son, and Howlett. Medallion of Sydenham, by T. Butler, Esq. Microscopes, with specimens illustrating the structure of the plants of the Coal Measures, by Mr. James How. Microscopes with objects; Graphoscopes and Photographs; Stereoscopes on stands, with Instantaneous Stereographs; Revolving Stereoscope with 50 glass slides; Photographs in frames; a series of Clinical Thermometers, by Messrs. Murray and Heath. Patent Binocular Microscopes, showing the circulation in the "Vallisneria" with $\frac{1}{50}$th object glass, and the circulation in the "Tradescantia" with $\frac{1}{40}$th object glass, by Messrs. Powell and Lealand. Compound Microscopes, with various objects, by Messrs. Ross and Co.

The success of the entertainment seems to have excited the envy of the Association journal, which has made it the subject of a violent attack because the College has not prostrated itself before the wire-pullers of the Association, who seem to fancy that the natural function of other institutions is to fall down and worship them. But the *Journal's* glorification should satisfy them especially as it evinces their amiability by perpetually finding fault with others.

The week before the *conversazione* the Harveian oration was delivered at the College by Prof. Rolleston, of Oxford, who signalised his office by a very learned discourse, in which he announced a new anatomical fact—the existence of a moderating band in the heart of the Australian Cassowary, and then went on to defend the memory of Harvey and the originality of his discovery. In this Dr. Rolleston was fortunate, for he had met with some documents of great interest and handed copies of them to the President requesting him to accept them for the College.

At the conclusion of the Harveian oration the President presented the Baly Medal to Dr. Sharpey. This is awarded every two years to the person whom the College considers to have done most to advance the science of physiology. Dr. Sharpey who, as our readers are aware, has recently undergone an operation for cataract, was present, and received with great applause when he returned thanks for this new distinction, and which is in memory of a former valued friend and pupil of his own.

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Notes on Current Topics.

St. Thomas's Hospital.

The Shah, among other sights of London, has been shown one of our great hospitals. St. Thomas's was selected as the one in which most recent improvements in construction could be seen. The idea that he should see one of these great charitable institutions was mooted by a correspondent in our columns, and soon after a similar letter appeared in the *Times*. Sir J. Dickson, whose knighthood we mention in another column, selected St. Thomas's Hospital, and the visit was accomplished on Friday last, after being postponed from the previous Wednesday.

The Shah was received by Sir Francis Hicks, the treasurer to the hospital, by Messrs. Dolbay and Butterworth, the almoners, and by the following governors—Messrs. Chapman, Silon, Gibbons, Pott, Dubuisen, and Bennet, and by Mr. Whitfield, the secretary. The greater portion of the Medical staff were also there. The Shah was first conducted into the ophthalmic ward, which is upon the ground floor. Here he inspected first the female and then the male wards. The wards were in partial darkness, with green hangings and other contrivances for keeping out light. The Shah asked many questions, and the general process adopted was explained to him and to his own Medical attendant, who accompanied him. Upon his way down the corridor the Shah was taken aside and shown the lift by which patients are taken to the upper floors; then ascending the grand staircase he entered the Victoria ward, which is for children. The Shah spoke to and patted several. Walking to the other end of the ward he stepped out upon the balcony, and stood for some time looking across the river at the Houses of Parliament. Returning into the ward he was conducted to the chapel, where the organ was played for him. He then inspected the Albert ward, which is for male surgical cases. Here he asked a few questions, and then descended the stairs to the central corridor. Here he paused for a minute and glanced at the model of the old hospital, and was then presented with the Cheselden medal, and a silver cast of the treasurer's gold medal.

More Medical Knights.

Two more Medical men have received knighthood. One is Sir Alexander Nisbet, M.D., Honorary Physician to Her Majesty, and Inspector-General of Hospitals and Fleets. The other is Sir Joseph Ritchie Lyon Dickson, Physician to Her Majesty's Legation in Venice. The *Times* reports that he is the second son of the late Mr. John Dickson, R.N., of Dalkeith, surgeon to Lord Nelson at the siege of Copenhagen, afterwards appointed by the British Government Surgeon-Major and Chief of the Medical Staff of His Highness the Hereditary Pasha of the Regency of Tripoli. In 1847 Sir Joseph was appointed Physician to Her Majesty's Legation in Persia, and in 1849 attended the King for typhus fever during the absence of His Majesty's body physician, and received the Commander's Star of the Lion and Sun in acknowledgment of his successful attendance. His Majesty requested the British Government to attach Sir Joseph to his staff on the occasion of His Majesty's visit to Europe. Sir Joseph's elder brother is Physician to Her Majesty's Embassy in Constantinople.

Nephrotomy.

Mr. Callender recently removed a large calculus from the kidney of a woman about forty years of age. The case is to be published in full in the coming volume of *St. Bartholomew's Hospital Reports.*

The Health of the Army.

We have received the statistical report on the sickness and mortality of the troops serving in the United Kingdom in 1871, which shows a mean daily average of sick of 38.78 per 1,000 of mean strength, in a force of 92,667 men. The deaths were 8.62. This is considerably less than the corresponding figures on the average of the last ten years, 1861-70, which were 46.01 of sickness, and 9.45 of deaths. The mortality was lower than in 1870 at all the groups of stations, except the manufacturing towns and among the men detached from their corps. The volume is full of interesting matter.

Royal College of Surgeons of England.

The election of Councillors of this College was held on Thursday last, when nearly 300 votes were recorded. The ballot was kept open till five o'clock, the result being as follows :—Sir James Paget, 200; Mr. Haynes Walton, 136; Mr. George Southam, 113; Mr. John Marshall, 106. These gentlemen were declared duly elected.

The numbers of votes polled by the remaining candidates were :—Mr. Cooper Forster, 105; Mr. Savory, 97; Mr. Hird, 62; Mr. Hussey, 29.

The plumpers given to each candidate were :—Sir J. Paget, 2; Mr. Hird, 5; Mr. Walton, 17; Mr. Forster, 3; Mr. Marshall, 4; Mr. Savory, 1; and Mr. Southam, 10.

The Port of London.

Having regard to the fact that small-pox has recently been imported into the docks on both sides of the Thames, and that cholera is imminent, the sanitary authorities of Greenwich, Limehouse, and Poplar have pointed out to the Corporation of London, as the sanitary authority of the port, the urgent necessity for placing the river and the docks in the same position in health matters as is the rest of the metropolis.

Patent Medicine Vendors.

An action for libel was lately brought against the *American Agriculturist* by a Dr. Ryan, a patent medicine vendor. Judge Brady, of New York, before whom the case was tried, gave the following opinion :—

1. "A medicine that claims to be an antidote, but is not, is calculated to deceive, and is a fraud."
2. "The seller of a drug or medicine, who vends it with an unqualified statement of its efficiency, must take the consequences if his representations be untrue."
3. "That men should be held to a strict accountability who attempt to practise on the credulity of the afflicted."

The Anæsthetic Controversy.

The *Students' Journal* refers in a very unfair and disingenuous tone to the tabulated return of etherisations drawn under the auspices of the Anæsthetic Committee of the Surgical Society of Ireland and recently published in the Medical Press. That return is not at all, as represented by the *Students' Journal*, a report of the Committee, but only a record of the cases in which ether has been used in Dublin Hospitals during a couple of months.

Estimating the prejudices of the writer by the tone of his paragraph, we rather think that he has never in his life seen a case of ether administration in which total exclusion of air was the intention, and we rather suspect that, if shown such a case, he would shut his eyes and ears sooner than become conscious of a favourable result. Better than any number of unmeaning sneers would be half-a-dozen careful unprejudiced observations.

Dangers of Quack Medicines.

The attention of the authorities has been called by an article in the *American Chemist* to the frequent and increasing use of opium in various household remedies :—

"Some analyses," says the author, "recently made here of medicines intended for internal use, have shown the quantity of morphia present in several of them to vary from one-quarter of a grain to one and a-half grains, in the dose recommended by the printed directions accompanying the medicines. One nostrum, a sure 'Cure for the Opium Habit,' was found to be a clear solution of sulphate of morphia, coloured pink by aniline red and sweetened with sugar; and a dose, containing very nearly two grains of sulphate of morphia, was to be taken three times a day by the patient, when suffering severely from depression and other symptoms. The 'brandy,' sold by a dealer in medicines in the country, was found to have been mixed with laudanum and extended with water in such proportion as to insure large profits, but it contained morphia equal to two and a-half grains of opium in four fluid ounces of the 'brandy.' A tooth-wash contained nearly four-tenths of a grain of morphia in each fluid ounce; and a cough mixture, more than three-tenths of a grain in the dose directed for a child."

The Use of Iodo-Bromide of Calcium in Catarrh.

In a very able and instructive essay recently published by Walter M. Fleming, M.D., on "Catarrh and its Relation to Throat and Lung Diseases," the iodo-bromide of calcium comp., receives a most prominent position among the remedies to be applied for its relief. Quite recently Dr. Fleming writes :—"There has been placed before the public a chemical preparation issued by Tilden and Co., Chemists, New Lebanon, N. Y., that has proved itself of great value in this disease; the crude preparation is the solution iodo-bromide calcium compound, the component parts of which are iodine, bromine, chlorine, calcium, magnesium, ferrum, potassium, and sodium.

"This compound possesses the desirable qualities of the alterative, disinfectant, stimulant, tonic, and resolvent, all of which are eminently qualified to prove serviceable, in the very disease in question.

"In its crude state, this preparation is irritant, and almost a caustic, consequently it requires large dilution before applying to the delicate membranes of the nose, but when properly prepared, as is best indicated by the case for which it is required, it has already proved itself to be a most valuable addition to the list of reliable remedies. There is also an elixir of the iodo-bromide of calcium comp., prepared by the same firm, expressly for internal use, consisting of the same component parts, and identical Medical qualities.

"This preparation possesses all the desired advantages requisite as a prompt and efficient alterative, tonic, and anti-scrofulous remedy, particularly indicated in ulcerated and diseased membranes, caries of bones, &c., (as may be readily conceived by reference to its component parts.) This agent is found to be eminently qualified to benefit this type of disease, and is doubtless one of the most reliable internal and constitutional remedies.

"These two preparations above, both for local and internal use, can hardly be surpassed, for the successful treatment of catarrh."

Alterations in the Sympathetic System in Constitutional Syphilis.

An examination of parts of the sympathetic (plexuses cervical, thoracic and solar) excised in from ten to twenty-four hours after death from the bodies of twelve individuals, subjects of constitutional syphilis, showed the following two kinds of changes:—

1. Modifications in the protoplasm of the nerve cells, which are charged with pigmentary corpuscles, brownish and abundant according to the duration of the malady, derived probably from the colouring matter of the blood. The protoplasm was changed into a highly refractory, brilliant, homogeneous mass; the cells having undergone consecutive colloid degeneration. These alterations were present in most cases when the connective tissue had undergone no change, but frequently the cells of the endothecium which envelope the nerve cells had experienced analogous transformations, so that they could scarcely be distinguished from the nerve cells.

2. Modifications of the interstitial connective tissue with irregular hyperplasia of the fibres constituting the greater bundles, so that the nerve cells and fibres were subjected to compression. The cells then underwent atrophy, became irregular and often pigmented; the nerve fibres were flattened and their myeline became finely granular.—*Virchow's Archiv.*, Heft 1, 1873.

Syrup of the Bromide of Iron.

Take of bromine three troy ounces; iron (in the form of wire) 350 grains; distilled water, three fluid ounces; citrate of potash, six troy ounces or q. s.; syrup, a sufficient quantity. Put the iron, with the distilled water, in a flask, and add of the bromine two troy ounces in small portions at a time, allowing the mixture to cool, if necessary, before the addition of each fresh portion. When the odour of bromine has disappeared, warm the mixture gently, until it assumes a green colour; filter and add the remainder of the bromine. Transfer the resulting solution of ferric bromide to a porcelain mortar, and add gradually, with constant trituration, citrate of potash, until the colour of the mixture changes from brown to green; finally, add simple syrup to make up thirty fluid ounces. The syrup thus prepared corresponds nearly in strength with the syrup of the iodide of iron, and may be administered in doses of twenty to thirty drops. It is elegant in appearance, not disagreeable in taste, and is not incompatible with alkalies or with tannic acid.

Syrup of Ipecac.

B. F. McIntyre, in the *American Journal of Pharmacy*, offers the following formula for syrup of ipecac:—fluid extract of ipecac fl. ℥j.; water, fl. ℥xvij.; gran. sugar, ℥xii. Dilute the fluid extract with a pint of water, set aside for twelve hours, filter, evaporate to six fl. ℥; filter, add, through the filter, one fluid ounce of water; finally, add the sugar and dissolve with gentle heat. The finished syrup should measure sixteen fl. ℥. The addition of water to the extract is designed to precipitate the resin which is generally present in the extract. The process of the new Pharmacopœia for fluid extract of ipecac. is pronounced by the same writer defective, and in no way superior to the old process. The amount of menstruum employed is insufficient for the complete exhaustion of the drug; there is a great waste of alcohol, and the great desideratum of eliminating the resin is not accomplished. The old formula is more economical and yields a better product.

Treatment of Spermatorrhœa.

Dr. Mallez, of Paris (*Le Mouvement M.*, June 14), advises in cases of spermatorrhœa to examine the condition of the spermatic passages, since any alteration, however slight, which may have been provoked by an inflammation formerly taking place of a special character should be noted. The condition of the prostate should be examined, and the anus and rectum, in case fissure may be present; care should be taken that the patient does not suffer from constipation. We should determine by attentive examination whether the proportion of prostatic fluid be not so great that true seminal fluid is only a small amount of the discharge; we should note with care not only the presence of zoosperms which constitutes the pathognomonic character of the disease, but also their movements and the volume of their head, which seem to indicate on the one hand their vitality; and, on the other, whether they have not undergone a true osmose in the altered fluids.

It is important to neglect nothing in the habits of the patient, and to make minute enquiries as to his mental condition, his manner of life, and his ideas; to note in his antecedents, any incontinence of urine occurring in childhood and all nervous diseases with which his ancestors have been affected; he should be made to walk and stand on one foot, so that we may become acquainted with the integrity and regularity of the lower limbs. The dynamometer should be used to make us acquainted with his muscular power; and then we should endeavour to find what causes, such as excitement before going to bed or dorsal decubitus are apt to produce emissions.

Dr. Mallez accords to the alkaline bromides the first place in the therapeutics of involuntary emissions; they possess a double action both on the spinal irritation and the local sensibility; and we should always commence by these. The preparation he prefers is that of M. Pelisse, where tolu is made to hide the taste of the bromide. Take of bromide of sodium 30 grammes (7½ drachms), dissolve in 300 grammes (9½ ounces) of water; and take 4 tablespoonfuls of the mixture daily, rising to 6, which represents 4 to 6 grammes of the bromide daily. This treatment should be always the first made use of, and should precede any local treatment: it may be continued for some time, from a week to two months; but we may be sure that there is no inconvenience in prolonging this period since it is better to obtain the sedative result first of all, or even to overpass this time, before proceeding to direct or local treatment. This remedy has been used for some years in the clinique of the rue Christine, and has had in three cases of spermatorrhœa most excellent results. M. Mallez also advises its use in cases of blennorrhagia or prostatorrhœa, which many patients confound with spermatorrhœa, a kind of delusion common in large cities, and which peculiarly attacks dyspeptics and nervous persons.

The application of the continuous current is to be made use of after ten or twelve days of the treatment by bromides; although there reigns still an amount of confusion as to the choice of currents. M. Mallez commences by currents descending the whole length of the spine, from the occiput to the loins advised by Leclauchié and eight or ten elements by Gäiffe's pile are made use of. The current from above downwards is replaced, after a time which varies from eight to fifteen days, by a current from below upwards directed from the perineum to the first lumbar vertebræ. This is, as we see, a practice intermediate between these already advised.

Dr. Tripier always advises the currents to be ascending from the perineum to the loins, and MM. Legros and Onimus have been partizans of the descending current over the same parts; the question we must confess, is still undecided and considerations peculiar to each case remain to be elucidated.

The valerianates of ammonia, of zinc and of quinine, used in the same kind of cases have not been found by Dr. Mallez so serviceable, and should evidently be placed in the second rank of remedies. Medicated baths are of some utility, and then comes hydropathy in swimming baths at first and then by means of shower baths of short duration. Douches on the part should be rejected as exciting to pollutions. The same is to be said concerning injections into the rectum, which do more harm than good.

The Use of "Ferrum Candens" in Diseased Joints.

In a letter to the *Georgia Medical Companion*, from Vienna, Dr. A. W. Calhoun says, that the "hot iron," and the auxiliary management of confinement of the limb in plaster of Paris bandage, works most satisfactorily, and brings to a cure a number of those diseases of the joints that had formerly withstood a multitude of means, in the hands of the most skilled and experienced. It is now adopted as the standard remedy in all hospitals of Berlin, and is fast growing in favour with the surgeons of Vienna. In a case of dropsy of the knee joints in a woman, æt 40, of quite a delicate constitution, who had been confined to her room for several months, with the joint immensely enlarged, feverish and painful to the touch, Professor Langenbeck applied the actual cautery after all other means had failed, and dismissed her in a few weeks with only a slight stiffness remaining. She was chloroformed, and the iron heated to a "white heat," was applied above and below the knee on either side, leaving free the popliteal space. The cautery is used to the extent of burning through and completely charring the entire epidermis with which it comes in contact, and this is thought requisite to produce a sufficient amount of external inflammation to relieve the joint itself and bring about absorption. The limb is slightly flexed and enveloped in a wet roller, or bandage, from mid-way between foot and knee to mid-way between knee and hip joint, and still over this, wadding and plaster of Paris bandage. The patient is put at absolute rest in bed, and no internal medicines given aside from opiates. At the end of ten or twelve days this bandage was removed, the parts cleansed from the slight suppuration of the wounds, and a new one of similar character applied. After another like interval the bandage was again removed, and the limb was found mostly healed of the burns. It was then dressed with common cloth until she was dismissed. She suffered but little pain, and almost no fever during this treatment of three to four weeks. A case of chronic inflammation of the wrist joint, and one of the knee, both in men, are also reported as being treated the same way, with like satisfactory results.

Poisonous Inhalations for Catarrh.

Dr. Channing, in the *Boston Journal of Chemistry*, calls attention to the danger of employing carbolic acid and ammonia in combination in the treatment of catarrh. The agents used separately (by inhalation) are frequently effectual in cutting short an incipient cold. The mixed solutions, however produce decided narcotic symptoms, which the doctor explains on the hypothesis that aniline is formed by a reaction familiar to the Chemist. A formula for an inhalation consisting of carbolic acid, ammonia, alcohol and water, originating in Berlin, has been quite extensively circulated in the Medical Journals. Dr. Channing has found carbolic acid alone so effectual that he thinks it hardly worth the while to risk the serious consequences which might follow from the addition of ammonia.

Abnormal Behaviour of Albuminous Urine under the usual Tests.

Dr. Brown-Sequard (*Archives of Scientific and Practical Medicine*) points out a possible source of error in applying the usual tests for albumen in the urine. It is a well known fact that boiling alone is not always sufficient to cause coagulation of albumen, even when the reaction of the urine is decidedly acid. In such cases, however, the subsequent addition of nitric acid, with a renewed application of heat, will generally produce a precipitate. Dr. Brown-Sequard states that in several cases that have come under his observation, he has demonstrated the presence of albumen by adding nitric acid and then applying heat, but has failed to obtain a precipitate by heat alone, or by nitric acid (and heat) after the specimen had been once boiled. There must be, therefore, a modification of albumen, which, so far from being coagulated, actually loses its coagulability by boiling.

Picric Acid as a Test for Albumen.

M. Galippe recommends, as an extremely sensitive and thoroughly reliable test for albumen, a saturated solution of picric acid. In normal urine this solution never causes precipitation, while the most minute traces of albumen are readily detected by it. The *modus operandi* of applying the test is as follows:—A drachm or two of the picric acid solution is put into a test-tube, and a few drops of the fluid to be tested are allowed to fall into the solution. If albumen is present, it traces a characteristic white line through the testing solution.—*Archives of Scien. and Prac. Med.*

Skin Diseases by Dr. Hardy.

On the 13th of June, Dr. Hardy (*Mouvement Med.* 21st June) delivered a clinical lecture on some cases occurring in his wards at the Hôp. St. Louis, of Paris, as follows:—

"In No. 20, we have a patient who has exhibited for fifteen days past an affection which has commenced by a voluminous stain the size of a franc, developed on the superior part of the neck. This circular stain has become larger for some days past. Beside it we see a second and third stain, both of which are concentric and also have recently been enlarged. Upon the primitive stain, some white pustules which covered it have burst and have left crusts. At present the disease appears as if formed by four stains, rounded, independent of which the principal presents a crust, which results from the dessication of the vesico pustules. With respect to symptoms in the locality of the stains, the patient speaks of pain, prickling, and itching. The general health is not altered.

What you see there, gentlemen, is a *herpes circinatus* characterised by red, rounded stains, which tend to become larger, on which pustules or vesico-pustules have formed, which tend to burst, and forming thus crusts by the dessication of these contents.

If the disease were to continue you would see no longer two or three round stains, but one sole stain formed by the reunion of the three round stains.

Herpes circinatus is principally developed on the neck and on the hands; it is a parasitic disease, determined by the evolution in the scales of the epidermis, of the *tricophyton*, a peculiar agent of several diseases, such as sycosis, herpes tonsurans, and herpes circinatus, which constitute three degrees of one, and the same malady, produced by the presence of this one and identical mushroom.

Herpes circinatus is cured when the parasite is destroyed; the first indication is to appease the acute inflammation of the outset by means of cataplasms of starch; and only then do we employ a parasiticide; which is, at one time, a mixture of sulphur, camphor, and lard, at another, a mixture of turbith mineral, or dento-sulphate of mercury, with camphor and lard; mercurial ointment is also used, but I prefer the two first. If you notice any weakness in the general health, you may give tonics, bitters, &c."

"Beside this case of herpes circinatus, we have, in No. 18, the third variety, which you are already acquainted with. This patient has on the face swelling and induration, the hairs have fallen off; you will see and will feel local indurations, which are the result of inflammation of the hair follicles, and an œdema caused by infiltration of the cellular tissue. The hairs have the following characters:—They are slightly adherent, are easily pulled out, and at one point the epidermic sheath is whitish; an excellent diagnostic sign, for the mushroom is found on this part, and it is there that the spores of the fungus may be found. With this case of sycosis we see arising in the same patient herpes circinatus as in No. 20.

The first part of the treatment has been performed (epilation). The second consists in parasiticide lotions, such as those of corrosive sublimate, one gramme (15 grains) in 500 grammes (15 ounces) of water. This I make to soak into the interior of the hair follicles, after first of all pulling out many of the spores along with the hairs; besides, I employ parasiticide ointment in friction, which I have mentioned in the case of herpes circinatus.

Most generally, as it is a local disease, there is no internal treatment. The hairs grow again in from fifteen days to three weeks, and it is an error to suppose that there are permanent cavities; they always grow more luxuriantly than before. We must not forget that this disease is very tenacious, and that there remain always some spores, so that we are forced to epilate two or three times, the characters of the disease are less and less marked and yet at length *nil.*"

"In No. 35, we have a man who is the example of a disease of which I have already shown you examples; but it is only after seeing two or three cases of this disease, that we begin to recognise it well.

This affection which is characterised by papules covered by a little black crust is called *prurigo*, a disease which is always secondary. Some very large papules are distributed a little over the whole body, but especially over the shoulders where you see linear excoriations caused by the nails of the patient on account of the atrocious itching caused, for if I may thus express myself, that is the anatomical lesion of the itching. Thus spread abroad, prurigo is the result of the residence of a parasite whether an acarus or louse, a diagnosis at which we arrive by an attentive examination.

You know that the seats of predilection of the acarus are the inter-digital spaces, the anterior part of the body, &c., and that there exist characteristic furrows. Well, this patient has no eruption on the hands; and the eruption is less intense on the anterior than on the posterior surface of the body, I can, therefore, affirm that the cause of the disease is a louse. It is useless to go in search of the corpus delicti, this is enough; and besides, it is not always easy to find the parasite; in all cases we find it in the clothing, and not on the skin.

This disease, which not only attacks the poorer classes, but also the richer classes of society, has, then as diagnostic marks, great papules, linear excoriations, and itching so insupportable that patients are forced to scratch themselves; these scratchings produce a certain pleasant sensation and favour sleep.

This patient has suffered from the disease three months, and contracted it in furnished lodgings, where the bed was occupied by an individual with the same complaint.

For treatment, we employ fumigations, and powder his clothes and bed with powder of stavisagre.

We must not forget the tenacity of these parasites; atmospheric conditions, the weak state of health of the patient and sounds of any kind are causes of relapse."

"Here, gentlemen, is another parasitic affection, *itch*, in No. 27. This patient has been rubbed; but it is not of the powerful eruption that I desire to speak, but of the accessory eruption which is important for diagnosis; I would speak of the *ecthyma* on the arm, and of the *prurigo* on the back, for the acarus and the pediculus often keep house together.

The characters of this ecthyma are as follows:—Rounded pustules surrounded by a red areola, and presenting a small black central point with crusts. The ecthyma is situated generally on the buttocks and on the forearms; in our patient it is seated at the wrist, and only there; it is the pustule of variola without any ambilication, but a little black point, and the crusts are surrounded by a red circle. A pustular eruption at the wrist suffices for the diagnosis of itch.

To combat these consecutive inflammations, we employ anti-phlogistics and baths. When there remain some acari, after friction has been used, we may require to rub two or three times.

Mr. Marshall and Prof. Timothy Holmes have been elected Examiners at the Royal College of Surgeons of England, to succeed the late Mr. Partridge and Mr. Lane.

Mr. Hutchinson.

The London Hospital, we hear, is about to lose the services of Mr. Jonathan Hutchinson, who has been senior surgeon about four years and has sent in his resignation. Mr. Hutchinson entered the hospital as assistant surgeon in 1859, and owing to numerous causes has become senior in a much shorter time than usual. As a surgeon and a teacher he has done much to promote the *prestige* of the school, and the students as well as his colleagues feel their loss severely. We hear in all directions expressions of regret that Mr. Hutchinson should have retired so early from a field of labour that he must feel worthy of his abilities.

The reports which have been circulated in reference to the cholera in Vienna are greatly exaggerated. The disease has not appeared in an epidemic character, and no more cases than usual at this time of the year have occurred.

We regret to record that Dr. Bottini, of Mentone, lately met his death when being driven over one of the passes of a mountain on his way to see a patient. His carriage was precipitated into a ravine, and Dr. Bottini was killed.

The Mercers' Company of London have voted the sum of £59 10s. to the St. John's Hospital for Diseases of the Skin, and £52 10s. to the East London Hospital for Children. The latter institution also receives £50 from the Drapers' Company.

At a meeting of the Council of Queen's College, Birmingham, held on the 27th ult., to consider a memorial from the Ladies' Association for the Promotion of the Medical Education of Women, it was resolved unanimously to sustain the adverse decision of the Council as to the admission of lady students.

Last week, the site of the statue to be erected to the memory of Dr. Chadwick, of Southport, in commemoration of that gentleman's gift of £22,000 to Bolton, for the erection of model dwellings and an orphanage, was decided. The statue is to be placed at the south-east corner of the Bolton Town Hall. The unveiling is to take place on Friday the 1st of August.

The city of Lincoln appears to have retrieved her lost sanitary character, and has become, under the stringent measures adopted by the Sanitary Committee and carried out by the Medical Officer of Health, as healthy and free from disease as any other town in the kingdom. After all, a little noise does good sometimes, and we congratulate the authorities upon their promptness in dealing with what certainly was becoming a great scandal.

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International Exhibition.

REPORTS ON SURGICAL INSTRUMENTS.

No. II.

(*Continued from last vol., page* 431.)

While carefully avoiding any attempt to anticipate the judges in their decision on the relative merits of the articles exhibited, we are, nevertheless, desirous of giving those of our readers who cannot visit the Exhibition some notion of the cases there shown. This, too, is the more desirable, since even those who can visit the Exhibition may be unable to devote much time to the surgical instrument department, and some may even find it—as we did on our first visit—rather inaccessible, and may therefore be tempted to leave without inspecting it.

Messrs. Evans and Wormull's Case.

This case is very handsomely fitted, and contains many things—new and old—as might be anticipated from a house so long established.

First of all may be mentioned what will prove very interesting to our military surgeons—viz., a Battle-field Dressing Pouch (Fig. 1), as worn by a hospital bearer of the wounded and sick. This pouch is fitted with all the necessaries for immediate use by the bearer on the field, among which may be named Duncan's Rattan Splints, of which Messrs. Evans and Wormull are the sole makers. These splints are made of pieces of cane, fastened together with copper wire, so that they can be readily bent to the shape of the limb.

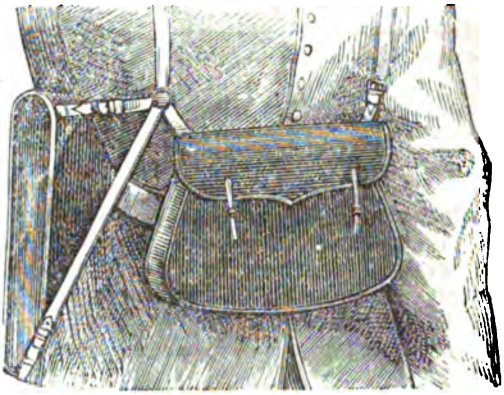

Fig. 1.

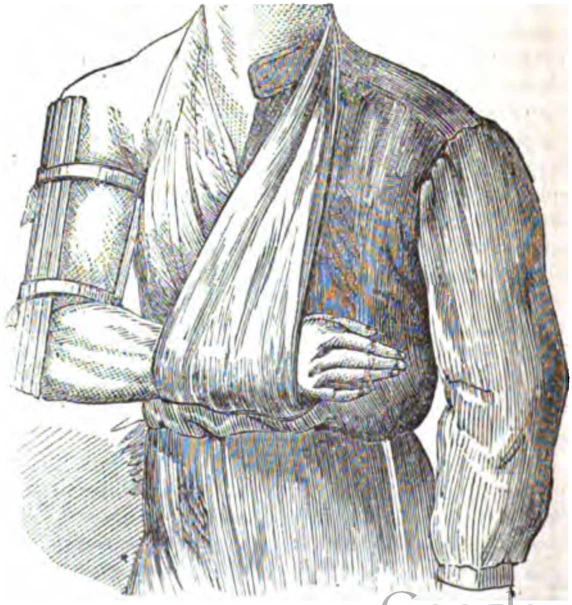

Fig. 2.

The designer of this pouch is Staff-Surgeon A. Moffatt, of Netley Hospital, and we notice that he has added to the Rattan Splints suitable padding, so that they are available for all purposes. Figs. 2 and 3 show their appearance in use.

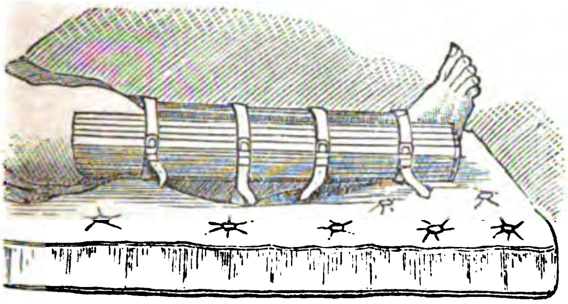

Fig. 3.

Another military brother, Surgeon-Major Fitzgerald, has designed a series of surgical basins which fit into each other like a nest of test tubes, and so take up little room, while their edges are so curved that one or other will fit any part of the human body.

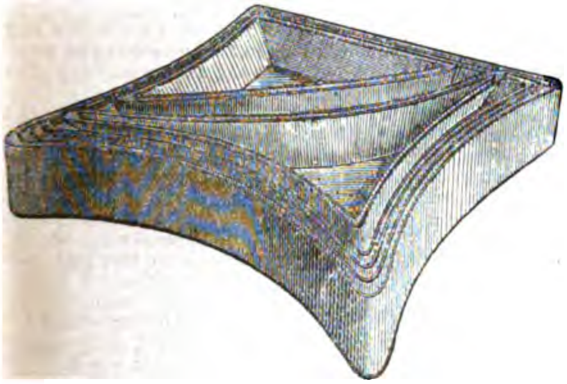

Fig. 4.

It is thus easy in dressing and washing any wound to avoid spilling the water, and so giving discomfort to the patient. With the aid of these basins the irrigator can also be used without annoyance; besides, many purposes will suggest themselves to the surgeon where the present earthenware vessels are either useless or very awkward of application. The set we examined were made of gutta-percha, and though, from their composition, were not of elegant appearance, yet, from their extreme lightness, combined with the recommendations above mentioned, they will be found desirable furniture to any surgery.

In the same case is a pair of uterine forceps, the slender blades and useful curve of which are well adapted for the purpose for which they are intended. We have been accustomed to various curves, but we find on trial that these are exceedingly good, and most easy to hold, without letting the hand interfere with the light. The forceps portion is made both straight and curved (Fig. 5).

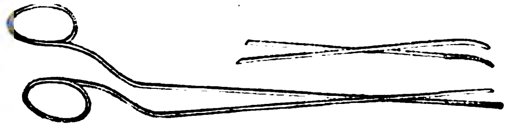

Fig. 5.

We also notice an Electric Bullet Detector, which, when the probe touches the bullet sets a bell ringing. We have no knowledge of this having been used for the purpose, but it seems quite feasible that it should prove serviceable.

We should also mention a new Urethra Dilator, which acts with a spring instead of a screw, so that the moment the dilating force is withdrawn, the blades fly back to their first position (Fig. 6).

Fig. 6.

We remark with pleasure that Messrs. Evans and Wormull have discarded velvet linings to all their instrument cases, and fit them all in with polished mahogany. This plan is really more cleanly and always preserves its appearance. If moisture gets into a case lined with velvet it cannot be remedied, while wood-blocked cases can be washed with impunity. With the utmost care velvet fades, and some of the fibre is likely to adhere to the instruments.

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Literature.

CLINICAL LECTURES ON VARIOUS IMPORTANT DISEASES (*a*).

Here we have a neat volume of clinical lectures on medicine, most of them reprinted from the journal so ably conducted by the author, and which, like this book, does credit to the Profession in Chicago. They appear to be strictly clinical, very often being little else than practical comments on cases addressed to his students.

There is a great want of uniformity in the naming of remedies and the mode of writing prescriptions; but this is explained by the fact mentioned in the preface, that the lectures were reported, and the cases recorded by different students. Thus, though each lecture is complete in itself, as a book, we should have preferred it had the author revised it completely, and we trust that an early call for a second edition will give him the opportunity for doing so.

The first five lectures are on pyrexiæ. Then come respiration affections. After these the diseases of the alimentary tract, and subsequently dropsy, heart disease, neuralgia, and nervous diseases. This volume closes with a lecture on skin diseases.

We have more than once selected passages from Dr. Davis's lectures as they appeared in the *Chicago Medical Examiner*, so that many of our readers are acquainted with his style.

Those who think stimulants useful in low states of the system may be interested to learn that thirty years of practice have convinced Dr. Davis that strychnia is a far more reliable remedy for sustaining the nervous functions, in typhoid prostration, than alcohol. He gives it in the dose of one-sixteenth of a grain, in solution with a few drops of nitric acid. Nor is he in favour of alcoholic remedies in phthisis, for we read thus: "I have carefully watched their influence in connection with this disease for the last ten years. They have proved worse than useless in counteracting the tuberculous diathesis, or preventing the deposit. In the active suppurating stage of the disease, their free use will sometimes retard the emaciation, lessen the cough, and give a decided appearance of

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(*a*) "Clinical Lectures on Various Important Diseases: being a Collection of the Clinical Lectures delivered in the Medical Wards of Mercy Hospital, Chicago." By Nathan S. Davis, A.M., M.D., Professor of Principles and Practice of Medicine and Clinical Medicine in Chicago Medical College. Edited by Frank H. Davis, M.D. Chicago: J. J. Spalding & Co. 1873. Pp. 262.

improvement; but it is in appearance only, for in most of such cases while the disease of the lungs is apparently retarded, the retention of carbon in the blood hastens a fatty degeneration of the liver and kidneys, and developes dropsical effusions and albuminous urine." These views are supported by a written record of all cases of phthisis which came under Dr. Davis's care during five years, in which alcohol was used either as medicine or otherwise.

Whatever may be our ideas of the author's explanation of the facts, his experience is certainly worthy of serious consideration, and many similarly explicit statements of his views might be cited from this little volume.

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Correspondence.

PROSTITUTION AND ITS REMEDY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I have read with much interest the various letters and articles which have appeared in your columns bearing upon the above subject, upon which I would ask your permission to make a few remarks.

Implanted in every living creature for the wisest purpose by a beneficent Creator, the sexual instinct has been grossly perverted in rational man from the earliest historic times, and runs much risk of being still farther perverted in the present day, when marriage, which ought to be attainable to all, has become a luxury for the wealthy few, or is indulged in by the improvident at the expense of much future and social degradation.

While its legitimate gratification is thus practically denied to the many, the sexual appetite still retains its natural force, and daily calls loudly for indulgence. Hence, the origin of what has not inaptly been termed "the great social problem of the age;" an army of wretched women, who sell their bodies to the first comer for a pittance wherewith to drag out a miserable existence, and by their uncleanly lives give rise to a certain proportion of the various diseases by which humanity has been and is afflicted.

However, as there are scarcely three youths in a thousand, from the age of sixteen upwards, and often from a much earlier period of life, especially in towns and cities, who do not commit fornication as often as the opportunity for so doing presents itself, I cannot, as society is at present artificially constituted, look upon the presence in our midst of a class of professional prostitutes as altogether an unmixed evil, for I believe that were such a means—deplorable as the necessity for its existence must ever continue to be—of gratifying their inclinations unattainable by young men, far greater evils than those we now deplore would inevitably arise.

Masturbation, for instance, comparatively rare at present in this country, would soon become as rampant as in France, where the practice is universal, Medical writers of eminence referring to it coolly as "one of the methods by which a discharge of semen is ordinarily provoked" (*e. g.*, Grisolle, "Traité de Pathologie Interne," tome i., page 879); where confessors, to my certain knowledge, have unblushingly advocated its adoption, "in preference to pollution by the other sex;" and even fathers have not hesitated to recommend it, for the same reason, to their sons.

Incest, now almost unknown amongst us, would soon become of daily and hourly occurrence, and crimes against Nature, very common in France, especially in the army and navy of that country, would doubtless increase in a corresponding ratio, for the passions will assert themselves, and if deprived of a natural and legitimate channel in which to expend their force, will undoubtedly find some other and more objectionable vent, to the deterioration and ultimate ruin of the national character; for it is to the prevalence among them of the above-numed crimes that the late otherwise inexplicable collapse of the French is due, and not to Imperial, Royalist, or Republican intrigues.

It is probable that these assertions will be called in question, but I speak from personal knowledge and observation, and on so appallingly serious a subject would not exaggerate, much less invent one word. Some years ago I was dining at a table d'hôte in a French town, where most of those present were military officers, and after dinner the conversation took a turn at which, even in these pages, I can but dimly hint; the most atrocious and unnatural sentiments were propounded and laughed at as good jokes, and my remonstrances treated as evidence of insular prejudice and singularity.

I would far rather see a child of mine in his coffin than going to a school in that degraded country, the national literature of which is disgraced by odious allusions, and whence I have known more than one bright, intelligent, rosy-cheeked, innocent English lad return a sallow, lantern-jawed, cachectic shadow of himself—enfeebled, and too often ruined in mind and body, and unable to look a woman in the face.

Of the two or three young men per thousand who have abstained altogether from intercourse with the other sex, how many are influenced by moral and religious motives in their abstention? For my part, I believe the fraction to be all but inappreciable.

I have met with a solitary instance. A hale, hearty young fellow, about five-and-twenty years of age, who was in training for a missionary, and managed to keep his passions, naturally strong, in effectual check by a life of the strictest asceticism, eating, merely to support existence, of the plainest food, drinking only water, and sleeping on a bare board with a single sheet for his only covering, even in the depth of winter; but such heroic self-denial is, unhappily, too rare, and where it does exist, is more likely to be subject-matter for ridicule than for approbation and imitation. I have no hesitation in affirming that the great majority of abstainers from the sex are masturbators, or worse.

A vast distinction should, I think, be drawn between the deliberate and the accidental fornicator, between the man who, out on legitimate business, is accosted, perhaps touched by an immodest woman, feels the sexual appetite rise up within him with overwhelming power, and sinning against his convictions and better nature, obtains a momemtary gratification at the cost of much subsequent remorse. A wide distinction should be drawn between that man and another who leaves his home with the set purpose of spending the night in a brothel. Nor should this distinction be lost sight of in any legislation—much to be deprecated in every case, but our legislators will legislate, with closed doors or otherwise—upon the subject, for it is our duty to protect the first against himself, whilst the second must be prevented from injuring us.

The question then arises, how is this double end to be accomplished? By an extension of the Contagious Diseases (Women) Acts to the entire population of these realms? I scarcely think so. The existence of kindred measures for many years past in France, has powerfully contributed to reduce that unhappy country to her present deplorable condition, by lowering the standard of public opinion, and is, moreover, utterly inadequate to effect the object the proposers have in view, viz., the prevention of syphilis.

Shall we, by stringent police regulations, banish all prostitutes from the streets, and so save the innocent from temptation? No! worse evils would inevitably result from their banishment than are now caused by their presence, as has already been explained, but we may—and must—render that presence less obtrusively indecent, by rigidly exacting a severe penalty from them for accosting any man, and this, in my opinion, is the only coercive measure that could be safely enforced.

The universal application of the Contagious Diseases Acts would only benefit—and the benefit is more than questionable—the habitual fornicator, whilst the accidental transgressor, much more deserving of our intervention, would continue to run the same risk as formerly, for the private prostitutes, whose victims or accomplices this class of offenders more frequently are, are as often and as grievously affected with the various venereal disorders as their more public sisters, whilst, having a certain character for respectability to maintain, they are far less likely to seek Medical assistance when diseased, and it would be manifestly impossible to discover and introspect them all; in fact, some of the worst cases of venereal disease that I have seen, were the result of intrigues with quasi-respectable females.

Again, it is a question whether the habitual fornicator is at all deserving of our consideration. Ought we to incur the moral odium of legalising his propensities, and enabling him to gratify them with impunity? Such a course, to me, seems nationally suicidal. No! the true remedy lies in education; and by education I mean physical and mental preparation for the natural end and aim of every man and woman's life in this world, *Marriage*.

A respected correspondent has written to me as follows:—"I think there is a serious error in the education of youth. There is not sufficient out-air life and muscular action with either sex. The mind broods on forbidden subjects, and mental as well as material chastity not being inculcated with sufficient earnestness and success, the individual falls through. The ancients followed a practice which we might do well to imitate. They did not so much contend directly with evil habits and influence as turn their flank by having recourse to safe and innocent resorts. This is the real meaning of the terms asceticism and ascetic, and to the principle itself I do not think we could too frequently or too energetically resort."

With my correspondent, a man who has spent a long life in earnest endeavours to benefit his fellow-creatures, I entirely and cordially agree. Boys are left to work out the most important problem of their lives alone, or assisted by the exaggerated notions of companions a little older than themselves; while the natural guardian stands by, stoically indifferent to the life and death struggle going on before his eyes, or is deterred by a false shame from stretching out a merciful hand to pluck the mask from, and reveal in all their horror, the true features of the monster Lasciviousness, clothed by the ardent imagination of youth with the beauty and fascination of a goddess. Whereas, they should be taught that chastity, not merely physical but mental, is the greatest earthly virtue, and its violation about the gravest social crime they can commit. Instead of which they are allowed, if not encouraged, to believe that their animal passions may be indulged in to their fullest extent with impunity; for their wildest excesses are either quietly ignored by their relatives or noticed with a shrug, and the apology that "young men will be young men," and must "sow their wild oats," as if we do not reap as we sow; and as we cannot gather grapes from thistles, so neither can wild oats produce a healthy crop. No, let it be impressed upon our boys that as chastity is an essential virtue in their sisters so it is equally indispensable in themselves; and that its violation is, morally, as grave a crime in the one case as the other.

Further, let them be taught that youthful continence adds materially to the enjoyment of after-life, and especially in the married state.

Both our boys and girls must be educated with a view to their becoming husbands and wives as soon as possible after reaching maturity; a consummation which is most devoutly to be wished for, but practicable only when the overcrowding of our towns and cities, and of our country districts too, has been remedied by free emigration to the colonies, where large families are yet, what they ought everywhere to be, a blessing and not a curse.

Again, it should be made a felony for a man to *seduce* a woman, whether she gave consent or not; in which case fewer recruits would be added to the mournful army of the streets.

A class of professional prostitutes, however, is undoubtedly one of the safeguards of society as as present constituted; but it is one that best organises itself according to the law of supply and demand; and intervention, if at all, is only required to wisely repress its exuberance.

To sum up, we must prevent our public women from soliciting prostitution, as we prohibit our mendicants from openly asking alms; we must earnestly inculcate chastity of mind and body on our sons, and assist them by a more manly system of education than at present obtains to rule their passions, which, judiciously managed, are capable of restraint, and may be brought, though not without an effort, into perfect subjection to the will; we must train our youth to look upon marriage as the grand object for which they have been brought into the world, and we must enable them to attain that object by a properly organised system of emigration. Our girls, too, must be instructed that they have something else to live for besides dress and parade—namely, to become wives and mothers; and when we have succeeded in accomplishing all this, and I firmly believe the time will come when it shall be done, prostitution will sink into unnoticeable limits, and venereal disease diminish in due proportion.

In the meantime legislation on the subject appears to me to be useless, if not worse; for no efforts of philanthropists and legislators will ever succeed in totally eradicating the curse; for abnormally constituted beings of either sex will continue to the end of time to infest society as they have ever done, and even imperil its very existence for the sake of their perverted appetites, which seek after, and derive enjoyment from, only what is forbidden and impure; and, in conclusion, I would ask, are we, by legislating for them, to become participators in their evil deeds?

I am, &c., &c.,
W. T. Greene, M.A., M.B., &c.

218 Old Kent Road, London, E.C.
July 2, 1873.

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DISORDERS OF THE INTELLECT.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—The above is rather a strange name for these unhappy affections. What is the meaning of the word "disorder," and what is intellect? Without entering into discussion upon those points, I will suppose the idea is that the "intellect" means the spirit or soul, and that "disorder" means an irregularity of its disposition; the spirit or intellect acting upon matter becomes the life of man, and if matter gets disorganised or out of order, in part or in whole, how can the spirit or intellect acting upon it be considered as insane or disordered? Whatever we may do with matter, we have no control over the intellect, spirit, or soul directly. What control can we have over it the very nature of which we absolutely know nothing? And yet we say, "Oh! it is deranged, it is insane!" Its action upon matter depends upon the organisation of matter, its derangement or disorganisation directly or indirectly. Look at the idiot, and you will find the cause depending upon the state of matter, or the formation of the skull; the eye or ear will convey a cause to matter upon which the intellect or spirit will act directly, the cause is not conveyed to matter by the spirit or intellect, as it cannot become, *per se*, insane or erring, with matter in its normal state of healthy, sane organisation. Medicine, or any of the senses from a cause may act upon the intellect or spirit, indirectly producing disorder out of order, and *vice versâ*. The sense of wrong of whatever kind or description may reach matter through one of the senses direct, upon which the intellect or spirit will act, and thus become irregular, erring, or insane. When we compare the healthy with the unhealthy, the sound with the unsound, the distinction becomes evident. The general belief of suicide is that the intellect or spirit is insane; but how can that of which, as I have before said, we absolutely know nothing—the soul, intellect, or spirit—be insane, or erring, or disordered? The organs are always in a state or readiness to receive impressions, true or false; but where there is no disorder, there can be no insanity, therefore, when that is present, we have to deal with matter and not with spirit or intellect. Suicide is voluntary or involuntary; the former is cool and collected, and tired of life from causes perfectly sane and legitimate, there is no disorder or derangement of matter, but there is reason and method—it is the general tenacity of life in man which forms the presupposition that the intellect is insane; in the involuntary there is derangement or disorganisation of matter, more or less, which symptoms will show, and it is with this we have to contend in our attempt to remove those unhappy affections. In view of some important cases now occupying the attention of our law courts, I trust these few thoughts of mine will initiate inquiry.

I am, &c.,
Alexander Lane, M.D., R.N.

Bucknell, Salop.

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PROPHYLAXIS OF SYPHILIS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In a letter signed "Your Reviewer," in a recent number of your valued Journal, the able writer, who seems to have much clinical experience of the class of prostitutes, demurs entirely to my assertion that the main cause of prostitution, as defined by Parent Duchatels and others, is the unfortunate industrial position of women. I have no wish to be too pronounced in my opinions, but it seems to me that I could bring many witnesses to prove the truth of my assertion. M. Ricord, for instance, in his *Lettres sur la Syphilis*, speaks of the amelioration of the industrial position of women as the greatest of all steps in doing away with that *fons et origo* of syphilis, common prostitution.

That there are many idle women I freely confess; but if "Your Reviewer" will only consider for a moment how seldom he has seen an educated woman among the ranks of prostitutes, I think he may credit me with less desire to be sentimental. The records of the Rescue Society of London show that almost all the young prostitutes in London are domestic servants, a class which, when out of place, is often quite unable to gain a subsistence by skilled labour.

Of course, I know that the appetite of sex assists very greatly in making women take to mercenary intercourse. "Your Reviewer" will not find me in any way disputing that point. I only maintain that, if women could make a living as easily as men, they would prefer to sell their *labour* for food and necessaries, and not their *persons*. Hence, of course, in common with Ricord, Parent (Duchatelet), and other writers on the question, I hold that the main way to lessen the spread of venereal contagion would be to endeavour to ameliorate the industrial position of the female sex. I contend that you cannot get rid of syphilis so long as prostitution is so common; and assert that the amount of the disease in Paris and Vienna proves this theory, for Contagious Acts exist there and yet syphilis abounds.

Then, again, I also contend that we cannot do away with prostitution, so long as marriage is rendered so infrequent and unpopular by those enormous families, which are so common at home and so rare in France; but here "Your Reviewer" has been silent, and I don't know what may be his opinion on what, to my mind, is the most important point in hygiene and ethics. It always, I confess, surprises me, that Medical men, who are so accustomed to the ruthlessness of Nature's laws, in the case of phthisis and cancer, &c., should find it so difficult to discuss calmly a question like that started by Malthus, and considered recently as axiomatic by Stuart Mill, Joseph Garnier, &c., *i. e.*, that the only way to improve the physical condition of man or any other animal, is to see that there are not too many of a race in any country, in proportion to the capital of that country. When the inhabitants of the United States have for the last century doubled their numbers in less than thirty years, making the most ample allowance for immigration, it seems evident that our only chance of getting rid of most of our evils in Europe must consist in imitation of the rational small family system of the French.

Another part of my letter has been very kindly criticised by some friends. I refer to that in which I assert that very many cases of disease are caused by our modern late marriages. My memory is crowded with such cases. Here is one. A young gentleman, a native of one of our colonies, was sent to me a few years ago by a respected Medical friend, suffering from perfect impotence at the age of twenty-four. This young gentleman was well educated, of an admirable constitution, and had been one of the most able competitors in athletic sports among his friends in his native country. He had, however, always been perfectly continent, and had not been addicted to any abnormal practices. When I saw him his case was, it seemed to me, perfectly intractable. Although muscularly strong, he was worn out by repeated nocturnal emissions, and had consulted some of the most distinguished men in London with no benefit. He was totally impotent at the age of twenty-four, and for my part, I confess that I could not find any remedy for his sufferings.

About the same epoch I also saw two other patients, of ages twenty-five and twenty-seven, one of them a Jew, sent me by Mr. Teevan, the other kindly sent by Mr. Acton. Both of these men were impotent, or next door to it, from prolonged continence. I also have had to deplore the late marriage of modern times in several cases of most able men of letters. One noble hearted gentleman, who was brought up for the church, and would have been, I am sure, one of the most fervid orators of modern times, quite fell into melancholy and despair from remaining celibate until over thirty, being at the same time impotent.

Is it necessary to multiply such painful examples of the evil effects of late marriages? I think not. Indeed, all men of much clinical experience will readily understand me, I think, when I assert that late marriage is one of the most dangerous foes to health of our modern civilisation. Sir Benjamin Brodie, at the Birmingham Meeting of Social Science, said that the evils of celibacy were even greater than those of prostitution, although he could not mention them.

I could also tell a little of the effects of late marriage on the health of body and mind of women if I chose to do so; but it seems as if the day or hour for so doing had not yet arrived, when so able and experienced a man as "Your Reviewer" still disputes the oft-repeated assertion, that poverty is the most frequent cause of prostitution. Suffice to say, that I conceive that the practitioner who does not know the consequences of celibacy in the female, in very frequently causing perverted sexual practices, is not a very profound clinical inquirer. In future days, when well-educated women shall take up the profession of Medical advisers to women, as so many are doing now at Zurich and in the United States, we may perhaps hear a little more of the evils of prolonged continence in women than we are likely to hear in these days of reticence, where our Obstetrical Societies and Gynæcological Societies are solely composed of males. Subjective inquiries are of great value.

The immortal writer on logic, recently departed at Avignon, is said by Mr. John Morley to have expressed his surprise and pleasure at the growing desire arising here for free discussion of unpopular subjects; and I hope, Mr. Editor, that the most unpopular of all topics, *i. e.*, that of prostitution and celibacy, may soon be able to be discussed without acrimony and without that dogmatism which silences debate.

I remain, &c.,

Charles R. Drysdale, M.D.,
M.R.C.P.L., F.R.C.S.E.

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THE DOSE OF THE MURIATE OF BARYTES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Very recently, and by accident, my attention was called to the dose of this medicine, as given in the standard works of the day; and I must say it was with much surprise I found it put down as ranging from half a grain to two grains for a dose. And it is further added, at least in some of the works, that in doses of an ounce it would prove poisonous. How such statements got into print it is hard to understand, and as the medicine is one of great activity, I take leave to call attention to the point. I have been in the habit of using it for many years, and can state that the proper dose is from the 12th to the 16th of a grain. Very few will bear the 8th. In fact it is very analogous to the corrosive muriate of mercury; if an over-dose be given it will produce precisely the same violent effects. To talk of an ounce, under these circumstances, being poisonous, is simply absurd. In a very valuable and nice chart just published by Mr. Griffiths, of the Royal College of Surgeons, he very properly calls attention to this point. I may add that originally it was as a saturated solution it was given, and that the dose was four drops, gradually increased to eight twice in the day.

I remain, yours,

Henry Kennedy, M.B. Dub., F.K.Q.C.P.

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Medical News.

Society of Apothecaries of England.—At a court of examiners held on the 3rd instant, the following gentlemen having passed the necessary examinations, received the L.S.A. diploma, viz.:—Messrs. Frederick Barrow of King's College Hospital; Robert Gibbs, of Redcliffe Road, Brompton; Alfred Vavassour Griffith, of Fenton, Staffordshire; Henry Kellock M'Kay, of Guy's Hospital; and Matthew Reid, of Horselydown; and at the same court the following passed the primary professional examination, viz.:—Messrs. Frederick William Cory, of the London Hospital; Edward Arthur Hardwick, of the Charing-cross Hospital; Henry Joseph Hind, of Guy's Hospital; Arthur Francis Sargent, of St. Mary's Hospital; and Horace Sworder, of St. Mary's Hospital. At the recent competitive examination for the prizes in Botany, given annually by the Society of Apothecaries, the successful candidates were:—1. John Todd, of University College, a gold medal; 2. Charles Henry Cuming, of University College, a silver medal and a book.

"Professor" Holloway's Charity.—The *Times* says that a year ago it was announced that Mr. Thomas Holloway had decided to erect at his own cost, at an outlay of nearly

£100,000, a building at Virginia Water for the reception of middle-class lunatics, where, at a moderate cost, the relatives of poor middle-class people could be received and cared for. The building, of great architectural beauty, is in course of erection. It has now transpired that Mr. Holloway has decided to erect two or more hospitals in the vicinity of London—one for the reception of incurables, a class in our midst peculiarly claiming the attention of the philanthropist; another for the reception of convalescents, who want bracing after long suffering before renewing their struggles in the world. The estimated cost of sites and buildings is put at £250,000. Mr. Holloway does not propose to endow the hospitals. He will erect and present the hospitals, but will leave to the philanthropic of this and future ages the duty of maintaining them. Mr. Holloway has recently had an interview with Mr. Gladstone, at which he explained his intentions. Mr. Holloway desires to secure the best advice as to locality, the number of possible recipients, the best form of building and requisites towards making them at once, architecturally the most ornamental, and internally the most perfect in the kingdom. With this view letters have been addressed to Medical and other authorities inviting a full expression of opinion."

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THE REV. SAMUEL HAUGHTON, F.R.C.S.I. (HONORIS CAUSA).

The Council of the Royal College of Surgeons in Ireland have, we learn, elected the Rev. Samuel Haughton, Fellow and Medical Registrar of Trinity College, to their Honorary Fellowship, a vote which will be approved, we believe, not only by the Fellows of the College of Surgeons, but by the entire Profession.

Professor Haughton, by his lately published work, on the Principles of Animal Mechanics, has crowned the well-founded edifice of his scientific fame, and has certainly earned, by his contributions to the advancement of anatomy, physiology, and state medicine in Ireland, an unchallengeable title to the highest honour within the gift of the Royal College of Surgeons.

Abating from the value of Professor Haughton's investigations and writings, the deduction which may be justified by a certain over-straining of theory and looseness of argument, with which he is sometimes charged, there still remains the result of undefatigable scientific labour, and extraordinarily varied attainments, which have left their impress on the literature of the Medical Profession throughout the world.

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THE BRITISH ASSOCIATION.

The forty-third meeting of the British Association for the Advancement of Science will commence on the 17th of September at Bradford, under the presidency of Professor Joule.

The first general meeting will be held on Wednesday, the 17th of September, at 8 p.m., when the President will deliver an address; the concluding meeting on Wednesday, the 24th of September, at 2.30 p.m. At two evening meetings, which will take place at 8.30 p.m., discourses on certain branches of science will be delivered. There will also be other evening meetings, at which opportunity will be afforded for general conversation among the members. The sections are:—(*a*) Mathematical and Physical Science; (*b*) Chemical Science; (*c*) Geology; (*d*) Biology; (*e*) Geography; (*f*) Economic Science and Statistics; (*g*) Mechanical Science.

New members and associates can be elected on the following conditions:—

1. New life members for a composition of £10, which entitles them to receive the annual reports of the Association.
2. New annual members for a payment of £2 for the first year receive the annual reports for the year of admission, and for every following year in which they continue to pay a subscription of £1.
3. Associates for this meeting only, for a payment of £1.

Ladies may become members on the same terms as gentlemen, or they can obtain ladies' tickets (transferable to ladies only) on payment of £1.

NOTICES TO CORRESPONDENTS.

Dr. Gordon, Saintfield.—The letter has been addressed and sent to the Secretary of the Society you wished it to reach.

PATRONISED BY THE SHAH.

A correspondent has forwarded the subjoined clipping from the daily papers of Monday. The fact of His Imperial Majesty the Shah of Persia (by the way, not a very handy patron) "consenting to become patron" of a hospital he has never seen, with a staff of one consulting physician and two surgeons, appears to him a joke too good to be lost. Of course, our correspondent is rather inquisitive, asking several questions we find ourselves unable to answer. For instance, he is very curious to know if our Eastern guest suffers from *cutaneous eruptions*, at the same time suggesting that his Imperial Majesty should appoint "one of the staff" upon his establishment. But we would remind our correspondent that this literal fulfilment of Scriptural prophecy, "the one shall be taken and the other left," is not to be expected, according to Dr. Cumming, this year, so that probably he will be an expectant for some time yet to come. The following is the paragraph referred to, which we are happy to give gratuitously as an advertisement, for the benefit of the institution therein named:—

"British Hospital for Diseases of the Skin.—Sir Joseph Dickson, physician to his Majesty the Shah of Persia, has informed the senior surgeon of the British Hospital for Skin Diseases that his Majesty has graciously consented to become a patron of that institution."

POSOLOGICAL TABLES.

It gives us great pleasure to announce that the Chart, published specially for hanging in the surgery of the general practitioner and the students' room, by Dr. Handsel Griffiths, has already reached a second edition. The work has been out only a few weeks, which fact speaks volumes, and confirms the opinion expressed by us on the first issue. The second edition is dedicated by special permission to Sir Robert Christison, Bart., M.D., and those substances and preparations, the doses of which are very small or exceptional, have been printed in red ink, which is an improvement upon the first issue.

Lincoln Gentlemen!—Our readers will remember that some few weeks since an advertisement was inserted on behalf of the United Friendly Societies' Dispensary through the Medical journals, in which occurred the paragraph "No Lincoln gentleman's application will be entertained." We naturally took umbrage that such language should be used in a public advertisement; and in the interest of the Profession of that city we called for explanations. At a meeting last week, these were given, and we quote from the local papers the exact words made use of by the chairman of these societies, as some sort of satisfaction for our readers who are "Lincoln gentlemen":—"It was not the intention of the committee to make any reflection upon the Medical men of the city—it was simply that they preferred to have a gentleman from a distance who should have no local associations, and who should prefer knowing only those first whom he had to attend."

Water Filtering and the Shah.—We are asked to state that H. M. the Shah of Persia having during his visit to Trentham expressed a wish to see the process of filtering water adopted by the London and General Water Purifying Company, the Earl of Shrewsbury (the chairman of the company), accompanied by the secretary, attended one day last week at Buckingham Palace with models of the filters, and explained the process, with which the Shah seemed much interested.

Mr. Procter.—Argent. oxyd. is usually given in doses of half a grain to one grain. Sometimes it can be increased up to two grains.

Opium in Workhouses.—It is a matter for grave consideration, whether this drug is not too freely used by nurses and other attendants in workhouses for troublesome patients; we are, therefore, not surprised to find that the authorities are becoming alive to the fact, when a large item of expenditure arrests their attention for this article. Last week the authorities of the Lincoln Union, at their fortnightly meeting, expressed an opinion that opium was irregularly administered, and that much more was used than necessary. The matter was referred to the Medical officer for explanation.

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BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

The Continued Fevers of Great Britain. 2nd edition. By Chas. Murchison, M.D., F.R.S. London: Longmans, Green, and Co.

The Spectroscope. By J. Norman Lockyer, F.R.S. London: Macmillans.

Old Medicine and New. By E. W. Lane, M.D. London: J. and A. Churchill.

The Chemistry of Sulphuric Acid Manufacture: By H. A. Smith. London: Spon and Co.

Infant's Food and Infant's Feeding. By G. Mellin, F.C.S.

Braithwaite's Retrospect of Medicine. Vol. xvii.

Thoughts, Philosophical and Medical, selected from the work Francis Bacon.

Body and Mind. By Henry Maudsley, M.D. London: Macmillan and Co.

Posological Tables. 2nd Edition. By Dr. Handsel Griffiths. London Baillière, Tindall, and Cox.

Half-yearly Abstract of the Medical Sciences. Vol. lvii.

Army Medical Department Blue Book.

The Prevention of Poverty. By Wm. Volckman. London: Trubner.

Glasgow Medical Journal. Detroit Review of Medicine. Buffalo Medical Journal. Lyon Medical. Guy's Hospital Gazette. Student's Journal. Tribune Médicale. Canada Medical Journal. El Pabellon Médico. Allgemeine Medizinische Zeitung. Nature. The Journal of Mental Science. Monthly Microscopical Journal. Science Gossip. The Practitioner. Obstetrical Journal. Journal of Dental Science. Medical Temperance Journal, &c.

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VACANCIES.

Borough of Birmingham. Surgeon to the Prison. Salary £100 per annum. Address the Governor, Borough Prison.

Chester. Medical Officer of Health for the combined districts. Salary £600 per annum. Address the Town Clerk, Chester.

Royal Berks Hospital. Assistant Physician. Honorary.

Halifax Infirmary. Assistant House-Surgeon. Salary £40, with board and residence. Address Dr. Alexander, Halifax.

Northumberland County Lunatic Asylum. Assistant Medical Officer. Salary £100 per annum, with board, residence, and washing. Address the Medical Superintendent.

Salford Hospital, Manchester. District Surgeon. Salary £80, with board and residence.

Stratford-on-Avon Sanitary District. Medical Officer of Health. Salary £600 per annum. Address the Clerk to the Rural Authorities.

General Hospital, Birmingham. Resident Medical Officer. Salary £100 per annum, with board and residence. Applications to House Governor.

Greenwich Union. Dispenser. Salary £80 per annum, with unfurnished residence.

West Herts Infirmary. House Surgeon. Salary £100 per annum, with residence. Address the Secretary, Infirmary, Hemel Hempstead.

Westminster General Infirmary, Soho. Surgeon. Honorary.

Greenwich Seaman's Hospital. House-Surgeon. Salary £100 per annum, with furnished apartments. Address the House Governor.

Wrexham Infirmary. House-Surgeon. Salary £90 per annum, with furnished apartments. Apply to the Secretary.

East London. Mile End District. Medical Officer for the North District. Salary £200, with extra fees for vaccination. Address the Clerk to the Union.

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APPOINTMENTS.

Blyth, L. G., L.R.C.P.Ed., M.R.C.S.E., Medical Officer for the Workhouse and the Martley District of the Martley Union.

Bosworth, J. R., M.R.C.S.E., L.R.C.P.Ed., Medical Officer for the Banstead District of the Epsom Union.

Bull, C. B., M.B., C.M., Medical Officer for the Blaenavon District of the Abergavenny Union.

Bury, J. W., L.R.C.P.Ed., M.R.C.S.E., Medical Officer and Public Vaccinator for District No. 6 of the Maidstone Union.

Clark, Mr. G. B., House-Surgeon to the Royal Maternity Hospital, Edinburgh.

Dixon, J., M.B., House-Surgeon to the London Temperance Hospital, Gower Street.

Eames, J. A., M.D., Resident Medical Superintendent of the Cork District Lunatic Asylum.

Edmunds, J., M.D., L.R.C.P.Ed., Physician to the London Temperance Hospital, Gower Street.

Fenton, M. A., M.B., L.R.C.S.I., Resident Surgeon, Dispenser, and Secretary to the Coventry Dispensary.

Hickman, K., M.R.C.S., Medical Officer for the 1st District of the Newbury Union, Berkshire.

Hopkins, R., L.R.C.P.Ed., M.R.C.S.E., Medical Officer to the Workhouse, Pontypridd Union.

Harrison, Chas., M.D., Medical Officer of Health to the Lincoln Rural Sanitary Authority.

Johnston, R., M.R.C.S.E., L.R.C.S.I., House-Surgeon to the West Bromwich District Hospital.

Oliver, W., L.R.C.P.Ed., Medical Officer for District No. 4 of the Bellingham Union, Northumberland.

Perkins, J. R., L.R.C.S.Ed., Medical Officer and Public Vaccinator for District No. 2 of the Alderbury Union.

Roeckel, J. W., M.R.C.S.E., House-Surgeon to the Royal United Hospital, Bath.

Storey, J. A., L.R.C.P.Ed., L.R.C.S.I., Medical Officer for the Sutterton District of the Boston Union.

Wicks, F., L.R.C.P.Ed., M.R.C.S.E., Medical Officer for the Woodbury District of the St. Thomas Union, Devon.

Williams, R., L.R.C.P.Ed., M.R.C.S.E., House-Surgeon to the Carmarthenshire Infirmary, Carmarthen.

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Marriages.

Anderson—Hall.—On the 3rd inst., at St. Marylebone, London, W. Anderson, F.R.C.S., to Mary Margaret, eldest daughter of W. Hall, Esq., of Gayton, Norfolk.

O'Meara—Snook.—On the 2nd inst., at the parish church, Colyton, Devon, F. A. O'Meara, M.D., son of the Rev. E. O'Meara, rector of Newcastle, county Dublin, to Hester Maria, daughter of the late J. E. Snook, M.R.C.S., of Colyton.

Taylor—Weston.—On the 1st inst., at Llanaber, Merionethshire, J. M. Taylor, L.R.C.P.L., M.R.C.S.E., of Burslem, to Sarah, only child of the late John Weston, Esq., of Leek.

Whitehead—Martin.—On the 26th ult., at Ventnor, J. L. Whitehead, M.D., to Sophia C. J. Martin, only daughter of the late G. A. Martin, M.D., both of Ventnor.

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Deaths.

Browne.—On the 29th of June, T. Browne, M.R.C.S.E., of North Terrace, Camberwell.

Clark.—On the 18th of June, at Dublin, R. Clark, Surgeon, of Lancaster, aged 50.

Fagge.—On the 30th of June, at St. Thomas Street, S.E., Charles Briscoe Hilton, son of C. H. Fagge, M.D., F.R.C.P., aged four months.

Geoghegan.—On the 24th of June, at Henfield, Sussex, Henry Moore Geoghegan, L.R.C.S.Ed., in the 27th year of his age. Deeply lamented.

Mill.—On the 27th of June, James Mill, L.R.C.S.Ed., of Thurso, Caithness.

Streeter.—On the 3rd of July, at Harpur Street, Bloomsbury, John Soper Streeter, Esq., F.R.C.S., aged 71.

RED HEART RUM.

CELEBRATED FOR ITS GREAT AGE, SOFTNESS, AND PURITY.

It was specially supplied to the Sick and Wounded during the late War, and is strongly recommended in cases of

CHOLERA, DIARRHŒA, SEVERE COLD, &c.

Price 42s. per doz., bottles and case included. Samples can be had at 3s. 6d. per bottle.

Dr. R. H. ALLNATT considers the Red Heart Rum a pure and generous spirit; and in certain cases of cerebral debility, or loss of brain power, recommends its judicious administration, as exercising a more salutary specific influence than any other form of alcoholic stimulant.

Agent—J. G. Turney, 158 New Bond Street, London.

NOTICE OF EXAMINATION OF CANDIDATES FOR THE NAVAL MEDICAL SERVICE.

NAVAL MEDICAL DEPARTMENT, ADMIRALTY,
SOMERSET HOUSE, W.C., 10th June, 1873.

NOTICE is HEREBY GIVEN that a COMPETITIVE EXAMINATION of CANDIDATES for admission into the Medical Service of the Royal Navy, will take place at the University of London, Burlington Gardens, on MONDAY, 11th AUGUST, 1873, and following days at Ten o'clock.

Candidates must present themselves at this Department on THURSDAY, 7th AUGUST, 1873, bringing with them the various certificates of qualifications specified in the Regulations of the 24th June, 1871, when, should they be found in all respects eligible, they will be permitted to appear for examination.

The necessary forms to be filled up by Candidates, will be supplied on application to this Department.

A. ARMSTRONG,
Director-General.

THE STEWART INSTITUTION FOR IMBECILES, AND LUNATIC ASYLUM, UCAN

Patron:—H.R.H THE PRINCE OF WALES.

This Institution was founded in 1869, and has already attained a large measure of success. It is situated in a healthy locality, and is under the superintendence of a Resident Physician, with trained teachers, who endeavour by the most improved methods to develope the powers, mental and physical, of Imbeciles.

To the pupils who can receive such instruction useful trades are taught. In that of mat making, particularly, excellent progress has been made, and an inspection of the work is invited either at the Institution or at the office.

The Institution is the only one of its kind in Ireland, and is mainly supported by voluntary contributions.

Pupils are admitted free by election, or by payment of £35 per annum. A higher rate is payable for separate accommodation.

Contributions to the fund for the erection of the proposed extensive buildings at Palmerston are earnestly solicited.

Each donation of Five Guineas gives the donor a life-vote.

Annual Subscribers are entitled to one vote for each half guinea paid.

An Asylum for Lunatic Patients of the middle classes, under a well-organised administration, also forms part of the establishment.

Full particulars as to the working of both Institutions, terms, &c. can be had at the office,

40 MOLESWORTH STREET, DUBLIN,
W. O'NEILL, Secretary.

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Citrate of Magnesia.
(*Aperient Lemonade.*)
Cheltenham Water.
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Lithia Water.
(*Of graduated strength.*)

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(*Supercarbonated.*)
Carbonated Water.
Ammoniacal Soda Water.
Camphorated do.
Bagneres Water.
Rochelle Water.
Seidlitz Water.
Fluid Citrate of Iron.
„ Citrate of Kali.
Fluid Camphor.
Salt of Steel, in Packets of 1 *and Grains.*
Brandish's Alkaline Solution.
CARRARA.
(*Carbonated Lime Water.*

All these Waters are prepared with strict attention to Chemical accuracy.

They think it necessary to inform the Public, that the solution of the different salts, on the accuracy of whose proportions the efficacy of the mineral waters depends, is invariably prepared by a member of the firm, and never trusted to any subordinate; and that the knowledge of the chemical processes made use of in their preparations HAS NEVER BEEN entrusted to any person in their employment; nor has it ever been imparted TO ANY PERSON whatever, who prepared Soda Water for sale.

LEMONADE, LEMON-FLAVOURED SODA WATER, GINGER BEER, SPRUCE BEER.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 16, 1873.

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THE DIAGNOSIS AND TREATMENT OF UTERINE POLYPI (a).

By THOMAS MORE MADDEN, M.D., M.R.I.A.,

Examiner in Midwifery and the Diseases of Women and Children in the Queen's University, Ireland, &c., &c.

THE author commenced by observing that the disease which forms the subject of his paper is one which perhaps more than any other illustrates the progress of modern obstetric surgery. A few years ago the diagnosis of an intra-uterine polypus was regarded as impossible, and its cure by surgical operation was undreamt of, whilst at the present time any educated surgeon has it within his power to pronounce on the nature of such a case with absolute certainty, and to attempt its cure with a fair prospect of success by a comparatively rapid, painless, and bloodless operation, by which he may succeed in rescuing a fellow-creature from an otherwise inevitable death.

Having seen a considerable number of cases of polypoid disease of the uterus, and having formed some opinions of his own as to the treatment of this disease, Dr. More Madden now submitted his observations to the Obstetrical Society. The cases of uterine polypi which came under Dr. Madden's care were divisible into three classes, viz., mucous, fibroid, and cystic polypi. The first resemble the mucous growths found in the nares, and are developed from the mucous membrane of the uterus, or from the cervical glands, and hence, chiefly affect the canal or the vicinity of the os uteri. The second, or fibroid, fibro-cellular or muscular polypi are formed within the pseudo-muscular substance of the uterus, and their origin may be submucous or subperitoneal. The last named do not come within the scope of the present communication. The distinction between intra-uterine polypi and tumours is repudiated by Dr. More Madden as unnecessary and untenable. The structure of a so-called fibroid tumour of the uterus is identical with that of a fibroid polypus, either may be encapsuled, and the symptoms of one cannot be distinguished from those of the other. A fibroid polypus generally commences as a submucous tumour, which, as it grows downwards into the uterine cavity, assumes a pyriform shape, and the point at which it projects from the uterus being constricted by its increasing weight, thus forms the pedicle.

The age at which uterine polypi are most frequently met with is stated by Dr. Graily Hewitt and other recent writers to correspond with the period of life at which "the uterus is in the highest degree functionally active." In the cases which form the subject of the present communication, however, the large number of instances of this disease were observed about the period of life when the functional activity of the uterus was about ceasing, and from that time upwards. Dr. More Madden exhibited a tabular statement, showing the age, condition of the patient, form of polypus, treatment adopted, and result of several cases of uterine polypi. In one instance the patient was only 26 years of age; in another she was 29; in one, 30; in one, 38; in five, 40; in one, 44; in one, 48; in one, 50; and in two, 60.

The symptoms of polypus of the uterus are menorrhagia, or persistent uterine hæmorrhage, profuse or offensive leucorrhœa, and uterine pain, varying from a light, dull aching to the most intense uterine colic, causing as much suffering as the pains of labour. None of these symptoms are pathognomonic, and any of them, especially the uterine pain, may be entirely absent. Still they are of some value, serving to indicate the necessity for a local examination, by which alone the disease can be diagnosed with certainty, the commonly enunciated symptoms of polypus being as applicable to other uterine diseases, and being, moreover, modified by the form and situation of the tumour, as well as by the constitutional condition of the patient in each particular case. There is generally some flexion of the uterus in these cases, and hence we find that the symptoms of some form of uterine displacement are almost always present in cases of polypus.

(a) Abstract of a Paper read before the Obstetrical Society of Dublin.

The treatment of these polypi by surgical means is very simple in cases of vaginal or small cervical polypi. But, on the other hand, the removal of a large intra-uterine polypoid tumour attached by a broad base to the fundus uteri of a childless woman is an operation requiring as much delicacy of manipulation and operative skill as any within the domain of surgery.

The merit of dilating the cervix uteri for this purpose by means of sponge tents appears to be universally conceded to the late Sir James Simpson, of Edinburgh, whose suggestion is spoken of by the most eminent recent authorities as marking the commencement of a new era in uterine surgery. It is, therefore, not a little curious to find that the very same means of dilating the os and cervix uteri was practised and described at least 234 years ago. Thus, in a work now on the table, entitled "The Method of Physic, containing the Causes, Signs, and Cures of Inward Diseases in Man's Body from the Head to the Foot," by Philip Burrough, the eighth edition of which was published in 1639, in the chapter "On Straightness of the Matrice" this modern discovery is thus described :

"And when the places do seem to be softer to the feeling, then we must put a drie sponge that hath a cord hanged at it into the streight place, to the intent to make it wider, which, if it fall out, you must put in another that is thicker. Therefore, you must have many and sundry dry sponges ready . . . . When the inflammation is ceased and the place is open, annoint upon a sponge a cerot made of oile of roses and goose grease, and use it untill it be healed, making the place a little sounder, but yet you must alwaies put in sponges until the end of the cure, lest that the mouth of the womb do gather together againe."

Dr. More Madden regards this interesting coincidence between the suggestion of the late Sir James Simpson and the practice described by Philip Burrough as in no degree detracting from the merit of the great Scotch obstetrician, who was the first modern surgeon to make a practical application of this idea to the treatment of a most important, and until then, incurable disease. Dr. More Madden, however, dwelt on the fact that the number of such coincidences between modern medico-chirurgical discoveries and long forgotten ideas was far greater than might be supposed by those who share in that complete neglect of the lessons to be learned from the traditions and experience of the past, as contained in the works of the older Medical writers, and in that unqualified contempt for their opinions and observations which is so common at the present day, and which is more especially observable amongst those who have least acquaintance with the writings they thus despise.

Dr. More Madden next described at some length the surgical treatment of intra-uterine polypi, and considered the various means by which, when the canal of the cervix has been sufficiently dilated by sea-tangle tents, the removal of these growths may be effected, giving the preference, however, to the strong steel wire écraseur for this purpose.

The Medical and constitutional treatment of intra-uterine polypi has not, says Dr. Madden, kept pace with the improvements which have recently been effected—the surgical treatment of this disease.

There can be no question that uterine polypi should be removed by operative procedure where it is possible to do so. In the majority of cases, Dr. Madden recommends this course, but it is unquestionable that in some cases of uterine polypi operative interference is not available, in others the symptoms are hardly sufficiently urgent to demand this; and, again, in other cases we cannot induce the patient to submit to an operation. Now, although this is contrary to the prevailing opinion on this point, Dr. Madden is convinced, by his own observation, that even in such cases the progress of the disease may sometimes be checked, its symptoms alleviated, and the patient restored to comparative health and comfort by purely medicinal treatment. Moreover, he considers that in every case of polypoid disease of the uterus, the surgical measures required should be conjoined with appropriate constitutional treatment. The remedies from which Dr. Madden has seen most benefit in these cases were the long-continued exhibition of the bromides and iodides of ammonium and potassium, or of a weak solution of metallic iodine. These remedies should be conjoined with the topical application of iodine to the tumour, either by Dr. Savage's plan of injecting a small quantity of tincture of iodine into the uterine cavity, or by the method he has also employed of dilating the os, and swabbing out the uterus with a solution of iodine dissolved in glycerine. This application must be made with great caution, however, as it may, as in some cases referred to by Dr. Madden, produce very alarming consequences.

Dr. More Madden referred to the curative influence in this disease of some of the iodated and bromated Swiss and German mineral waters which he had brought under the notice of the Obstetrical Society some months previously, in a paper which he had read before them, "On the Constitutional Character and Treatment of the Diseases of Women connected with Chronic Inflammation of the Uterus;" and also in both editions of his work "On the Spas of Germany, Switzerland, France, and Italy, in the Treatment of various Chronic Diseases." This work has been very freely made use of by some recent writers who have, without acknowledgment, availed themselves of Dr. Madden's personal experience, and of his observations made during repeated visits to the continental health resorts he had published an account of, and to which he had thus called attention to the treatment of uterine diseases. Dr. Madden dwelt upon the efficacy of some of these mineral waters, and especially of the iodated and bromated springs of Kreuznach and Wildegg, or those of St. Sauveur in the Pyrenees, or Mont Doré in Auvergne, in the treatment of certain cases of disease now under consideration, and referred to cases illustrating this observation.

The uterine congestion associated with polypus of the womb points to the necessity for local anti-phlogistic treatment. Amongst the means of effecting this purpose, none are so efficacious and so applicable as cold, or still better, tepid vaginal injections. The ordinary vaginal syringe usually employed, Dr. Madden considers unsuitable for this purpose, as the position of the patient during its use is so irksome, and the fatigue of working the instrument is so great as generally to prevent the patient from using it for any great length of time continuously. To obviate these objections Dr. Graily Hewitt has devised an improved form of syphon syringe. Dr. More Madden, however, prefers the instrument he now exhibited to the society, which he had made for a patient of his, and which he has found very serviceable in similar cases. It, as may be seen by the society, is portable, is applicable whenever a vessel of tepid water can be obtained, is easily set into operation, and is capable of sending a gentle and continuous stream of fluid at any temperature for as long as may be desired, the patient being in any position that she prefers, and without causing her the slightest fatigue (*a*).

This communication concluded with an account of several cases of polypus of the uterus, of which some specimens were exhibited to the society.

(*a*) During the discussion on this paper, Dr. Kidd mentioned that the "uterine irrigator" I exhibited was similar to the one he had made a year previously. It is hardly necessary for me to say that the instrument above referred to was not copied from any other, the principle of it being so simple that it might naturally suggest itself to different persons at the same time. Nor till Dr. Kidd mentioned it had we heard of his instrument, which, as I have not seen it, may be better adapted for the purpose than the "uterine irrigator" I showed.—T. M. M.

SOME FACTS FROM THE RECENT CENSUSES OF THE UNITED KINGDOM AND FRANCE,

WITH SPECIAL REFERENCE TO THE

SURPLUS FEMALE POPULATION OF THE FORMER COUNTRY, AND THE "DEPOPULATION" OF THE LATTER (a).

By Charles R. Drysdale, M.D., M.R.C.P.L., F.R.C.S.E.,
Physician to the North London Consumption Hospital, &c.

It is, I conceive, one of the clearest marks of a backward state of cultivation of ethical science in Europe that there is still such a conflict of opinion as to the advisability or non-advisability of a rapid increase in the population of its various States. Views which are considered as clear as noonday in this country are still rejected in France, and maxims which are cherished throughout the whole length and breadth of France are looked upon with wonder and aversion by inhabitants of the British Islands. And yet, the circumstances of the United Kingdom and France are certainly not so dissimilar that we should expect any very great difference in theories of morality to be likely to be admissible, if the matter were only fairly discussed. Both countries have been long civilised, both belong to the same quarter of the globe, and both have, as nearest neighbours, acted and reacted on each other for many centuries. And still, as will be seen by several facts derived from the recent censuses of the United Kingdom and France, the ideal of happiness entertained by the inhabitants of these two great pioneers of human civilisation differs, in some questions of vital interest, quite marvellously.

The grand aim of all human efforts, whether in the realm of politics, science, or art, of whatever kind, is now confessed by the ablest thinkers to be the attainment of the greatest amount of pleasure and freedom from pain to the greatest number of mankind, and it will be, then, as well, before going on to consider the facts contained in the censuses above referred to, to discuss the elements of that word *Happiness*, about which so much has been said in recent debates, and see if there be anything accurate in our notion of the essentials of human felicity; because I apprehend that if we do not know in what happiness consists, it were vain to attempt to compare the conduct and ideals of the English and French peoples.

What *Utilitarian* philosophers have recently meant by happiness is an existence made up of many and various pleasures, few and transient pains; and such an existence is so far from being unattainable, that many already possess it, at least for some considerable portion of their lives. The two principal requisites for a satisfied life are, according to Mr. J. S. Mill, in his work on *Utilitarianism*, tranquillity and excitement in due proportions; and when a person who is tolerably fortunate in his outward lot fails to have an enjoyable existence, the cause, he considers, is usually to be found in some moral or intellectual defect, such as egotism and selfishness, or the want of moral culture, all which, however, are evidently capable of being removed to a great degree by education. ("Utilitarianism," by J. S. Mill.)

Mr. Alexander Bain, in an appendix to his work on *Mental and Moral Science*, gives an exhaustive essay on Happiness, which he truly says is the highest application of the facts and laws of the mind. "Happiness (he says) being defined as the surplus of pleasure over pain, its pursuit must lie in accumulating things agreeable, and in warding off the opposites. The susceptibilities of the mind to enjoyment should be gratified to the utmost, and the susceptibility to suffering should be spared to the utmost. . . . On the side of Pleasure we have as leading elements Muscular Exercise, Rest after Exercise, Healthy Organic Sensibility in General, and Alimentary Susceptibility in General; Sweet Tastes and Odours; Soft and Warm Touches; Melody and Harmony in Sound; Cheerful Light and Coloured Spectacle; the Sexual Feelings; Liberty after Restraint; Novelty and Wonder; the Warm, Tender Emotions; Sexual, Maternal, and Paternal Love; Friendship, Admiration, Esteem, and Sociability in General, Self-Complacency, Praise; Power, Influence, Command; Revenge; the Interest of Plot and Pursuit; the Charms of Knowledge and Intellectual Exertion; the cycle of the Fine Arts, culminating in Music, Painting, and Poetry, with which we couple the enjoyment of Natural Beauty; the satisfaction attainable through Sympathy and the Moral Sentiment."

"The Pains (continues the great modern mental philosopher) are mostly implied in the negation of the pleasures. Muscular Fatigue, Organic Derangements and Diseases, Cold, Hunger, Ill Tastes and Odours; Skin Lacerations; Discords in Sound, &c.; Darkness, Gloom, and Excessive Glare of Light; Ungratified Sexual Appetite; Restraint after Freedom; Monotony; Fear in all its manifestations; Privation in the Affections; Sorrow; Self-Humiliation and Shame; Impotence and Servitude; Disappointed Revenge; Baulked Pursuit or Plot; Intellectual Contradictions and Obscurity; the Æsthetically Ugly; Narrowed Sympathies; an Evil Conscience."

"As summed up in groups or aggregates, we have the pains or evils of Ill Health, Poverty, Toil, Meanness and Impotence, Isolation, and General Obstruction; Death." . . . "Human beings cannot be contented without the gratification of the Natural Appetites" (*i.e.*, the organic pleasures, the simpler gratifications of the five senses, the appetite of sex, and the elementary emotions).

Such are the principles which, I apprehend, ought to be taken into account in judging of the social condition of the two nations which I have selected for comparison, as disclosed by the results of the most recent censuses. Our object ought to be to give an opinion whether the picture of British society disclosed by our Registrar-General, or that of French society as explained by M Block and others, fulfils most perfectly the conditions o happiness briefly alluded to.

From the revised returns of the census of 1871, which have lately been published (February, 1873), we gather that the total population of the United Kingdom at that date was 31,628,338. Of this number 21,495,131 belonged to England, 1,217,135 to Wales, 3,360,018 to Scotland, 5,411,416 to Ireland, and 144,638 to the adjacent islands in the British seas. The population of England and Wales together was, in 1871, 22,712,266. Comparing this with the census of 1861, we find that the population of England and Wales was then 20,066,224; so that in the ten years interval no fewer than 2,646,042 persons were added to the population of England and Wales. Scotland has added 296,319 in the same ten years to its population, so that Great Britain has added close upon three millions to its population in the ten years from 1861 to 1871.

In Ireland there is a very different tale to tell, for the inhabitants of that country were 387,551 fewer in 1871 than in 1861. And yet, with all this depopulation of Ireland, according to Mr. Hancock's statistics (Feb., 1873, *Daily News*, Leading Article), "the reports of the savings invested in Ireland during the last twelve years, whether in Government and India Stocks, in Irish Joint Stock Banks, or more particularly in the Post-office Savings' Banks, and in Irish railway securities, indicate beyond the possibility of refutation or denial the steady increase of her national income and prosperity." Population, we all ought to know, is not *per se* the wealth of a country.

In 1801, the period of the first accurate census of this country, the population of England and Wales was 8,892,536, so that in seventy years 13,819,730 persons have been added to England and Wales, whilst in addition to this 1,290,058 natives of England and Wales emigrated during the twenty years between 1851 and 1871 only; and nearly seven millions of emigrants left the United Kingdom between 1815 and 1871. The emigration from Scotland from 1851 to1871 was 341,170. Scotland has, in the seventy years between 1801 and 1871 made an addition of 1,740,139 to her population, which in 1801 stood at 1,608,429.

(a) 1. Digest of the English Census of 1871, compiled from the Official Returns, and Edited by James Lewis, of the Registrar-General's Department, Somerset House. Stanford, Charing Cross. 1873.

2. The Statesman's Year-Book for 1873. By Frederick Martin. Macmillan.

3. Statistique de la France. Par Maurice Block. Two vols. Paris, 1860.

The population of Ireland was in 1801, 5,395,456; and in 1841 it was 8,175,124; whilst in 1871 it was only 5,411,416; having thus lost in thirty years no less than 2,763,708 from famine and emigration. This emigration has been unexampled in its magnitude; for in the twenty years between 1851 and 1871 alone no less than 2,097,934 natives of Ireland left their fatherland for the United States and the colonies.

One of the most deeply interesting, and, as I conceive, tragical, results of the census referred to, is that which shows the relative proportion of the sexes. Of the 31,628,338 inhabitants of the United Kingdom in 1871, it appears that 15,368,125 were males, and 16,260,213 were females, so that there was an excess of female population within the United Kingdom in 1871 of 892,088 persons. There were 207,198 males in the army, navy, and merchant service abroad; so that the excess of females, when these are counted, is 718,566. The most recent census of the United States and British Colonies, according to the Registrar-General, shows that in these countries there is a surplus male population of more than one million. From my own calculations there was a surplus male population in our Australian colonies of some 186,000, and a surplus male population of about a quarter of a million existed in the United States in 1871. In Middlesex there are no less than 1,146 females to every 1,000 males. Now the proportion of male to female children born in England is as 104·811 to 100. The former have a greater mortality, so that the equilibrium between the sexes would be restored about the tenth year, were it not thus grievously deranged in the case of our country by the headlong, thoughtless emigration of males, which has for the last half century set in from our shores. As a rough fact to retain in the mind, we may add that the Registrar-General states that the population of the United Kingdom is at present increasing at the rate of 1,173 a day; but as emigration takes away 468 of that number, the population of the United Kingdom is swelled by the daily addition of 705 persons.

One or two facts may be added to complete our picture of British Society, as far as the rather meagre statistics we have at hand will assist us. The Revenue and Expenditure of the United Kingdom were about 71½ millions in 1871; and the interest on our National Debt was £26,839,601 in 1872. We paid nearly sixteen millions for our army and nearly ten millions for the navy in 1872. In 1872 the total force of our army, officers and men, derived from annual grants, was 133,649. Our Funded Debt amounted in 1817 to £840,850,491, and in 1872 to £736,141,900.

In the year 1871 there were no less than 1,081,926 paupers in England and Wales, 123,570 in Scotland, and only 74,692 in Ireland. The number of persons to the square mile in the United Kingdom is 261; in England 422; in Wales 165; in Scotland 110; in Ireland 166; in the Isle of Man 238; in Jersey 1,258; and in Guernsey 1,108. The United Kingdom comprises 121,607½ square miles. France, previous to 1870-71, comprised 207,480 English square miles, and was thus very much more extensive in its area, or in the ratio of 5 to 3. The census taken in 1866 gave a population of 38,007,094 inhabitants in France, showing an increase of 680,933 over the estimated numbers of 1861. In 1801 the population of France was 27,349,003, so that during the sixty-five years from 1801 to 1866 there was an addition of 11,718,071 to the population of France, whilst the smaller population of the United Kingdom had no less increase than 16,331,926 in the seventy years between 1801 and 1871. In 1870-71 occurred the deplorable Franco-German war; and France lost thereby a territory of 5,580 English square miles, and a resident population of 1,597,219. France in 1872, according to the *Journal Officiel de la République Française*, published on the 5th January, 1873, had 36,102,821 inhabitants; and, besides those lost by the cession of Alsace and Lorraine, 367,054 fewer persons existed in the remaining portion at present under the government of the Republic than existed in 1866 in a similar area. It is calculated that from the middle of July, 1870, to February, 1871, France lost 600,000 persons by war, &c. The population of France has recently been almost stationary, as disclosed by the accurate statistics of births and deaths taken from 1854 to 1868. Thus, in 1854, there were 923,461 births, and 992,779 deaths; and, in 1868, 984,140 births, and 922,038 deaths.

In 1861 there were nine millions of families in France, one million of whom was in easy circumstances. Three millions of the working classes out of eight millions resided in towns. In England and Wales, again, in 1861 there were no less than 10,930,841 persons living in urban districts, and only 9,135,838 enjoying the health and tranquillity of country life. The town population of England is computed now to be four-fifths of the whole, whilst in France it is only two-fifths of the whole. According to our Registrar-General, the mean lifetime in England varies from 25 in the cities of Liverpool and Manchester, to 45 in Surrey, and even longer in some rural districts; hence we see what evil results from our over-rapid increase, which forces so many of us to crowd into unhealthy cities, where our children become rickety, and so many persons die of consumption and fever.

Land is very equally distributed among the bulk of the population of France. According to late statistics, the cultivated land of France, which embraces about ninety millions of acres, was divided into 5,550,000 distinct properties. Of this total, the properties averaging 600 acres numbered 50,000, and those averaging 60 acres, 500,000; whilst there were five millions of properties under six acres. Surely this is a greater approach to the greatest happiness of the greatest numbers than our present British system of large feudal holdings of thousands of acres by one or two individuals or families.

With regard to finance, the National Debt of France previous to the war, was £460,658,769. The loans contracted by France since 1870 have nearly doubled the interest of the public debt, whilst the capital did not increase in proportion. To provide for the war indemnity with Germany, and raise funds for other expenditure, arising directly or indirectly from the events of 1870-71, further loans had to be negociated, which, it is calculated, will bring the annual interest of the Public Debt to forty millions sterling. The Army and Navy cost, in 1872, £18,002,000, and £5,906,504, being together less than our budget of twenty-six millions for army and navy, although the strength of the French army on peace footing is 404,102. Until the Revolution of 1830, the total public expenditure of France was, according to M. Michel Chevalier, under forty millions sterling. The expenditure, estimated in 1870, was £82,187,000. There can, I think, be little doubt that the actual French population is quite able to raise the hundred millions sterling annually which will be requisite for some time.

French censuses since the commencement of the century have shown a slight majority of numbers of females over males; but as there has been but very little emigration from France, we have nothing there like the unfortunate surplus female population which exists in the United Kingdom. Thus, in 1846, there were 17,542,077 males, and 17,858,409 females, giving an excess of 316,332 females; but, in 1851, there was a surplus of only 193,252 females (Block, *loc. cit.*, p. 46). Hence, there is not nearly so much celibacy in France as in Britain. That a life of enforced celibacy is much opposed to happiness, is pointed out by Bain, and readily to be surmised. Statistics teach us that in France (Block, *Statistique de la France*, 1860, vol. i., p. 283), out of 100 lunatics, there are, of the female sex, 58·16 celibate; 29·36 married; and 12·48 widows; whilst, in the male sex, of 100 lunatics, there are 65·72 celibate; 28·67 married; and 5·61 widowers.

M. Bertillon (*Acad. de Med.*, 14 Nov., 1871) shows from statistics of France, Holland, and Belgium, that young men remaining celibate after twenty, have, on an average, six years less to live than married men. Widows and single women also, he says, have a shorter average of life at all ages over twenty, than married women. Hence, the evils of our one-sided emigration are clearly intelligible. M. Block notices that from the commencement of the century the numbers of the sexes have been tending to approach more nearly to equality in France.

With regard to the ages of the population, England is the country of Europe where we find proportionally the greatest number of children under fifteen years of age (36,047 out of 100,000 inhabitants). In England we also find the greatest proportional number of persons from fifteen to twenty (9·962), and in France we meet with the smallest proportion. We also find the maximum proportion of persons from twenty to thirty in England; whilst, on the contrary, France has the greatest proportional number of persons from thirty to forty (14.700), and England has the smallest proportional number (12·182 in 100,000). Between the ages of forty and fifty, France has 12·190 per 100,000 inhabitants; and England only 9·629; and, between fifty and sixty, France's proportional number is 9·620; England's 6·426. The same holds good with respect to old persons over sixty. France has the greater proportionate number of such persons of any country in Europe. So that it results that France has the smallest proportionate number of persons under thirty, of any European nation; and the largest proportional number of persons over thirty. Hence, France is the country of all others, where there are the most persons at the most productive period of life; where there are the fewest nonemployed classes, and the most persons fit for business.

In the year 1801, there was in France one birth to every 30 of the population; in 1841, 1 in 35; and in 1855, 1 in 40 inhabitants, so that the size of families of the French has been gradually declining since the commencement of the century. In a population, too, almost stationary, the number of persons is equal to the annual births multiplied by the mean of life, so that the mean of life has, we see, been gradually rising from 30 at the commencement of this century, to 40 in 1855. The French have thus been greatly improving in longevity and comfort. But, as in England, we find that in the Department of the Seine, where Paris stands, the average of life was, in 1854, only 1 in 31; whilst in rural districts it was 1 in 41, showing the disadvantage of large city life in France also.

The fecundity of marriages in France has much fallen off since 1801. In 1801 there were 198,516 marriages; and 862,059 legitimate children were born in France, giving 430 legitimate children to 100 marriages; in 1856 there were only 333 legitimate children to 100 marriages. Mr. Hermann Merivale, in a paper *On the Utility of Colonisation*, read at the meeting of the British Association at Cambridge, some ten years ago, gives the average fertility of marriages in England at 4·50, and in France a little over 3. With respect to the number of illegitimate children in France, we find that in the Department of the Seine there were, in 1853, 72·81 legitimate births to 27·19 illegitimate; whilst in country districts, there were 95·91 legitimate children to 4·09 illegitimate.

With respect to the small families existing in France, it is the custom to speak of this fact as something very mysterious and inexplicable, and not a few writers and speakers in this country seem to think that the French people have been, by some judgment of a Supernatural Being, stricken with a species of barrenness; but there is a far easier explanation of this, as of all other things that occur by reference to experience of Nature. Thus, M. Maurice Block (Mrs. Grote's *Collected Papers*), speaking of the town artizans of France, says "Once married, many of them are careful to have no more offspring than can be competently provided for, and can be fairly endowed at the death of their parents. The habit is likewise adopted in many of the rural districts. It is affirmed, indeed, that in several of our departments the peasantry habitually limit their families to two children, and since all of these even do not reach a marriageable age, an absolute diminution of our numbers would take place, if it were not that some couples are to be found, who, relying on Providence, and on their own industrious habits, bring into the world a larger number than the generality. . . . . If France does not possess more numerous colonies, it is because children do not swarm with us as they do in England, and that consequently, we possess not the amount of over-population requisite to set up fresh communities." M. Block laments this fact in a manner which must prove highly flattering to the *amour propre* of the mass of British writers of the present day who are wont to speak of emigration as the great cure for all our evils at home.

With regard to emigration, M. Block (p. 80, *loc. cit.*) remarks, with truth, that it is pretty generally caused by the difficulty which emigrants find in procuring in their native land means of existence or fortune. Dr. Chalmers, in his *Principles of Political Economy*, Ed. 1856, says of emigration, "The felt necessity of emigration from a country is, in itself, a practicable evidence that its resources are not illimitable. We may rest assured that, if other remedies were at hand for the destitution of the people, they would have the preference over this. Could colonization, or the invention of new employments, or the increase of capital, or the opening of foreign trade, have furnished adequate and, withal, indefinite resources for our population, we should never have witnessed, to any great extent, among them a disposition to renounce the scenes of their infancy, with all the charms and associations of home, for the chances and perils of distant and unknown lands." The two countries of Europe which have afforded most emigrants have been the United Kingdom and Germany. From 1815 to 1857, Block informs us that the former kingdom sent forth about 4,600,000, 2,750,000 of whom left between 1847 and 1857. From 1850 to 1860, too, Germany sent abroad 1,200,000 (*a*). In France emigration has never been in fashion. In 1853, 9,694 persons left France; and in the next 4 years an average of about 18,000 emigrated yearly from that country, so that the annual emigration from France is only about 1 in every 40,000 inhabitants.

Mrs. Grote (in her *Collected Papers*) referring to the passage formerly quoted from M. Block, says with, I think, great truth, "Few persons can, I think, fail to perceive, in the almost ludicrous lamentations of M. Block, the source of difference in the condition of the French people, taken as a whole, and the English. Those to whose imagination the ideas of boundless wealth carry unmixed delight and pride, will deem the English form of existence the preferable one. But persons of a really philanthropic turn of mind, will probably regard the prudent independent habits of the French peasant with approving sympathy. Nay, they may even come to regard the advantage of setting up distant colonies as dearly purchased by the painful sacrifice involved in a system of inconsiderate, improvident multiplication of families, necessitating as a last resource against famine, an expa-

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(*a*) Total emigrants from the United Kingdom 1861-71	1,976,577
Of these were foreigners	301,983
Total British subjects emigrated 1861-71 ..	1,674,594
According to Block, from 1815 to 1857	4,600,000
Add for 1857 to 1861	400,000
Total emigrants, probably, from 1815 to 1871, from the United Kingdom, British subjects	6,674,594

triation from country, conjoined with possibly a life-long separation from home and friends."

A few words may be said about the United States, a country which seems to have some three millions of square miles of territory yet to be peopled. From the ninth census of the United States, made in 1870 (June 1) there appear to be now 38,555,983 persons in the States. There are 14½ millions of males over 10 years of age against 14 millions of females in the United States. Of Irish-born citizens there were, in 1870, 1,800,000; of German-born, 1.600,000; of English, 550,000; and 62,000 Chinese. Since the year 1819, Oct. to Dec. 31, 1870, 7,553,865 immigrants have entered the States; of whom 3,867,850 were furnished by Great Britain, 2,368,483 by Germany, and only 245.812 by France. In the year 1800 there were but 4,304,489 inhabitants in the States. If we take periods of 30 years, commencing with 1790, and ending with 1870, we find that the population of the States, having plenty of room to expand, has followed the geometrical ratio of Malthus, and easily doubled itself, without any help from external immigration being needed. Thus, the population was 3,231,631 in 1790, and 7,861,937 in 1820. In 1800 the population was 4,304,489, and in 1830 it was 10,537,378; in 1810 the number was 5,862,004, and in 1840 14,195,695; in 1820 the number was 7,861,937, and in 1850 19,553,114; in 1830 the number was 10,537,378, and in 1860 26,975,575; in 1840 the number was 14,195,695, and in 1870 38,555.983. From 1820 to 1860 5,062,414 immigrants entered the United States. The Public Debt of the United States now amounts to about 460 millions sterling. The number of men enlisted in the army of the States is now but 30,000, engaged for three years' service. The whole Government expenditure in 1871 was 58 millions sterling, when there was a surplus of some 5 millions applied to paying off the debt. Here we see the greatest example of a new country, with boundless resources, able to double its numbers by procreation alone in less than thirty years. Is it any longer necessary to give examples to prove the truth of Malthus' great "Law of Population"? Do we not at once and for ever see the absurdity of any European state attempting to compete in rate of increase with new colonies like the United States or Australia?

With the help of these statistics we see then that, in the words of Dr. Lombard, of Geneva (Congrès Médical International, Lyons, 1872) "the French are at the bottom of the scale with regard to the fecundity of marriages, which is the chief cause of the slow increase of France But when we regard the active population of citizens able to gain their own living, then the superiority of France is seen. There is no nation wheer life is better employed or more spared; in a word, where there are fewer losses.' And what is the consequence? France is superior to most countries in arts and industry, and in the division of wealth.

If the late Mr. J. S. Mill's reasonings be correct, France is, it seems to me, the wisest of all European countries; because she prefers the happiness of her people to those romantic schemes of colonisation and universal dominion which so harass the minds of the British and German peoples at the present day. In France, however, there are still influences which tend to favour the tenets of the anti-Malthusians of *this* country, the birthplace, by-the-bye, of the great discoverer of the "Law of Population." The Roman Catholic Church, for instance, which has so much influence in all catholic countries over the poorer and ignorant classes, stigmatises the small-family system of France as the "most damnable of mortal sins," and has hitherto told priestly confessors to refuse absolution to those parents who listen to the suggestions of prudence in the matter of bringing new persons into the world. But, it would seem that even theologians are occasionally teachable; for this conduct of the Roman Church has been quite recently boldly attacked by a French priest, in a communication addressed to the Œcumenical Council. (*Documenta ad illustrandum Concilium Vaticanum, Anni* 1870. Gesammelt und herausgegeben von Joh. Friederich, Prof. der. Theologie in München, p. 289). The author reviews therein all the objections, twenty in number, which ecclesiastical authorities have directed against French "conjugal prudence," and gives at length in a specific reply to each, his reasons for thinking that this prudence has become indispensable, inevitable, and therefore venial; and he prays the Holy Mother Church, by a formal decree of council, not to cause the damnation of so many millions of souls by permitting directors to impose upon them prescriptions and prohibitions impossible to observe. "It is not the sin (says he) which is new, but the circumstances which have changed. This practice (of having only small families in France) has been spreading more and more for half a century from the force of things. As Providence does not multiply animals, when they have not wherewithal to eat, so it will not require reasonable man voluntarily to multiply when there is no longer the condition for his subsistence. This is human calculation, pecuniary motives if you will, but a calculation as inevitable as destiny. Countries enjoying the faith do not thus calculate, it is true; and so long as obedience is possible, they will obey the priest without a murmur; but a day will come when the prevailing doctrine will be applicable to them all, and hence we earnestly plead for reform. *Other times, other customs.* The laws should change with the customs."

These reasonable, impassioned, and admirable remarks might well be addressed to the ethical priesthood of this country, who are still swayed in the matters of prudence in population by instructions and sentiments derived rather from the teachings of theologians and dogmatists than by the calm results of experience and reasoning. In the face of a most wretched distribution of all kinds of wealth (and above all of landed property), in the face of an unparalleled amount of pauperism and suffering in London and other large towns, for some years past, with the spectacle of a redundant population of celibate women eagerly demanding employment, and the rights of human beings, denied to them, in consequence of that delusion emigration, so boasted of by our press as a panacea for all the ills of society at home, we may well ask the earnest thinkers of this nation calmly to consider whether it is any longer possible to allow the ideal of the French nation to be maligned; and the undoubtedly greater comparative felicity of the inhabitants of that charming and, after all abatements, most civilised of all European states, to be argued away by an ignorant and frequently, alas! not only ignorant, but selfish and aristocratic press. For my own part, I do not hesitate in concluding from my theory of happiness, that, among the working classes, to be born in France would give any man or woman an infinitely better chance of an endurable existence, than first to see the light of day in the United Kingdom under the sway of English prejudices and British customs, which result in such glaring evils as pauperism and wide-spread celibacy even in 1873.

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INDIAN MEDICAL NOTES.—No. II.

(FROM OUR SPECIAL CORRESPONDENT.)

ADAPTATION.

FULLY to appreciate India it is necessary to refer briefly to the past—for instance, to read of Alexander the Great marching over trackless and sandy deserts, when his soldiers, overcome by heat, and maddened by thirst, plunged into the welcome rivers—of expeditions where the parched myriads in their fierce struggle for water were drowned in the deep wells—of marches where so many succumbed to sunstroke—of campaigns where intense cold and pelting snow, the want of food, clothes, and bedding induced fatal pneumonia. We read, too, of cruel treachery, for instance, of the Black Hole at Calcutta, where, out of 146 persons confined in a cell 18 feet square, only 23 lived through the horrors of that terrible night. And skimming over the pollution of wells, the filthy habits of the natives, the crowded hovels constituting cities, and the prejudices of caste ever stepping in the way of sanitation, it is curious to find records showing that in order to conciliate these natives their temples and idols have been in old days kept in good repair; salutes have been fired, offerings sent, and British troops ordered to swell the procession in honour of Juggernaut. In the present day the facilities for locomotion cut both ways, the diseases of Europe and India become co-mingled; for instance, measles, hooping-cough, dengue, scarlet fever, typhoid fever, relapsing fever, rheumatic fever have been here added to the endemic ravages of malaria, variola, and cholera. On good authority it is an accepted theory that irrigation leads to depopulation through the impotency produced by malaria. Variola, in spite of vaccination, figures largely in sick returns; and, regardless of blue-book commissions and microscopic research, not to mention bustling statistics, cholera stalks stolidly along and the dark shadow of death is cast over a larger area. In 1762, 1781, 1787 visitations occurred; and in September, 1817, after the rains, in marshy stagnant localities near Calcutta, cholera broke out. The army, under the Marquis of Hastings, marching in November through districts where the land was low and the water bad, suffered terribly. Europeans lived from six to twelve hours, the Sepoys about half the time; the former lost 764 out of 10,000; whereas, out of 80,000 camp followers, 8,000 died like rotten sheep, the sewage instantaneously subsiding as the wind changed. By way of treatment venesection, hot turpentine, dry flannels, hot blankets, opiates, hot spiced brandy, the injection of the carbonate of soda into the veins had been tried without particular benefit, and although the hypodermic injections of ammonia, glycerine, or quinine, the frequent administration of spirits of camphor, the knowledge when to give or withhold stimulants figure in the list of favourite weapons, to-day we are just as far off the secret as ever. India, however, must not be considered the only country where armies suffer or become paralysed by disease. Henry V. lost 20,000 men in six weeks; Cromwell, before Dunbar, had a heavy sick list; after Dettingen half the army were down with dysentery; the combined troops of Austria and Prussia (about 100,000 men) became *hors de combat* in 1792; also in the Peninsula the deaths were 500 a-week; and from 1811 to 1814, out of 61,521 men, disease alone destroyed 24,930. But in these casualties some key of explanation could be given—for instance, the frauds of contractors, the want of "beer, baccy, boots, or bedding." In India, however, sometimes when every attention has been paid to the details of marches, to the hours of departure and arrival, to the position of the tents away from cultivation and swamp, to the quality of the water, the food, the clothing, the duties of the men, in spite of every precaution, pestilence will break out and dog their steps from day to day. By some old Indian writers cholera was defined as a non-contagious epidemic, no quarantine required, and after death the only changes noticed were about the peritoneum, faint discolourations. For remittent fever bottled beer, *ad libitum*, and on service, bark, Madeira wine, mercurial ointment, and nitrous acid figure prominently as useful remedies. The novelties of to-day are but the revived antiquities of the past. Long ago the subjects of dealing with young unseasoned beginners, warning commanding officers against forcing European theories incompatible with the climate, recommending the young soldiers under 25 years of age to be first sent to hill depots, and to keep undrilled boys at home, suggesting varied diet, suitable clothing, bedding, barracks will all be found in the quaint pages of these ancient writers who did not forget the difficulties connected with water and drainage. During the war in Affghanistan the 40th Regt. suffered from cholera, dysentery, Scinde boils, eventually pneumonia followed by variola. Exposure, want of food, fuel and bedding, the discomfort of dust storms, the heat, the heavy rains, the rapid vegetation, the play of the fierce sun on the steaming ground included the causes which told on the enfeebled men, their horses meanwhile damaged by adulterated forage. Dr. McAndrew, the surgeon without an assistant, for a long time without medicine, and in miserable health, nobly battled with each succeeding trouble. In a country where recruiting is impossible, where death and sickness soon would reduce our costly army but for the professional care taken, and where even, under the most favourable circumstances, convalescence is retarded while decay creeps on, surely, as a matter of policy, it would be more expedient to encourage each Medical man to concentrate his attention on professional work—the uncongenial duties connected with forms, returns, statistics, and barrack serjeant's work could very well be undertaken by intelligent clerks. The soldier, too, resembling a spoilt child, is a very difficult animal to manage, too often by drink or debauchery rendering himself inefficient, unless by precept and example endeavours are made to wean him from erratic courses. I feel persuaded that every officer has it in his power to accomplish an infinity of good. Let him give up a good deal of his leave to devote attention to his men—even with them as friend and councillor, identifying himself with their pursuits and amusements, and, if a religious man, so much the better—with the numerous instances on record of the advantages of temperance, exemplified at the memorable siege of Jellahabad down to the Red River expedition where, without alcohol, men were in the finest condition. Why should the spirit ration still be issued, tempting the young hands, many of whom at first absolutely dislike the taste which, unfortunately, is too easily acquired? For the *ennui* in exile, the long hours in barracks in the hot weather, and the restless nights find solace for the time in drink. There are games, gardens, athletic sports, recreation rooms, theatricals, dancing parties, and libraries; an immensity has been done, and if camps of exercise could be kept up, the excitement would be most beneficial, or else constant marches in the cold weather would be admirable training. The 74th Regt., under General Wellesley, went into action after marching 60 miles in a day and a-half. The army of Prince Frederick Charles did 50 miles in 36 hours in 1870, and A Battery, C Brigade, R.H.A., after the autum manœuvres of 1871, marched from Aldershot to Woolwich, 46 miles, in the rain in one day without distress or showing signs of fatigue on parade the next morning. Soldiers employed have no time to be ill—when the excitement is over then do they drink or sicken. Many of the most important battles in India have been fought during the rains, or the hottest period of the year, when the men wore the old coats, the tight fitting stock, the Albert shako or brazen helmets in the mid-day sun. The long voyage out in indifferent vessels, the diet poor, must have tried the recruits who, ranging between the ages of 16 and 40, comprised specimens of every class. Leaving his blanket on board, the great coat in store, landing with his kit, the young soldier found in barracks a wooden cot and the solitary luxury of a bamboo mat. For breakfast and supper he had tea and buttered crumpets, the dinner consisting of everlasting curried mutton or stewed fowl and bread. At the present time the soldier, especially when married, is uncommonly comfortable here—for instance, after deducting for rations, a gunner receives £3 a month, also 16s. for his wife, and 5s. for each child, in addition to quarters and the usual extras, everything in the station, excepting European goods, very cheap, and supposing he attains the rank of sergeant, his monthly pay would be over £5. As regards the enjoyment of health, the greatest care will even be necessary in the endeavour to become acclimatised, bearing in mind the old saying, *apropos* of bodily adaptation, "Alexander the Great could transplant nations with ease, but could not *force* the ivy of Greece to flourish near Babylon." The old Indian who, having outlived his numerous contemporaries and become case-hardened, may, by his rules and habits, do an infinity of mischief, because he can go out at all hours in the blazing sun in a forage cap; others can do likewise, and the young recruit disregards all advice respecting solar exposure, sleeping after heavy meals, and the many injunctions found so absolutely necessary. In this magnificent and interesting country Europeans cannot colonise as in Canada, New Zealand, and Australia; the obstacles arising from climate and antagonism of race can never be surmounted. True, there are Hill stations, where sufferers from general debility and fever drink in new life, but the ailments of India connected with the bowels, the liver, and the chest, including also rheumatism and the conditions induced by syphilis, are not cases suitable for these sanitaria. Therefore, how necessary in the plains it is that commanding officers, Medical officers, and the soldiers themselves should work together. In addition to the oft-repeated directions, the experience of many leads to the suggestion that men should wear broad brimmed hats protecting the neck and temples, a long pad of felt down the spine, and ridiculous as it may read, blue spectacles to deaden the glare. Most Indian diseases, including cholera, depending primarily on cerebro-spinal irritation, atrophy, or paralysis, we come round and round again to the old starting point of advice, of temperance, chastity, common sense, careful diet, plenty of occupation, the avoidance of fatigue or reckless solar exposure, not forgetting foolhardy bathing. We all hope to return "home" instead of leaving our vile bodies to the vulture and the jackal in a foreign land, the fate sometimes of the most careful.

Meerut, Upper India, June, 1873.

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REMARKS UPON CASES

SELECTED FROM THE

RECORDS OF THE MEDICAL DIVISION OF THE ROYAL VICTORIA HOSPITAL, NETLEY,

During the Year 1871.

By W. J. Fyffe, M.D.,

Surgeon Major, Assistant Professor of Medicine, Army Medical School.

[These cases appear in Appendix No. IX. to the new "Army Blue Book," and well represent the work done at Netley. We, therefore, select some for our readers, assured that they will be found of interest.—Ed. M. P. & C.]

Before proceeding to detail the cases I have selected for observation, a few general remarks may be appropriate. 1,303 cases were admitted during the year; of these 319, or nearly one-fourth were from phthisis; from anæmia, 83; from affections of the liver, exclusive of abscess, 80; from rheumatism, 75; intermittent fever, 67; hypertrophy of the heart, 64; dysentery, 64; valvular disease of the heart, 61; bronchitis, 58; epilepsy, 26; locomotor ataxy, 18.

The above diseases form the *most prominent items* in the annual return.

PHTHISIS PULMONALIS.

The causes of the great prevalence of phthisis have been over and over again remarked upon. One point, however, seems worthy of notice on this subject, namely, that since the views of Niemeyer have been published, more attention has been drawn to those cases which were formerly regarded as resulting from the deposition of tubercle, but are now known to have had their origin in inflammation of lung tissue. In other words, we are becoming more alive to the fact that phthisis may follow as the direct result of catarrhal pneumonia, either acute or chronic, and *that* without the existence of that general depraved condition of the system known as tuberculosis.

The opening words of Professor Niemeyer, in his clinical lectures on pulmonary consumption, are well worthy of quotation. He says: "There is no subject in the whole range of pathology which more urgently requires a thorough reform than that of pulmonary consumption. In this field pathological anatomy is much in advance of clinical medicine. The term pulmonary tuberculosis being still the one most commonly used for pulmonary consumption, shows that the majority of physicians and clinical teachers of the day abide by Laennec's doctrine, and recognise but one form of pulmonary phthisis, namely, tubercular phthisis. The dangerous tenets of Laennec's doctrine, that pulmonary phthisis is a constitutional disease, that it can never develop itself out of acute or chronic pneumonia, or take its rise from a bronchial hæmorrhage, or from a neglected or protracted cold, are up to this day taught in the Medical schools as undisputed truths, and have in practice a most pernicious effect on the prevention and treatment of phthisis."

The directly beneficial effect of a promulgation of Niemeyer's views leads to this practical result, that all inflammatory diseases of the lungs should be watched with the greatest care. That above all things an early diagnosis of the pathological changes arising in the lung is of the utmost value; that the thermometer, that sure indicator of pneumonic inflammation, should be the Medical officer's constant companion, and that the treatment should be directed without delay to the arrest of inflammatory action, and to the removal of those products of inflammation which lead to disintegration and destruction of the lung tissue.

It is hardly necessary in the present state of knowledge on the subject of thermometry to urge upon the officers of our service the great importance of this subject, or to impress upon them the great value of the thermometer as a guide to the diagnosis and treatment of disease.

PHTHISIS PULMONALIS.

The following cases have been selected:—

Gunner J. M., æt. 40, admitted to Netley Hospital on the 12th May, 1871—died on the 22nd of May. The disease had existed for 54 days previous to admission.

The Medical history sheet of this patient contains no entry of any admission to hospital for any chest affection previous to the 18th of February, 1871, when he was admitted with a severe cold, and remained under treatment until he was invalided home. On admission to Netley there was general emaciation—anæmia, with sunken orbits, voice hoarse and feeble, stethoscopic examination much interfered with, owing to his prostrate condition, crepitating rales were audible over the upper parts of both lungs, with dulness on percussion; he died from exhaustion.

Post-mortem Examination.—The pleura, covering the base of the left lung, and the portion of diaphragm in relation to it, greatly thickened. Left lung adherent posteriorly throughout the lower half of its extent to the lateral aspect of the chest. A cavity, containing fluid, situated between the left lung and wall of the chest. The upper portion riddled with cavities. Right lung on section shows pneumonic consolidation, with great friability of texture at the base. Upper lobe infiltrated with soft yellowish material, beginning to break up into cavities.

Mesenteric glands enlarged; tubercular deposit sparsely scattered over the valvulæ conniventes.

Private W. L., 37th Regiment, æt. 29.

In March, 1870, after an attack of vomiting, was suddenly seized with pain about the right breast, great dyspnœa and cough, with the physical signs of pneumothorax; he remained under treatment for four months, and was finally invalided from India in October, 1870.

On admission to Netley, May 5th, he was very much emaciated; had frequent distressing cough, with dyspnœa, complained of having dragging pain in the hepatic region, and inability to lie on the left side.

Right side of chest bulged outwards; intercostal spaces widened and motionless. Hyper-resonance extending across mesial line, displacing the heart. This hyper-resonance existed also posteriorly in the scapula, and inter-scapular regions. Profuse perspiration; temperature, 102. Died on the 6th of June; the fluid in the pleura had slowly accumulated, while the hyper-resonance proportionately diminished.

Post-mortem Examination.—Right pleura completely distended with fluid; heart displaced to left side; right lung collapsed and pressed backwards, and adherent to the diaphragm.

Left lung congested, showing on section a large amount of minute miliary growths. Two cavities at the lower part of the upper lobe. Nutmeg congestion of the liver.

Gunner T. C., æt, 34; 18 years' service.

Invalided from Bengal. No hereditary history of phthisis;

suffered from primary syphilis in 1859; most probably a soft non-infecting sore. On arrival in Netley was much reduced from persistent diarrhœa. Right apex very dull on percussion; respiratory murmur absent, occasional clicking sound at this point. Left apex also dull, never had hæmoptysis. Had a fistula in ano which was still discharging at the date of his admission.

This patient remained two months under treatment in Netley. The general symptoms—cough, expectoration, hectic and diarrhœa, were very severe, and he died from exhaustion on the 21st of June.

Both lungs were found irregularly consolidated; pleuritic adhesions existed over the posterior surface of apex, and base of right lung. There was catarrhal inflammation of the bronchial tubes towards the right base, terminating in a gangrenous cavity, with ulceration of the larger bronchi. Pneumonic consolidation, with small cretaceous deposits, existed in the upper lobe of right lung. There were also extensive miliary deposits throughout this lung.

Left lung congested; lower lobe in a state of red hepatisation. Heart flabby; liver enlarged and congested; evidences of old ulceration in large intestines.

In this case the deposition of miliary tubercle was most probably secondary to the pneumonic consolidation, and catarrhal inflammation of the tubes.

Private G. D., Army Hospital Corps, æt. 35; 13 years' service. Admitted August 13th, 1871; died November 15th, 1871.

There was no hereditary history of phthisis in this case, and no special cause for the disease beyond constant succession of severe colds, followed by hæmoptysis. Phthisical symptoms were developed in six months after the first attack. After his admission to Netley he became gradually worse; suffered from diarrhœa, constant nausea, and partial aphonia. The first attack of catarrh was in April, 1870. He died on 15th December, 1871.

Post-mortem Examination.—Right lung collapses normally; left does not; pleuritic adhesions in both; right lung infiltrated in parts, with cheesy exudation. Catarrhal infiltration of air cells; gelatinous infiltration towards the base. Lobules near the base infiltrated as if injected with tallow; red and grey hepatisation mixed in both lungs. Small cavities in the apex of left lung, with miliary tubercle infiltrated throughout its texture.

A small aneurism corresponding to the 4th dorsal vertebra was found in the aorta; the aneurism was about the size of a marble; numerous patches of atheroma were found in the aorta. The liver and spleen were found in a state of lardaceous degeneration, and the intestines were extensively ulcerated.

Private J. B., æt. 29; admitted November 10th, 1871; died November 20th.

This patient was admitted from Rangoon in a state of great emaciation and exhaustion. There was no hereditary history of phthisis, and no special cause given for the original onset of the disease, beyond the usual symptoms of a severe cold in the chest, from which the present condition was developed. There was dulness on the whole of the left chest; respiratory sounds absent at left apex; moist crepitation all over right chest; expectoration copious and purulent. This man died ten days after admission from exhaustion and hectic.

Post-mortem Examination.—Left lung adherent to costal pleura throughout; right lung in a state of pneumonic consolidation, with scattered cheesy deposits; several small cavities existed in the apex, and some smaller ones near the base; great enlargement of bronchial glands. Catarrhal congestion in small intestine.

There have been eight cases of aortic aneurism under treatment in the division during the year; of these three were cases affecting the thoracic aorta, and five the abdominal; one case of thoracic aneurism proved fatal.

The cases of thoracic aneurism were briefly as follows:—

Private W. L., æt. 22; 3½ years' service; has had syphilis, both primary and secondary.

State on admission: heart enlarged; impulse very strong; first sound prolonged at the base; bruit follows the course of the aorta. Right radial pulse scarcely perceptible; no difference in the pupils; discharged the service.

Private M. B., æt. 38; 1st Battalion, 13th Regiment; 16 years' service.

State on admission: well-marked secondary pulsation at right second intercostal space, where there is a bulging tumour with a strong impulse; but *no bruit* of any kind. Cause uncertain; no syphilitic history; discharged the service.

Private A. V., 45th Regiment; æt. 43.

The history reports that the symptoms in this case came on suddenly, and were principally dyspnœa; sometimes amounting to orthopnæa, cough, and expectoration of frothy mucous. On admission to Netley the dyspnœa was very severe, and inspiration was attended with strider. A few days after admission orthopnæa became constant. Later on the countenance became cyanotic. The left radial pulse stronger than the right. Suffered from severe neuralgic pain in the right shoulder, and at the back of the right side of the head; veins of the neck distended. Pulsation of tumour visible at the second right intercostal space; but no bruit audible; complete aphonia came on a few days before death. Death caused by asphyxia.

Post-mortem Examination.—On removing the sternum, a tumour was found projecting forwards, which had pressed against the sternum, and partially eroded it; in fact, the anterior wall of this sac was formed by the sternum.

The aneurism itself springs from the ascending portion of the arch, and involves the roots of the great vessels on the right side. The descending aorta marked by irregular dilatations and patches of yellow deposit. Ulceration in the trachea, involving some of the rings; left lung œdematous, and partly hepatised; cardiac textures normal.

The cases of aneurism of the abdominal aorta were as follows:—

Private G. B., 1st Battalion, 19th Regiment, æt. 27. Had primary syphilis in 1870.

State on Admission.—Pain and dragging in the back, to the right of the spine, when recumbent; pulsation is visible to the right of the abdominal aorta, from the lower part of the epigastrium to about an inch and a-half below the umbilicus; a soft tumour can be felt here with a strong impulse; attributes the disease to over exertion. Discharged from the service.

Private H. S., 55th Regiment, æt. 36.

State on Admission.—An aneurismal tumour exists in the epigastrium, to the left of the mesial line, accompanied by strong pulsation; a well-marked thrill is communicated to the hand when placed over the tumour, and there is a loud and distinct bruit. This patient has also aortic regurgitant disease; he has little or no pain, and only suffering from dyspnœa. Invalided.

Private F. M., 37th Regiment, æt. 36.

State on Admission.—A large aneurismal tumour in the epigastrium, to the left of the aorta, pushing the liver over to the right side, accompanied by a loud bruit audible in the lumbar region; a distinct pulsation is communicated to the liver from the aneurism, which bulges out the ribs and intercostal spaces on the right side at each arterial impulse. This patient has also well-marked regurgitant disease of the aortic valves. Discharged from the service.

Corporal J. C., R.A., æt. 30.

State on Admission.—A small aneurismal tumour of abdominal aorta close to the umbilicus; very tender on pressure, and accompanied by a distinct murmur and very severe lumbar neuralgia. Discharged from the service.

Private M. B., 61st Regiment, æt. 30.

State on Admission.—Severe lumbar neuralgia; very strong pulsation below and to the right of umbilicus, attended with a loud prolonged murmur, but without any well-defined tumour; had primary syphilis in 1863. This was probably a case of simple dilatation of the aorta, with extensive atheromatous deposit. Discharged from the service.

Corporal T. D.

State on Admission.—A well-marked case of abdominal aneurism. The tumour is situated to the left of the linea alba, above the level of the umbilicus; tender on pressure; a loud bruit audible.

Digestion of Starch in Infancy.

It has been known that the saliva of newly born animals has not the power of transforming starch into sugar. A recent experimenter has taken the pancreas from kittens and puppies, and has ascertained that the pancreatic juice in these animals, when young, is, like the saliva, incapable of converting starch into sugar. The bearing of this fact on the practice of giving starchy food to very young infants is obvious.—(*Gaz. Med. Ital.*, Nov. 1872).

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 16, 1873.

THE PROVIDENT SYSTEM.

ASSUREDLY the time is fast approaching when the questions that surround the proposal to re-organise our charities must receive some kind of solution.

The abuses that have long been rampant have been, to some extent, exposed, and there is a strong disposition in many quarters to rush into the other extreme. We imagine that there is a wide field for the Provident Dispensaries when legitimately worked, but are not unaware that they too are liable to great abuses. After all, they are but a mode of procuring Medical relief at a low price, and this being so, there can be no reason in objecting to Medical men in very poor neighbourhoods reducing their charges to the condition of their patients—that is to say, the one plan is as respectable as the other. This is, in some degree, a new feature in the matter, but has not yet been so easily tolerated. Why not? The practitioner who opens his house at fixed hours, at a low price, to a certain class of patients, is in himself a real provident dispensary. He gets rid of the committee, the manager, who often makes more than the doctor, the secretary, and the collector, and all these officials, however *respectable*, are in reality useless. We therefore see not why we should be called upon to condemn in a needy practitioner that which we are asked to praise in a needless organisation. Indeed, though we regret the hard necessity that drives men to work for small reward, we applaud their honesty and independence. The conclusion then is that the danger of reducing prices must be faced, though it has always been common to give services to those who are now to be asked to pay according to their means. Some of the difficulties of the question were discussed last week at Salford, and also at a public meeting at Manchester.

THE meeting of the Medical men of Salford was held at the Salford and Pendleton Hospital, in order to discuss the provident system of Medical relief. There were present, Mr. John Boutflower, F.R.C.S., Messrs. Stocks, Ingle, Haywood, Andrew Boutflower, Somers, White, Orchard, Bradbury, Pinder; Davies, Hamilton, and Nathaniel Shelmerdine. Dr. Crompton, honorary physician to the hospital, was called to the chair. The following report of the proceedings has been furnished to us.

A paper was read advocating the establishment of provident dispensaries as the simplest and, on the whole, most successful, system of remedying the present wholesale abuse of hospital charity, preserving the independence of the working classes, and affording them, their wives and children, prompt and sufficient Medical assistance in time of sickness. The writer gave an outline of those rules which in other towns have been found necessary for the right conduct of these institutions, with statistics of the number and class of people who might be expected to avail themselves of such provisions. The following were some of the advantages which would be obtained by the members of these societies :—

1. That members could be attended by any one of the Medical officers as they may elect.

2. That they could claim such assistance in right of their own weekly payments, without the trouble, loss of time, and humiliation of applying for recommendations.

3. That they might receive advice from older and more experienced men, instead of being attended, as in the case of home patients, by very young, and of necessity inexperienced surgeons, who could have no more than a passing interest in their cases, and who are often so overworked that it is simply impossible that anything like a proper attention can be given to each patient.

4. That they would be saved the inconvenience of waiting indefinitely among all sorts of cases in crowded out-patient rooms, which in winter time, in the case of children especially, must be often a serious aggravation of the complaint.

It was further shown that by the adoption of a system of honorary membership the charitably disposed might still furnish what would be equivalent to the present recommendations. The privileges of these members would be proportionate to the amount of their subscriptions; and, by directing applicants to the nearest Medical officer of the provident institution, they might effect an immense saving of time, trouble, and suffering to the sick poor. A very free and animated discussion followed the reading of the paper, in which Messrs. Stocks, Haywood, Somers, and Hamilton took a prominent part, and in which the widely divergent views entertained by the Profession on this subject were exhibited. Finally, the following resolution was put to the meeting :—"That in the opinion of this meeting it is desirable to call into existence some such institution as is supposed by a provident dispensary, whereby hospital abuse may be remedied and the independence of the working classes supported; and that if in any way such an institution could be combined with the existing out and home patient department of the hospital, it would be likely to be more successful." This was negatived by a majority of six to four, the chairman and a few others abstaining from voting. A cordial vote of thanks was passed for the valuable paper just read, and the meeting separated, after a discussion of over two hours.

Dr. Ford Anderson and others are no doubt doing what they believe to be a good work, and we commend them; but the statements made by Dr. Royle are equally worthy of consideration.

Medical men have long been the mere tools of secretaries and managers who have never done the Profession any good at all. We have seen much of the sick-club system, the out-patient hospital system, the long account system. In truth, we have seen practice of all kinds in various districts, town and country, and we feel that there are rocks on every side.

There is always a pressure to reduce fees, and therefore Medical men should combine to secure fair payment for their services. We have too long and too often given our services. The time has arrived to put an end to such folly. The worst evil ever tolerated was that of "advice gratis." If the Provident Dispensary only ends that, it will have done a good turn, but let not its advocates run away with the notion that a set of officials are necessary to carry it out. All they collect they spend on others than the Medical men, and therefore the subscriptions which render the providence imperfect are mostly useless.

THE ABOLITION OF THE MEDICAL POOR-LAW COMMISSIONERSHIP FOR IRELAND.

Almost simultaneously with the issue of the report of the Irish Civil Service Commission we have the news of the defeat of the Government on Mr. Plunket's motion, that the recommendation of the Commissioners to increase salaries be acted upon. The incredibly foolish proposition to abolish the Medical Commissionership is embodied in the following brief paragraphs :—

> We are therefore of opinion that the services of one Commissioner (or if a suggestion which we hereafter make be adopted, of both) may be dispensed with.
>
> If it should be found necessary to have occasional professional assistance in connection with Medical relief, that want might be met by calling to the aid of the vice-president the services of one of the Medical inspectors.

Although the report refers to a particular answer of Sir Alfred Power's, as justifying this extraordinary recommendation, we can find nothing in the evidence except the most conclusive testimony against the propriety of such an act. The question and answer referred to in the report are as follow :—

> 131. Supposing the change that we have been indicating were made, do you think it would be practicable or desirable to make the second Commissioner necessarily a Medical man ?—The only other way would be what I have already mentioned—to draft a Medical assistant temporarily out of the ranks of the Medical inspectors.
>
> 132. Do you think that that would be effectual for the purposes of the present office ?—I don't think it would give satisfaction to the Profession; it would be very doubtful. There would be a great outcry about not having a Medical Commissioner.

It will be observed that the Commissioners do not propose even to adopt the very inadequate arrangement for a Medical supervision of the Local Government Office, suggested by Sir Alfred Power, for it will be seen that he considers the business could not be carried on without the "drafting of a Medical assistant out of the ranks of the inspectors," while the Commissioners appear to think that a casual enquiry from any inspector who might be within reach, would be certainly cheaper, and might suffice to stop the gap.

It is incomprehensible how such a recommendation should have been arrived at in face of the following evidence from the Chief Commissioner. Question 206—Mr. O'Reilly—

> "Would not any possible reduction be subject to the question of what additional statistics would require to be furnished by the Local Government Board in the future? We are likely to be required, under the Public Health Bill, to give very large statistics as to the rates of sickness and mortality in the different parts of this country. One of the great objects of the Royal Sanitary Commission, whose labours have not been all utilised at present, was to have detailed returns not of mortality only, but of cases of sickness; and that will be very heavy with us, because our dispensary officers deal with an immense number of cases of sickness. There are about 700,000 or 800,000 every year; and we are to make these returns. Of course, they have to be arranged in the central office. We don't know what we shall have to do, in fact."

It would be entirely supererogatory for us to proceed to show that innumerable questions are submitted for decision of the Board, which no one but a Medical man could form any opinion about. We lately published in our Irish supplement a decision of the Board as to the deficiency of attendance and treatment in a case of typhus fever, and we are alive to the fact that these questions could not possibly be decided by a haphazard question to a peripatetic inspector. But, if we were to grant that the business of the office no longer requires a Medical Commissioner, we should still retain our unshaken opinion that to leave over a thousand Medical officers and three-quarters of a million of sick poor to the arbitrament of Commissioners necessarily ignorant of Medical matters and Medical interests, would be a gross injustice and a most impolitic step. We trust that the Poor-law Medical men of Ireland will make themselves heard loudly in this matter, for we can conceive none requiring a more decisive pronouncement on their part.

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Notes on Current Topics.

Poison Vending by Grocers in Ireland.

The existence of very gross and scandalous abuses in regard to the sale of poisons has been brought to light within the last week, by proceedings before the Belfast borough coroner, in the course of an inquest on the body of a woman who had taken an overdose of laudanum.

A young man, who was in the employment of Mr. James Hogg, 209 York Street, grocer, deposed, after being cautioned, that on Saturday, in the middle of the day, a woman, about fifty years of age, came into his master's shop, and purchased half-an-ounce of laudanum.

Witness, in answer to the coroner, said that they sold arsenic, laudanum, and corrosive sublimate in the same establishment as they sold groceries.

Mr. Hogg—We do not give any of these to persons without a line from some person that we know; some one who would vouch for the purpose for which it is intended.

The Coroner—Did you get a line when this laudanum was sold?

Mr. Hogg—As you are aware, laudanum is in the second class of poisons, and a line is not required for that,

The Coroner—A certain dose of laudanum is just as intense a poison as any other.

Mr. Hogg—There is no Act of Parliament to bind sellers to give any particular quantity of laudanum, and of course we are not to go beyond the Act of Parliament.

The Coroner—I don't care about all the Acts of Parliament in the world! It is a most injudicious thing for any person to be dealing in such poisons and groceries at the same time.

Mr. Hogg—It is the case with many of the druggists in town. They there give any quantity of laudanum they wish. Doctors often send to me for one ounce and two ounces, but to any one that we are suspicious of we should not give it, and, in fact, I have refused men frequently. I do not think it is fair to ask any man a question which might criminate him.

The only definite conclusion which can be arrived at from this episode, is that if laudanum, being "in the second class of poisons," can be sold wholesale and haphazard by uneducated persons who are engaged in a retail provision trade, the sooner the Act of Parliament is amended the better.

The laxity of the law in this respect is the result—as in many other instances—of an over-wrought regard for the shop-keeper's pocket. It would seem to be a principle of modern law-making, that every abuse of this sort must be endured sooner than that the shop-keeper should be restricted in his money making.

The Digestive Power of Pepsine.

Mr. Charles Symes, Ph.D., recently communicated to the *Pharmaceutical Journal* the results of his investigations into the solvent effect of solutions of various specimens of pepsine.

In each instance, the white portion of hard-boiled eggs chopped in small pieces was used, and after digestion the undissolved portions, before weighing, were brought to as nearly as possible the same condition of dryness as they were in previously; 100 grains were introduced into each of six vials—to five of these ten drachms distilled water, ten minims dilute hydrochloric acid, and ten grains of pepsine of various kinds were added; in the sixth four drachms of the distilled water were replaced by the same quantity of pepsine wine, each drachm of which should have represented two and a-half grains of pepsina porci; all were digested under precisely the same conditions at a temperature of 100° for twelve hours. The following gives the amount by weight of undissolved albumen in each vial:—

No. 1 left undissolved 1½ gr.
„ 2 „ „ 2½ „
„ 3 „ „ 24 „
„ 4 „ „ 28 „
„ 5 „ „ 41 „
„ 6 „ „ 56 „

Now, the Medical man who is desirous of testing the value of pepsine as a remedial agent, in one or more cases where he considers it ought to be of service, if there is any good in it, will be perfectly satisfied of its efficacy should Nos. 1 or 2 be dispensed, more or less so if No. 3; but what if No. 5? or if he should have prescribed pepsine wine, as No. 6? Certain is it that wine or any alcoholic fluid is a most unsatisfactory vehicle for pepsine, also that, when taken with food, it unquestionably retards digestion. The above experiment was several times repeated, first with portions of precisely the same samples, and also with samples by the same makers, but obtained from different sources; the results varied slightly, but bore the same relation to each other.

"Piling up the Agonies."

The *Chicago Medical Journal*, in referring to the addresses delivered at a recent meeting of the American Medical Association, says:—

"Every thoughtful Medical man who attended this late meeting of the American Medical Association must have felt humiliated when he heard the ranting twaddle uttered by the newly installed president. This is not the first time that the association and the Profession of the country have been chagrined by the wretched spectacle of an incompetent and pretentious ignoramus roaring his senseless but sounding phrases in the ears of the public.

"These orators burst on the association, breathing flames of smoke—terms which, we doubt not, will be considered by themselves to appropriately designate their rhetorical pyrotechnics. Space will not admit, nor is life long enough, to review the wonderful performance of Yandell, but our readers are entitled to some specimens from the fast, furious, and formidable oration of Logan:

"'Along the Atlantic slope of this vast continent—throughout the length and breadth of the land from Maine to Mexico—were seen, gathering together, one hundred and twenty-one living, aspiring intelligences, moved by one thought, nerved by one impulse, animated by one hope—the good of humanity!

"'Abandoning, for the nonce, the peaceful pursuits of their chosen vocation, relinquishing its rewards, and exposing themselves to all the hazards incident upon velocity of locomotion, westward they steered their beneficent course, borne along the iron pathway cleaved across the continent!

"'Annulling the opposing conditions of time and space, over three thousand miles they went—'skimming over the valleys, thundering across the rivers, and panting up the sides or piercing through the hearts of the mountains.' Science having made subservient to their bidding those dynamic agencies, more potent than the Genii of Arabian fable, they accomplished in seven days the travel that once consumed more than as many months: and thus they reached the city of the Golden Gate—the Mecca of their pilgrimage.'

"This tremendous burst of eloquence was roared out to commemorate the fact, that one hundred and twenty delegates from the States east of the Rocky Mountains, attended the meeting of the association at San Francisco."

Considering the far greater value of the American Medical Association than of its British sister, we need not feel surprised that these remarks have been condemned by other American papers.

Treatment of Uræmic Eclampsia by Hydrate of Chloral.

Dr. Bouchet has tried several times the exhibition of chloral in case of uræmic convulsions, and reports two cases of recovery from this alarming condition. He gave four grammes of chloral, which procured three hours' sleep. He found subsequently that similar relief followed its use, combined with milk diet and "packing" with solution of hydrate of chloral.

Spasm of the Bladder.

Dr. Parona gives the result of two cases of vesical spasm, which he treated by cystotomy. The use of leeches, belladonna, hypodermic injection, bromide of potassium, &c., was found useless; also intra-urethral scarifications. The section of the neck of the bladder proved successful.

The Temperature in Tetanus.

Experiments have recently been performed by M. A. Muron as to the temperature in tetanus being due to a certain amount of cooling produced by the evaporation of the perspiration. Frogs, and also moistened sponges were placed in a stove heated to a certain temperature; after a little time both were found to have a lower temperature than the surrounding air, while a dry sponge attained very speedily the same temperature as the stove, the evaporation in the first instances having the effect of chilling.

Eau de Cafe as a Remedy for Gout.

The *Abeille Médicale* gives the following formula. Put a tablespoonful of untoasted green coffee in a tumbler half full of hot water, macerate this for twenty-four hours. Take this in the morning, and refill the half tumbler of water; the coffee will suffice for two occasions. The writer states that the daily use of this simple remedy will be successful, and that in his own case he had used it for three years, and his biennial attacks of gout had completely disappeared; and mentions another case where for four years gout had disappeared under the use of this potion.

A Step in the Right Direction.

The Italian Senate has lately adopted the suggestion of the new sanitary code, and allows a pension to the families of Medical men who may have died from disease contracted in the discharge of duty during an epidemic.

Pure Gold.

Some time ago we made a few remarks on the falsification of gold and jewellery, which if not so bad as the adulteration of food, is at least as dishonest. The *Journal of the Society of Arts* now announces that, it having been brought to the knowledge of the Council that what is termed "Hall-marking" of jewellery and articles of gold and silver, is inadequate to secure to the public that protection in the quality of the materials for which it is intended, they have accepted the offer of one of the members, Mr. Streeter, to place £25 at their disposal, to be awarded as a prize for an essay treating on this subject, with suggestions for an improved system. The particulars and conditions of the competition will shortly be published, and it will be well if some mode of preventing frauds be discovered. Will any one offer a prize for the best mode of enforcing the policy of the adulteration Act?

Medical Witnesses and their Fees.

Mr. Clarke, Q.C., the chairman of the Queen's County Quarter Sessions, has delivered an opinion on this subject, which we transfer *verbatim* from the local paper, although we confess we fail to comprehend what it means. The action was for recovery of damages in a car accident.

"Dr. Clarke, of Mountmellick, on being called, said he wished to know if he was entitled to a fee for giving his evidence.

"His Worship—You must look to the party who summoned you for any expense you have been at in attending, but I don't think you are entitled to any professional fee.

"Dr. Clarke—I have nothing to give but Medical evidence.

"His Worship—Having known about the facts of the case, if a doctor is called on to give evidence, or to give his Medical opinion on the facts as he heard them in a court, he would be entitled to a fee of three guineas for giving that opinion; but if he is called on, not by accident, but by summons, he is entitled only to his expenses in attending, and he must look to the party for that.

"Dr. Clarke said he mentioned the matter as a Medical man, and left it then altogether in his worship's hands. Dr. Clarke then gave evidence that he treated the plaintiff, who had received no serious injury as far as he (Dr. Clarke) could see; to the best of his opinion the man had no ribs broken."

Dustbins and Disease.

A correspondent of the *Globe* directs attention to the ways in which dustbins are made sources of disease, suggesting what has been proposed in our columns, viz., the organisation of a staff of domestic sanitary inspectors. This is what the writer says:—

> "The dustmen have no right to remove anything but the pure ashes. They say they are 'not obliged' to remove the rubbish which is usually deposited in the dustbin; they mean that they will remove anything if bribed to do so. Thus, lazy, unprincipled servants 'fee' or 'tip' the collectors, and the employers of both are robbed. The truth is, that the dustmen are transgressing rules in carrying away such refuse in their carts. The admixture of decaying animal and vegetable matter, while it renders the locality of such deposits a nuisance, really deteriorates the value of the ashes, for the removal of which the contractors pay large sums. In every well-managed kitchen, the daily refuse from cooking, instead of going into the dustbin, might be utilised—at least some of it, and the rest could be burnt. Householders might very much assist the authorities in every district, if they would acquire some practical knowledge on the subject, and investigate the condition of their own premises occasionally, instead of trusting such things to the surveillance of servants. Employers who object to take upon themselves the supervision of matters which concern the health of the household should engage a competent person to visit the premises occasionally as sanitary inspector, and report anything that may be found amiss."

Visitors of Examinations.

We observed in a recent number of this Journal that two of the visitors of the Medical Council had been present at the Medical examinations of the University of Dublin. On the 13th of June it was resolved by the Medical Council—

"That the following gentlemen, viz.: Dr. Andrew Whyte Barclay, Dr. John Syer Bristowe, Messrs. George Busk, Timothy Holmes, and Henry Power, be deputed to visit, along with members of the Medical Council, for the term of one year from the 1st day of May, 1873, the examinations of the undermentioned bodies, viz.:—The London Apothecaries' Society; the London University; the College of Physicians and the College of Surgeons of Edinburg; the Faculty of Physicians and Surgeons of Glasgow; the Glasgow University; the Royal College of Surgeons and the Queen's University in Ireland."

We respectfully ask, whether the Executive Committee is of opinion that there is no one outside London, Westminster, and Southwark, capable of giving an honest and reliable opinion on the characteristics of an examination. Would it be an amazing suggestion for us to make that an Irishman or a Scotchman might as fitly be delegated to inspect the examinations of the London University and Apothecaries' Hall, as that a London practitioner should be set to watch the Scotch and Irish Courts of Examiners.

The exclusiveness of this Executive Committee is of little moment, except that it is the straw which denotes the direction of the wind, and indicates the overweening self-assumption which tints the speeches of the metropolitan members of the Council. It may be news to these gentlemen, if to none else, that the London examinations are quite as much in want of the detective as those of other places.

It is, however, hardly necessary for us to reiterate the feeling in the Profession that these visitations are a discreditable farce, and are intended to serve no purpose, except to save appearances.

It is a natural suspicion in which the Profession indulges that examinations under the eye of the visitors are a very different sort of affair from those behind their back, and under any circumstances it is only remotely possible that a visiting inspector would, or ever did, venture to put on record his real honest thoughts as to what he sees or hears. Surely this ceremonial is hardly worth paying for.

London Hospitals Sunday Fund.

The total amount received by the Lord Mayor towards this fund has nearly reached the sum of £28,000. The returns from the various hospitals are being analysed with a view to a proper distribution being made of the fund by the time the whole of the returns have been made; it is thought there are still a few hundreds to come in. Of course, when the distribution takes place we shall hear complaints from all sides; but if the committee do their duty, they need not fear that the public will be dissatisfied with their labours.

Dr. W. Carpenter, F.R.S., the distinguished Registrar of the University of London, has been elected corresponding member of the Académie des Sciences of France.

The Society for the Suppression of Vice held its seventieth annual meeting on Wednesday last, Lord Ebury in the chair. Attention was drawn to the fact that, notwithstanding the good work which the Society had performed, in quack prosecutions, the destruction of indecent pamphlets and prints, the Society was still in debt, and appealed for a sum of £250 to pay off outstanding liabilities.

The Annual Meeting of the British Medical Association will be held in King's College, London, on August 5th, 6th, 7th, and 8th.

President.—Alfred Baker, Esq., F.R.C.S., Surgeon to the General Hospital, Birmingham.

President-elect.—Sir William Fergusson, Bart., F.R.S., F.R.C.S., Surgeon to King's College Hospital, London.

The business of the annual meeting will be transacted in six sections, viz.:—

Medicine.—*President:* Dr. Sibson, F.R.S., London. Surgery.—*President:* John Hilton, Esq., F.R.S., London. Obstetric Medicine.—*President:* Dr. Braxton Hicks, F.R.S., London. Public Medicine.—*President:* Dr. Lyon Playfair, C.B., M.P., F.R.S., London. Psychology.—*President:* Dr. Harrington Tuke, London. Physiology.—*President:* Professor Humphry, M.D., F.R.S., Cambridge.

The following is the programme:—

August 5th.—Service at St. Paul's Cathedral. General Meeting—President's Address. Reception by the Lord Mayor at the Mansion House.

August 6th.—Address in Medicine, by E. A. Parkes, M.D., F.R.S., Professor of Hygiene in the Army Medical School, Netley. Meetings of Sections. Reception by President and Council of the Royal College of Surgeons of England.

August 7th.—Address in Surgery, by John Wood, Esq., F.R.S., Professor of Surgery in King's College. Meetings of Sections. Public Dinner of the Association.

August 8th.—Address in Physiology, by J. Burdon Sanderson, M.D., F.R.S., Professor of Practical Physiology in University College. Concluding General Meeting. Soirée at University College.

August 9th.—The following among other Excursions will be arranged:—

Excursions to Cliefden, near Maidenhead, the seat of the Marquis of Westminster; and to Windsor Castle.

Excursion to Brighton, and visit to Brighton Aquarium.

Visit to Woolwich Arsenal and the factories.

Arrangements will be made, of which further details will be published, for facilitating visits during the week, to the Print and MSS. Rooms of the British Museum, the Mint, the General Post Office, the private collections at Grosvenor House, Stafford House, &c., and to some leading factories.

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THE ARMY MEDICAL WARRANT.

The Medical officers stationed at Malta have drawn up and forwarded through the prescribed channel the following Memorial to the Secretary of State for War:—

> The memorialists feel that the Royal Warrant for the regulation of the Army Medical Service, issued on the 1st of March, 1873, has materially lowered their position and seriously injured their prospects. Your memorialists had looked forward with confidence to the appearance of the said Warrant, believing that whatever further privileges and advantages Her Majesty might be graciously pleased to confer on them, none of the rights and privileges guaranteed by previous Warrants would be withdrawn.
>
> That many of them have been deprived of their regimental appointments, in which some of them had hoped to continue until promoted or retired, without having any corresponding advantage granted them in lieu thereof, or even being compensated for the loss of Band and Mess contributions and subscriptions and for change of uniform,—they feel that their position is uncertain; that they are more liable to be removed to any part of the world at short notice; and in the absence of any guarantee that a surgeon shall be promoted to the rank of surgeon-major at the end of fifteen years' full pay service, under Clause 3 of the said Warrant, they may have to serve in the lower rank on a reduced rate of pay—while at the same time their ceasing to be regimental officers will in many instances reduce their emoluments—for it will on many occasions practically deprive the married Medical officers of passages for their families which though not guaranteed, have generally been given to regimental officers.
>
> That Clause 5 deprives your memorialists of the precedence conferred by the Royal Warrant of the 1st October 1858, lowers their status, and indirectly reduces their emoluments.
>
> That the word "necessarily" in Clause 6 may have the effect of depriving your surgeons-major of forage for even one horse which was guaranteed to them by the Warrant of 1858, and which their position and rank as field officers entitled them to possess,—that by having often to feed and house their horses at their own expense, by having no right to conveyance for them from station to station, and by forced sales they will necessarily be pecuniary losers, and that the general effect of the clause is to reduce their emoluments.
>
> That they feel it particularly hard that any of the advantages which field rank used to confer on them should be curtailed, as in consequence of the increased number of officers of other departments raised to this rank, it does not now confer on Medical officers the same comparative advantages as it did in 1858.
>
> That in Clause 12 of the said Warrant promotions by seniority are limited to death vacancies, and vacancies caused by promotion; depriving in most instances the senior surgeon who may be qualified of the right to his step, as the greater number of vacancies are caused by retirements,—thus opening the door to patronage at the expense of long service or of merit; and should it at any time be determined to maintain a

fixed number of surgeons-major, promotions of juniors on account of retirement might keep seniors out of their just rights for an indefinite period.

That by Clauses 12 and 16 of said Warrant the responsibility of recommending Medical officers for promotion is removed from the head of the department, who as a physician and surgeon is best qualified to form a correct judgment of the ability and merit of Medical officers.

That Clause 14 of said Warrant provides that surgeons serving in India "may" be granted local rank as surgeon-major after twelve years' service—but it does not ensure to them either the rank or increased pay.

That Clause 15 of said Warrant provides that Medical officers attached to a regiment or battalion shall remain with it as a general rule for five years; if this rule is applied to present incumbents they will be serious losers.

That the permission to retain in employment officers who by the 20th article of the Warrant of 1858 are required to retire at the ages of 55 and 65 respectively, is in direct opposition to the recommendations of the commitee of 1857, which introduced this rule with the view to maintain the efficiency of the service, besides which it will act prejudicially by stopping the promotion of those in rank below them, thus depriving them of emoluments when serving and of increased pension when retired.

That in consequence of the decreased value of money and the great increase in the cost of the necessaries of life, the retired pay of Medical officers at 20 years has become insufficient. The utmost that a surgeon-major can receive after 25 years' full pay service is 16s. 6d., and after 35 years' full pay service 20s., and that only if his health is broken, so that he has no certainty of even this small retirement.

That the long tenure of office in the administrative grade confines that rank to but few and deprives the surgeons-major of the chance of promotion and of the increased retirements resulting therefrom.

That the special circular of the 6th of March, 1873, is in direct opposition to the recommendations of the Royal Commission of which Mr. Sidney Herbert was president, inasmuch as it imposes great additional responsibilities and extra duties of a non-professional character on Medical officers, for duties for which they have had no special training, and which cannot fail to clash with their proper functions as Medical men and seriously obstruct the public service;—they also feel that were it possible to arrange these duties so that they could be performed by your memorialists without detriment to the public service it would be a hardship to have these duties and responsibilities imposed on them, without extra pay—the more so as the imposition is unaccompanied by any power or control over subordinates, or any pecuniary allowances to cover contingent losses.

That further your memorialists would urgently press a grievance under which they feel they have long suffered—the difficulty and uncertainty of securing a reasonable amount of leave of absence.

For these and other reasons not herein set forth your memorialists pray:—

That upon consideration you will be pleased to recommend to Her Most Gracious Majesty—

That such of her present surgeons-major as are in regiments may be permitted to retain their appointments, and that the limitation in Clause 15 may not apply to them; also that all surgeons-major and surgeons as may be hereafter detailed for duty with regiments may be purely Departmental Officers, having status according to their army rank, their actual commanding officer alone if junior to them taking precedence of them, as was provided in the Warrant of 1858, and that forage may be an appendage of their rank.

That the late assistant surgeons, who have been summarily removed from their corps may have such pecuniary compensation granted them as may seem to you to be just, and that promotion to the rank of surgeon-major may be guaranteed to all qualified surgeons after fifteen years' full pay service.

That the decreased value of money and the great increased cost of the necessaries of life may be taken into consideration, and a more liberal scale of retirement allowed after 20 years' full pay service, with such a daily increase after each year's further service as may be considered necessary up to 25 years.

That your memorialists may not be called upon to undertake any of the non-professional duties detailed under Clause 6 of the special circular on hospital duties, dated 6th March, 1873.

And your memorialists as in duty bound will ever pray.

Signed at Malta this
16th day of June, 1873.
(Signed by all the executive Medical officers serving at Malta.)

Your memorialists since the above document was drawn out have seen, as reported in the various papers, the memo. furnished by you to Dr. Lyon Playfair, and beg most respectfully to record their opinion that the explanations offered in it in reference to the Warrant do not appear in any way to mitigate or remove the grievances complained of.

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CLINICAL WORK IN NEW YORK.

The following notes of practice and peculiarities of treatment, as observed at St. Luke's Hospital, are reported in our excellent contemporary, the *Medical Record*:—

PNEUMONIA.

The plan of treatment ordinarily adopted in the treatment of this disease is to give the patients three grains of quinine three times per day, simply for its supporting effect; if the temperature gets up to 104° or 5°, reduce it by rubbing them over with cacao butter, which operates very nicely indeed when used for that purpose, feed them well, and that is about all.

The treatment is simple, but the results are gratifying.

DELIRIUM TREMENS.

Most of these patients, it is said, will require some stimulants. A man was receiving ℥j. three times a day. Hydrate of chloral, bromide of ammonium and potassium, and other remedies which naturally suggest themselves to the mind of the practitioner, are used if the patient requires anything besides the care and quiet of the hospital to secure sleep.

SCARLATINA.

The remedial measures employed in this affection are in keeping with the generally received doctrine that it belongs to a class of diseases called self-limited; hence all the duty of the physician consists in guiding his patients among the shoals and rocks to which they are exposed during their perilous voyage.

About ℥j. of cacao butter is used as an unction twice a day to relieve the high temperature, and after this the symptoms are met as they arise. This article of butter of cacao receives a hearty recommendation as an agent to be used for the reduction of the temperature in this class of cases.

ACUTE ARTICULAR RHEUMATISM.

When one of these patients is brought in with joints swollen and tender and painful, and motion about suspended, in short, with all the phenomena of an attack of acute articular rheumatism, he is immediately placed upon a treatment which consists in the administration of iodide of potash in fifteen grain doses every two hours, and sulphate of quinia gr. x, alternately every two hours.

This is continued until the acute symptoms subside. It is expected that this will take place within fifty-six hours, and is discontinued at the end of this time in case the acute symptoms do not yield. In most cases the acute symptoms are completely subdued within twenty-four or forty-eight hours, and the patients feel comparatively comfortable. This, with a certain sense of propriety, might be regarded as heroic treatment, yet the results sanction and commend its adoption. The local treatment scarcely goes beyond covering the joints with cotton. Later in the treatment colchicum enters, and is regarded as a useful adjuvant to the salts which are ordinarily employed. It is said that the salts do much better when combined with colchicum, than when they are used alone.

NIGHT SWEATS OF PHTHISIS.

A remedy commonly employed for the relief of this symptom is Fld. Ext. Ergot in drachm doses at night. In some cases the patients vomit the remedy, but it is said to work exceedingly well in a large majority of cases.

Hydrate of chloral, given in grs, xx. doses about two hours before the time for the sweating to commence, is another plan.

Another method suggested is to awaken the patient a little before the hour at which the sweating commences, have him wash himself and take a little lunch.

SPRAINS.

These cases are immediately, as a rule, treated to a plaster of Paris splint, with the precaution taken to pad the limb well with cotton before making the application.

BURNS.

Gunpowder burns are occasionally brought in from among the quarrymen, and the application used for this class of injuries is, bichloride of mercury, one grain to the ounce of water, with the addition of one drachm of tr. benzoin. This is an old prescription here, and is supposed to be especially serviceable in connection with gunpowder burns.

Oxide of zinc ointment has the practical recommendation of an old member of the fire department.

MOSQUITO NETTING AS A SURGICAL DRESSING.

In all those cases where it is desirable to keep up support and pressure, and at the same time permit the free escape of all discharges from the wound, or ulcer, or whatever it may be, the ordinary mosquito netting used for a bandage meets all the indications. Bundling dressings are avoided in this way, the parts are kept cool, the discharge goes on, unrestrained, and at the same time support is maintained. If the discharge is considerable, a pad of oakum may be placed beneath the parts to secure the discharge, thus insuring perfect cleanliness. This netting serves an admirable purpose in dressing large abscesses; for instance, when compression and free discharge are to be associated.

REDUCTION OF HIGH TEMPERATURE.

The mean normal temperature of the human body in health is laid down as 98.6° F. Anything above or below this, is to be regarded as suspicious.

When the temperature reaches 105° it is occasion for anxiety, and if associated with delirium or unconsciousness some measures must be taken to reduce it to a point somewhat nearer the normal standard without delay.

For example, a patient suffering from acute articular rheumatism has a sudden elevation of temperature to 105°, 106°, 107°, and falls into a state of unconsciousness, which is commonly the case with this elevation, must have some measures applied to reduce his temperature a number of degrees, or he will soon succumb. In such cases as these demanding active treatment, a tub of ice-cold water is placed by the patient's bed, which contains a couple of sheets. One of these sheets is wrung out and the patient immediately rolled up in it. When the temperature is as high as 105° or 6° it will become hot in a very few minutes, and then it must be changed and the other substituted for it; and this is kept up until the patient commences to complain, which is a very good indication that these measures have been carried sufficiently far. The patient is then wrapped in a dry sheet and placed in bed. This method of treatment is very often employed in this hospital, and there seems to be no other alternative in these severe cases. Unless the temperature is reduced by some means the patients almost invariably die, and this means is regarded as the most practical that can be employed.

In milder cases with less constitutional disturbance, other measures are instituted, such as sponging and the use of cacao butter as already indicated.

"There is no proof that 'cold' brings on diseases," says Wunderlich. "On the other hand, the application of cold on febrile temperatures has proved it one of the chief antipyretic and antiphlogistic remedies, especially in typhus and exanthematic diseases."

"The benefits accruing from cold applications in fever do not depend simply upon the subtraction of an overplus of heat; the question is more complicated, and much is to be learned yet."

SUB-ACUTE PLEURISY.

Patients who present their credentials and are booked, "effusion into the pleural cavity—large quantity," are tapped at once, and placed upon tonics, quinine, and iron. Diuretics are not used with any great degree of confidence.

When the effusion is moderate tonics alone are used.

BRIGHT'S DISEASE.

The general principles of treatment embrace the administration of tonics and diuretics. The best tonics are, quinine and tr. chloride of iron; the best diuretic is thought to be the infusion of digitalis.

ERYSIPELAS.

For a local application the liq. plumbi et opii is used, and for internal administration quinine and iron, and the quinine is thought to be especially serviceable. It may have been noticed that the administration of quinine and iron in some of the hospitals is not so steadily adhered to as has been wont to be the case with the Profession in general. Of their value in this disease it will be difficult to convince the Profession, notwithstanding, some of the cases which are treated without the administration of these remedies seem to do equally as well as those which receive it.

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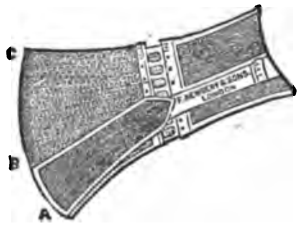
International Exhibition.

REPORTS ON SURGICAL INSTRUMENTS.

No. III.

(*Continued from page* 39.)

In our third visit on Saturday last we were struck by the number and the excellence of the artificial limbs exhibited. Legs, arms, eyes, &c., of the most ingenious kinds abound. So do trusses, bandages, belts, and other appliances for the mishaps to which the frame is liable, and in the treatment of which the surgeon has to call in the aid of the mechanician. In trusses, Messrs. Salt and Son have a goodly show. So have Mr. Lynch, Messrs. Salmon, Ody, Mr. Miller, and several others. Mr. Read has a number of enemas, and other appliances. In the case of Messrs. Newbery and Son, of Newgate Street, we noticed, first of all, the open volumes of Dr. James's Medical Dictionary—quite a curiosity. Messrs. Newbery and Sons also exhibit various appliances for hernia, prolapsus uteri, ani, &c. These instruments are very light and beautifully finished; one truss or bandage for femoral hernia would, we think, be found very convenient in application, as by a simple arrangement the pad may be placed at any angle; the same instrument thus being made to fit either side. An abdominal belt for obesity or pregnancy also merits attention. It is so fashioned as to distribute the weight over the pelvis and lumbar region, without in the slightest degree interfering with the motion of the limbs. It can also be readily adapted by the patient to any alteration of shape. Mr. Grossmith, besides limbs and other appliances, exhibits a large assort-

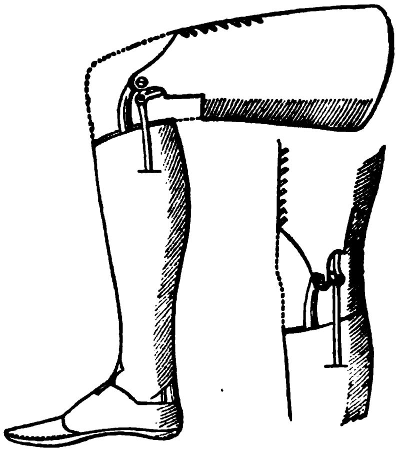


ment of artificial eyes, around which there was quite a group of wondering visitors when we were there.

We now proceed to give a more detailed account of the cases, and hope to follow up this by others.

MESSRS. MASTERS AND SON'S CASE.

MANY improvements have of late years been made in the construction of artificial limbs, to which this case is devoted. Mr. Masters is the designer of many of these improvements, and the limbs exhibited by his firm are good illustrations. Nos. 2, 3, and 4 are the most striking exemplifications of the ingenuity Mr. Masters has brought to bear on the subject. Of No. 2 we give an engraving illustrating the limb in two positions. It will be seen that this leg is for a case in which amputation has been performed below the knee.



Mr. Masters has invented a method of arranging the tendon, which enables the wearer to ride, ascend stairs, &c., with greater facility and security. It is always in a state of tension, supporting the foot at every angle. In addition to this, the tendon is less liable to break, as it never bends. The weight of this leg is only 3 lb. 2 oz.

Next to this is an Artificial Arm, for Amputation above the Elbow, in which Mr. Masters has invented a method of flexing the arm, and at the same time rotating the wrist by a slight movement of the shoulder. The rotation of the wrist is especially useful in cases where both arms are amputated above the elbow, in so far as the wearer is enabled to feed himself easily and naturally. The weight of this arm is 1 lb. 4½ oz.

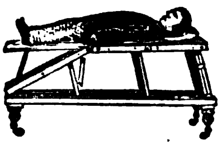
We may also mention the same inventor's Artificial Arm, for Amputation below the Elbow, in which no catgut is employed. The first two fingers and thumb of the hand open by extending the arm sufficiently to enable the wearer to grasp and take up anything. The weight is 1 lb. 5½ oz.

A still lighter Artificial Arm, for Amputation below the Elbow—weight only 15½ oz.—is also exhibited in this case. In the hands, Mr. Masters has invented the feather-edged joints, with which the fingers are furnished; in consequence of this, the unsightly ridges in other hands are not produced. The jointed spring in the wrist-plates is also Mr. Masters' invention.

MR. GILLINGHAM'S COUCH.

One of the most interesting objects in this department of the Exhibition is the Universal Couch, invented by Mr. Gillingham, of Chard, whose ingenuity in other departments of surgical mechanism has long been recognised by leading orthopœdists.

The engravings, *a*, *b*, and *c*, show three of the positions in which this couch can be employed, but it is capable of almost innumerable changes. Prior to this invention some half-a-dozen apparatus were required to do so much. Now, all is combined in the "Universal Couch," which, therefore, well deserves the name. The couch makes 40 positions and 500 graduations; in fact, Mr. Gillingham calculates that it is capable of being used for at least fifty purposes, and that reckoning the slightest changes, they could not be computed at less than as many thousands.



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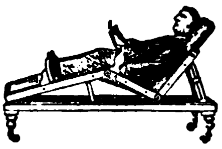

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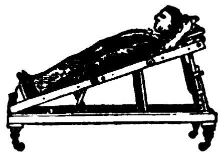

c

The couch is also a set of furniture in one article suited to any room, and aged persons, or those requiring constant rest, would find it a great comfort. For invalids it is invaluable, as they can get any position of rest that is needful for their individual cases. In hospitals, asylums, camps, and ambulances, it can be used as a bed, a stretcher, a chair, an operating table, or for other purposes. In the studio, or in the surgeon's or dentist's receiving room, it would also prove useful. Again, it can be used in a railway carriage or on board ship, and it can be adapted to a child as well as an adult.

Mr. Gillingham has attained wonderful success in the fitting of artificial legs. Our readers may remember the case of the boy who was exhibited at the Clinical Society with a pair of legs that enabled him to walk after amputation of both limbs for a railway injury. Mr. Gillingham made those limbs, and it will readily be understood, from that fact, that he is a complete master of all the conditions on which success in the construction of artificial limbs depends.

Literature.

DEAFNESS AND DISEASES OF THE EAR (a).

WE have here a handsomely illustrated work from the pen of one of our most practical aurists, who has succeeded in his object of writing a concise and readable book on the subject of deafness and diseases of the ear. The author says that when a simple term would do, he has neither taxed his brain nor conned the pages of his dictionary to seek a more learned phrase. We heartily congratulate him on this determination, and wish others may be thereby induced to lay aside their pedantry. In Medical literature there is nothing so much wanting as this directness and simplicity of style, and too many of the best text-books are rendered intolerable to students by the manner in which the information is embedded in a series of contorted phrases.

Mr. Pennefather's book opens with a chapter on anatomy. This chapter disposed of, he treats of the affections of the auricle, and then of the external meatus. Here polypi are of course considered, our author dividing them into mucous, hydatid, and fibrous. The manner of removing foreign bodies is explained with considerable care, and in regard to this subject, Mr. Pennefather's remarks will interest every reader.

(a) "Deafness and Diseases of the Ear." By J. P. Pennefather, Surgeon to the Royal Dispensary for Ear Diseases.

The author thinks the commonest cause of acute inflammation of the membrane is exposure to draughts of cold air and wet, and he believes the disease is often mistaken for neuralgia, so closely does the pain imitate that affection. This shows the need for careful examination in cases that we have ourselves often seen treated with great carelessness.

In otitis, Mr. Pennefather advocates the early use of antiphlogistic measures. Leeches at once are necessary, and he even hints that in strong persons general depletion is to be employed. "Small doses of mercury are to be given, and if the brain become affected, the patient should be got under the influence of the mineral as speedily as possible." There is this to be said for heroic treatment, that the patients attacked by otitis are mostly at the age of youth or early manhood, when the recuperative powers are at their best, and if the author seems energetic, he carefully limits his measures to cases of urgent danger to life.

In the chapter on catarrh, we have been delighted with some trenchant criticism, and a number of valuable hints, which are conveyed in the clearest possible manner. Mr. Pennefather finds chlorate of potassa useful both internally and snuffed up the nostrils in solution, but he does not mention its use or that of other powders as a snuff. His cautions respecting the use of the syringe are well put, and we regret that space forbids us from extracting the whole of his observations on this subject. They are those of an able, careful, experienced surgeon, and we entirely endorse them.

Although perforation of the membrana tympani is no longer performed for the cure of deafness, there are occasions in which the operation is desirable for the purpose of evacuating fluid. For these, Mr. Pennefather has invented a new perforator, which has the advantage of rendering the operation safe, and we would advise those wishing to perform it, to secure this instrument and the combined lamps and dilator. The latter is most useful for diagnosis in the majority of ear cases. There is also depicted a small instrument for self-use for blowing powders into the ear or nose, which we should think very useful.

Some general diseases, such as gout and rheumatism, are spoken of in their relation to the ears. Galvanism is not much thought of by Mr. Pennefather, nor indeed by any aurist. On congenital deafness the author makes some very practical remarks, but, like all his predecessors, can offer few suggestions for its treatment.

Ear trumpets are all condemned, whatever their shape. Some statistics conclude a volume which we heartily commend to our readers as reliable, practical, and readable.

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Correspondence.

CONTAGIOUS DISEASES (WOMEN'S) ACTS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—"Your Reviewer" requests us to note the difference between facts and theories, and then, as a specimen of his facts, in contra-distinction to my theories, simply reveals his state of mind respecting the various points on which I have challenged discussion. In reply to my assertion that the Acts are uncalled for he says: "I ["Your Reviewer"], am satisfied that they are necessary." When I say they fail to do any good he replies, "every day's experience shows absolutely the reverse," and *he thinks* they are not opposed to religion and morality, and that they don't deprive people of their civil rights, &c. This is all very interesting, because it reveals a mental condition very prevalent in the present day, and which has already gone far to ruin the country, but it won't do to call such assertions facts, we might as well adopt the Contagious Diseases Acts' theories at once, and say that the suspicion of a spy who swore *he thought* something, was legal evidence. "Your Reviewer" says "he is confirmed in his own views as to the early decay and death of prostitutes" by the experience of surgeons connected with such institutions as deal with those persons. This is another specious specimen of "Your Reviewer's" facts, but who are the surgeons? and what do they say? Hear one of the assertions which "Your Reviewer" calls theories in reply. Mr. Holmes Coote was senior surgeon at St. Bartholomew's Hospital for many years, an institution that has a number of beds for the treatment of diseased prostitutes, and he says, "It is a lamentable fact that the troubles of married women of the working classes are more trying to the health and detrimental to the looks than any of the irregularities of the harlot's career." Dr. Drysdale is senior physician to the Metropolitan Free Hospital, an institution which, being free, is constantly resorted to by diseased prostitutes, who are always glad to go anywhere to be cured, unless they are coerced into resistance by police spies, and infamous degradation, and he says, "It used to be presumed that prostitutes lived a few years of sin and misery and then died, but this view is not in unison with facts." "To sum up what will be vouched for by all observers in all cities, the health of prostitutes is above the present standard of female health."

Duchatelet studied this subject more than any man, and he says, "The brilliant health of prostitutes strikes all who behold them." Again, their health resists all attacks better than the ordinary run of women who have children, and lead orderly lives," and Mr. Acton remarks, "Prostitutes last as long as other people, and die at last of maladies common to respectable humanity." Again, "mild results form the penalty of frailty, no other class of females is so free from general disease as this is." Again, "So rare is death from uncomplicated syphilis, that many surgeons have never witnessed a single instance, and those attached *to hospitals where venereal diseases are specially treated* have so few *opportunities* of witnessing *post-mortems*, that it becomes interesting to inquire how they produce death." It is all very well for half-informed persons to sneer at my evidence before the Royal Commission, but I ask your readers, whether with such unanimous authority for the assertion, I was not warranted in saying in reply to a ridiculous statement, "that women went about the streets *so rotten, that they could hardly hold together*;" that, as a rule, prostitution has not the effect of shortening life, or materially injuring the health of fallen women.

"Your Reviewer" is not less unfortunate in his quotations than in his facts. He says, "Virtue is worth a thousand shields." Good! so it is, worth all the Contagious Diseases Acts that ever disgraced civilisation ten thousand times over. Are not these Acts devised to protect men who deliberately inoculate themselves with venereal maladies well aware of the risks they incur? and to the kind and paternal Government that seeks to protect such men by the infamous degradation of the women with whom they associate. I would say, with "Your Reviewer," "Virtus mille scuta." There is no protection equal to a man's own virtue, a man's own prudence, and nothing so likely to make a man imprudent as the direct inducement offered by the false security of the Contagious Diseases Acts; but when "Your Reviewer" proposes to abandon all legal safeguards for all women, because he thinks no one will accuse them if they are virtuous, even though a staff of spies are paid by Government for the sole purpose of traducing women, he starts a proposition, the absurdity of which is, I hope, evident.

If constitutional rights and legal safeguards are necessary for the protection of men, why are they unnecessary for the protection of young ignorant and friendless girls? What have English women done that they are to be cast helplessly at the mercy of police spies, and deprived of the protection freely accorded to the vilest male criminals?

If the compulsory fanatics who have framed these hideous Acts are so certain no injustice will be done to women by the loss of such securities, let them give them up themselves and trust the police spy with their own honour, their own characters, and their own liberties, surely what is sauce for the goose is sauce for the gander.

If they consider the evil so dire that they are ever so eager to offer up a holocaust of women in the interests of debauchery, let them at least show courage and manliness enough to face the sacrifice themselves.

In conclusion, Sir, allow me to thank "Your Reviewer" for the honesty with which he avows the principles of his party. He would, he says, *certainly register* as a common prostitute, periodically violate, and consequently utterly ruin any woman who was unchaste or suspected of incontinence by a paid spy, which is quite the same thing in the eyes of the Contagious Diseases Acts' promoters, though she no more deserved the foul epithet of common prostitute than your learned "Reviewer," and he is very desirous for the immediate extension of this execrable system to the whole country.

I now trust that your readers will understand what the opponents of the Acts have long felt. I hope they will see what we have to fear from the ascendency of men who are besotted with such ideas. I trust they will appreciate that the Contagious Diseases Acts Extension Association, in their zeal against women, are undermining national freedom, and that the extension of these Acts would constitute the greatest curse, the greatest calamity, that has ever befallen the people of this land.

I am, Sir,
Your obedient servant,
CHARLES BELL TAYLOR, M.D., F.R.C.S.E.
Nottingham.

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Foreign Medical Literature.

SYMPTOMS WHICH DISTINGUISH THE MORE SERIOUS FROM THE MILDER FORMS OF DELIRIUM TREMENS.

(Translated by FRANCIS M. LUTHER, M.D., from the June Number of the *Journal de Médecine.*)

M. MAGNAN has sent to the Société de Biologie a communication which throws light upon the prognosis of the febrile form of delirium tremens, showing the clinical method of distinguishing the grave from the benign form of acute alcoholism.

The result of M. Magnan's researches is, that these symptoms are to be met with in such cases. The first, and the most important, is the state of the temperature; when for two or three days it oscillates about 38° C. the case is simple, and those oscillations announce its speedy subsidence. When on the contrary the temperature rises from 38 to 39° the first day and rises even to 40, 41, and 42° and more (it has been seen at 43° just before death) the case is most serious. The rise of temperature permitting one to be precise as to the diagnosis and prognosis of a malady which causes much disquietude, is M. Magnan's own discovery, and this taking of the temperature allows one to distinguish the idiopathic delirium tremens which occurs immediately after alcoholic excesses from the delirium tremens of the wounded and of patients with whom it is intercurrent. In those cases the temperature corresponds with the complications, the traumatism, the pneumonia, the erysipelas, and its rise follows the ordinary course of those affections.

M. Magnan has remarked, moreover, that in the gravest cases of delirium tremens you may observe besides well-known trembling a very noticeable disturbance of motility consisting in a quivering of the muscular fibrillæ which is developed under percussion or pressure. The third sign is a paralysis amounting to paraplegia of the lower limbs in the worst cases to simple weakness in slight ones. But those two last signs are far from having the value of the first.

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Medical News.

Royal College of Surgeons of England.—The annual meeting of the council for the elections to the various offices in the college took place on Thursday, when the following gentlemen were elected for the ensuing year:—*President*, T. B. Curling, Esq., F.R.S. *Vice-Presidents*, F. Le Gros Clark, Esq., F.R.S., and Sir James Paget, Bart., D.C.L., F.R.S. *Examiners in Medicine.*—Dr. T. B. Peacock, of St. Thomas's Hospital, and Dr. Wilks, F.R.S., of Guy's Hospital. *Examiner in Midwifery.*—Dr. Arthur Farre, F.R.C.P., Dr. Robert Barnes, F.R.C.P., and Dr. W. O. Priestley, F.R.C.P. *Professor of Comparative Anatomy and Physiology.*—W. H. Flower, Esq., F.R.S. *Professor of Surgery and Pathology.* —T. Holmes, Esq., F.R.C.S. *Professor of Dermatology.*— Erasmus Wilson, Esq., F.R.S.

Queen's University in Ireland.—The following candidates have passed the first University examination:—James Franklin Allen, Adam Anderson, J. Fisher Anderson, Hugh de Veaux Balbirnie, William Armstrong Burges, Robert John Camac, Arthur Robert Campbell, A. Mathewson Edge, William Ferguson, Turner J. Fisher, P. Johnson Freyer, William Gleeson, Francis Grew, James Hamilton, John Holmes, Wm. Samuel Irwin, William Jennings, Alexis MacAuliffe, Hugh Moreland M'Crea, Daniel Maguire, Aurelius Victor Maybury, Samuel Edgar Martin, Edward Joseph Murtagh, P. Fenelon O'Connor, Daniel J. O'Sullivan, Christopher Pearson, David Robertson, Wm. Ross, Michael Richard Ryan, Cæsar Dudley Sherrard, John Monteith Warren.

Drug Supply.—A company has been started in London, under the title of "The Universal Drug Supply Association" with a capital of £50,000, to supply drugs and dispense prescriptions at a much lower rate than can be done by existing establishments; in fact, it is co-operation applied to drugs. Another feature is, that for the benefit of the necessitous poor persons charitably disposed can purchase books at the store, containing orders which, when filled up, will entitle the recipient to receive the goods of the association at cost price.

Dr. Brown-Sequard is to co-operate with Professor Agassiz in establishing the school of natural history on Penikese Island.

By the will of Mr. Francis Hastings Toone, late of No. 80 Portland Place, the personal estate being sworn under £400,000, the testator gives £2,000 to the Establishment for Ladies in Ill-Health, 90 Harley Street; £1,000 New Three per Cent. Stock to the Middlesex Hospital; £1,000 each to the Lock Hospital, and the Samaritan Hospital.

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Gleanings.

Fatality of Pneumonitis Under the Supporting Treatment.

Dr. EDWARD MONTGOMERY, of St. Louis, writing to the *Medical Archives*, refers to pneumonia as the most fatal disease in that city next to consumption, and makes the following remarks on the opposite methods of treatment:—

On reading the articles on pneumonia, written by the advocates of a supporting and expectant system of treatment, we might readily believe that this very grave and very fatal malady was quite a trifling affair—a disease that would, in nearly every instance, run its natural course to a safe and happy issue if not interfered with by bleeding, purgatives, tartar emetic, and other depleting remedies. This is a most stupendous error, as the mortuary reports of all countries where the disease prevails will abundantly testify. I do not think that pneumonia is a very common disease in this city, and I think this opinion will be corroborated by all the extensive practitioners here, and yet we have yearly more deaths from that disease than from any other except consumption, or when an epidemic, such as the cholera or small pox, has prevailed But it may be said that this fatality may be caused in part at least, by the antiphlogistic treatment pursued; but I will again appeal to the old, experienced physicians here, who have enjoyed ample opportunities of observing the systems of medication adopted, and I think it will be generally conceded that this so-called spoliative and depleting system has not prevailed here to any extent for the past ten or fifteen years. I am firmly convinced that the writings of Bennett of Edinburgh, of Tanner, of Todd, Chambers and Austin of London, of Skoda of Vienna, of Watters of Liverpool, and of Prof. Flint and others of this country, have had the effect of almost banishing the antiphlogistic treatment from this city. For the past twenty years we had a gentleman here who made it his special business to bleed, cup and leech for the Profession, and he has often told me that there was so little of that kind of practice done for the past ten years that he was anxious to go into some other kind of business, and yet this gentleman was so fully competent for his duties, and so very popular with both physicians and patients, that he received nearly all the business in the city in that line. From a rather extensive acquaintance and familiarity with the physicians of the city, I believe that very few of them ever employ venesection at all, and the employment of tartar emetic or calomel in the treatment of pneumonia is almost totally abandoned, and yet the death rate from this disease is here on the increase.

Methods of Testing the Purity of Milk.

The most important tests for the purity of milk may be enumerated as follows :—1st. The total amount of solids in 100 parts of the milk. Pure milk, exposed to a water-bath heat till completely desiccated, loses about 87½ per cent. of its weight. The residue rarely amounts to less than 12 per cent. ; if it falls as low as 11 per cent., we may safely pronounce it either skimmed or watered. 2nd. The amount of curd which the milk yields when treated with a few drops of acetic acid and boiled. The curd, consisting of caseine and fat (butter) is filtered out, washed, dried, and weighed. The amount of curd varies considerably, but should not be less than 7½ per cent. of the milk. 3rd. The amount of butter, which is determined by adding to 20 grains of the milk 10 grains of charcoal in powder, evaporating to dryness, and dissolving out the fat with ether. The amount varies between 3·1 and 3·56 per cent., according to the "richness" of the milk. 4th. The amount of sugar, which is estimated volumetrically in the whey, after the precipitation of the curd by acetic acid. According to Boussingault and Paggiale, who rely upon this method for establishing the purity of milk, the sugar constitutes from 5 to 5.27 per cent. of the weight of the milk. Other analyses, however, yield a smaller average proportion, falling even as low as 4 per cent. 5th. The specific gravity of the specimen, both before and after skimming. The specific gravity of pure milk varies widely (between 1.019 and 1.033), the richest milk showing the lowest gravity. A better test of the purity of milk is found in the specific gravity of the whey after coagulation by acetic acid and heat. This rarely varies much from 1.027. Skim milk, if pure, has a pretty constant specific gravity of about 1.029. 6th. The volume per cent. of cream, which is obtained by allowing the milk to stand for 12 hours or more in a test-tube graduated from the top downwards into hundredths. Good milk should yield about 10 per cent. of its volume of cream, but the amount varies between wide extremes. 7th. The amount of ash found by the ignition of the desiccated milk. This should not exceed 1 per cent., and is generally found to be about three-fourths of 1 per cent. 8th. The opacity which milk imparts to a given volume of water—the so-called optical test. 9th. The use of the microscope, by which colustrum corpuscles, animalcules, &c., are detected.—*Condensed from Boston Journal of Chemistry.*

Rubber Bands in the Treatment of Fractures.

Dr. J. W. Southworth, of Toledo, O., writes to the Buffalo *Medical Journal* :—There are few of us, I apprehend, who have not unfortunately found, after a first or subsequent dressing of a broken limb, that the straps had become loosened, the splints and the fragments of bone displaced, which were so carefully adjusted and treated *secundem artem.* This misfortune we have often, no doubt, very justly attributed to the imperfection of the means at our command ; though sometimes, very properly, to the refractory or careless disposition of the patient, this being most common in young subjects, whom, by the way, it is more imperatively the part of the physician to "cure" with as perfect and useful a limb as possible. Such a desideratum, I am happy to state from personal experience, is attainable by the substitution of elastic retention bands in lieu of the ordinary inelastic cloth bands or bandages, or straps of webbing. These elastic straps are most promptly improvised by taking the common rubber bands (from one-quarter to one-half inch in width, by two inches it length) found in book or drug stores ; doubling them and passing strips of strong muslin or factory cloth through the doubled band so as to make it a part of the strap ; thus allowing it to be stretched to the extent deemed advisable to produce the requisite degree of constricting force when applied around the splints.

In fractures of the fore-arm treated with two lateral splints, four such straps usually suffice for grown persons, and for children also ; but in them the smaller sized bands (doubled) are to be used. In fractures of the leg or thigh more will be necessary, of course. Where two parallel lateral splints are used, as in fractures of the fore-arm, the rubber portion of the encircling straps must be placed between the opposing splints alternately on the superior and inferior borders, so as to counterpoise or preserve the balance of the constricting forces ; and in cases of the arm, leg, or thigh, where more splints are used, the rubber part of the straps should be likewise adapted to the interspaces of the splints, in order to attain the same object as nearly as possible.

By these means a sufficient amount of retentive force is *constantly* in operation, and if much swelling takes place there will be a conservative yielding of the encircling bands, which is not the case where cloth, webbing, or leather straps are used. Also, when the swelling subsides, no matter *how rapidly*, there is always a coincident as well as a commensurate adaptation to the diminished size of the limb, through the agency of the rubber ; thus preventing as far as possible, an accident so much to be avoided in case of restless or refractory children, or even in older subjects. As an after dressing, when osseous union has taken place, and nothing but a precautionary use of splints is required, the use of these elastic bands or straps around either sole leather pasteboard, or felt splints is the most perfect dressing, in my estimation, yet devised. I am quite sure that those who resort to their application will not dissent from such conclusion.

It is, of course, understood that proper support by bandages will be given to the injured limb below the seat of fracture, or at least up to the distal ends of the splints. By this plan we may bid good-bye to the cumbersome plaster of Paris after-dressing for all ordinary cases and circumstances.

Bromide of Iron.

This remedy is advocated by Dr. Norris, of Wisconsin, as a specific in involuntary seminal emissions and spermatorrhœa. He has administered it three times daily, an hour before or after meals, in doses of from three to five grains, rubbed up in a little syrup. Professor Namais (*Practitioner*) states that this remedy corrects defective formation of blood, quiets nervous excitation and produces the combined effect of iron and the bromides. He regards bromide of iron as being in many instances a therapeutic agent of superior value in epilepsy even to the bromide of potassium.—*New York Medical Record.*

Material for Hypodermic Injections.

The aqueous solutions of the alkaloids are soon impaired by the growth of minute fungi on the surface. This is prevented by the adition of 20 per cent. of glycerine. Sulphuric acid is thought to be better than hydrochloric, to facilitate the solution of the salts.

Contribution to the Study of Puerperal Septicæmia.

The following is the summary of the conclusions arrived at by M. d'Espine in his long and elaborate articles on this important subject, recently published in the *Archives Generales de Medicine.*

1. Puerperal septicæmia consist of a series of symptoms, the gravity of which is in direct relation to the quantity of septic matter absorbed by breaches of surface in the uterovaginal canal.

2. These symptoms are not peculiar to the puerperal state, and ought to be classed with those produced by septicæmia in the wounded and in animals.

3. The source of puerperal septicæmia is always the uterus or vagina ; and all causes which prevent the healing of the bared interior of the uterus, or which favour the production of septic matter in its neighbourhood, have an important action in its production.

4. The most common channel of absorption is through the lymphatics, and its passage through them can generally, but not always, be traced by lymphangitis.

5. Peritonitis is the result of the conveyance of septic matters through the lymphatics of the uterus, and it may be compared to the local inflammations which develop round infected wounds.

6. The effect of septic absorption is to develop congestions and inflammations in internal organs, chiefly in the lungs, kidneys, and intestines ; subserous ecchymoses and internal interstitial apoplexy ; internal and external inflammations, which localize themselves in the neighbourhood of the serous membranes ; *during life,* these actions are recognised by fever,

diarrhœa, pulmonary congestion, epistaxis, and often by fugitive cutaneous eruptions.

7. Milk fever has no existence; febrile action in the first week after delivery almost always depends on absorption of lochia through slight abrasions or alacerations of the utero-vaginal canal. It may continue for some weeks should the uterus not be firmly contracted, or should the lochia be fœtid. In the latter case ulcerations, through which absorption takes place, may almost always be found either on the cervix or in the vagina.

8. These slighter affections are often, but not always accompanied by angiolencitis and slight perimetritis. When the septic poison continues long we may have consumption and death (*phthisic septique*).

9. Puerperal *pyæmia* is a complication of septicæmia, and is almost always accompanied by the presence of pus in the veins of the uterus.

It is a comparatively rare occurrence, and probably depends on septic embola being impacted in the veins. Metastatics visceral abscesses are secondary to it, while almost all the inflammations of the cellular tissue and of the articulations depend on lymphathic infection, and are not embolic in their origin.—*New York Medical Record.*

Transcendental Quackery.

Dr. M'Clelland, in his report on civil malpractice, sets down as quacks those who assert in their therapeutics that the administration of 1,000,000,000,000,000,000,000,000,000th of a grain of carbonate of lime (common chalk) produces no less than 1,090 symptoms, from which the following are selected by him: "On the fifth day, itching on the border of the eye-lids; thirteenth day, in the evening, on going out, unsteady gait; seventeenth day, ardent venereal desires, especially during a walk before dinner; twenty-first day, great heat at the extremity of the big toe; twenty-eighth day, itching at the anterior part of the glans penis after micturition." The doctor must have been reading the poets.—*Pac. Med. and Surg. Journ.*

Mercury and Iodide of Potassium in Syphilis.

Dr. Willard Parker, of New York, in a recent clinical lecture reported in the *Medical Record*, sets forth the following views:—

I am aware that I differ with many of my brethren in the treatment of syphilis, but I believe that the poison of syphilis can only be removed from the system in almost all cases by the judicious and wise use of mercury. This mercury is to be used wisely and in moderate doses, so as not to impair the vigour and health of the system. Very often it is important to make use of some tonic at the same time, such as quinine or the preparations of bark. These have been my convictions for a great many years, and I give them as the result of my own practical observation, and have never seen any reason to vary the conviction that iodide of potassium, alone, cannot overcome the syphilitic poison in the system. The iodide of potassium, however, is a very valuable remedy in the treatment of syphilis, but it comes in after we have accomplished our purpose with mercury, in order to remove any deleterious effects of the mercury which may be left in the system. Here its value cannot be over-estimated. The powerful effect which the iodide of potassium has upon the system, especially where mercury has been employed pretty freely, is sometimes seen in the profuse ptyalism which it produces, and if the syphilis receives any benefit from the administration of iodide of potassium, I believe it is in those cases which have been heretofore treated with mercury and the iodide arouses the mercury to new action. You can remove mercury from the system by the use of iodide of potassium, but you can never remove syphilis by using it. At the same time we use iodide of potassium in order to get good results in the system, I almost always employ the iodide of iron, as you see in this case. The point is, as has been stated, to bring the system up to par. The usual formula which I employ consists in six drachms of the iodide of potassium, one ounce of syrup iodide of iron, and make a six or eight ounce mixture. . . . . The plan which I adopt and recommend in the treatment of syphilis is as follows:—Take a case of genuine Hunterian chancre. I commence with the administration of iodide of mercury in one-half grain doses twice in twenty-four hours, combined with something, perhaps hyoscyamus or lactucarium, to prevent irritation of the mucous membrane of the intestinal canal. Continue this, in connection with a true diet, consisting of simple plain material and such as will produce healthy blood, embracing breadstuffs, eggs, milk, and meat twice a day, and cutting off entirely tobacco and all alcoholic drinks; continue the doses until the feeling of hardness about the chancre is all gone. Then stop the remedy, and watch the patient. If the disease begins to come out in the system, manifesting itself by glandular enlargements, diseases of the skin, affections of the fauces, or any one of those evidences, which shows that the poison is still in the system, resume the mercury as before and continue it until the disease has again passed away. It will be necessary to watch these patients for a long time, at least for months, and perhaps for a couple of years or more.

NOTICES TO CORRESPONDENTS.

Notice to Subscribers.—Gentlemen who have not paid their Subscriptions for the past year are respectfully reminded by the Publishers of the omission.

☞ **Correspondents** requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

Local Newspapers, &c.—When forwarding newspapers containing news or articles to which our attention is wished to be drawn, correspondents will oblige by marking the copy, as it is impossible for us to wade through all the country papers we receive.

Mr. W. C. Palmer.—Not suitable for our columns.

Sanitary Officer.—You cannot do better than consult the work mentioned.

An Overworked Practitioner.—The inconvenience you experience in opening your eyes wide is the result of increased sensitiveness of the nerve, to which a natural degree of light conveys as powerful a stimulus as a strong glare would to a healthy eye. The effort which you find necessary to make "to look within yourself," is the effort necessary to throw your accommodative mechanism into violent action to overcome your long-sightedness. It is part of your disease, but not a natural consequence of your age, that you should be over long-sighted. That condition would, in a healthy middle-aged man, be set right by convex glasses, but cannot be so remedied in your case, as it arises from a diseased condition.

Australian Gold.—It will surprise many of our readers to learn that the British Colony of Victoria, Australia, has since 1851, in round numbers, sent to England £150,000,000 of gold. This amount would seem incredible if it were not authenticated by official statistics of the Government of Victoria. The yield of gold slowly declined up to the date of 1871, when the yield began to increase in consequence of the development of quartz mining, more especially at Sandhurst and Clunes. The amount of gold exported from Victoria per month is over half a million sterling. There can be no doubt that this influx of gold has had a great deal to do with the unprecedented prosperity of the mother country these past twenty years. Some of the companies pay as much as 400 per cent. per annum—a trifle better than Medical visits at from one to five shillings each!!

Army Medical Department.—The next examination of candidates for commissions in Her Majesty's Army will take place on the 7th proximo. Applications must be made at once in writing to the Director-General, Medical Department, War Office, London.

Dr. E. W.—Your letters have been forwarded to the proper quarter, and a reply requested.

J. S., Manchester, is referred to our advertisement columns for the information he requires.

Dr. F. S. W. C., Liverpool.—Received with thanks.

Mrs. Butler of Liverpool and the Contagious Diseases Act.—We have received from Dr. Ewing Whittle, of Liverpool, a strong letter in reference to the terms in which an editorial note, which appeared in our issue of July 2nd, was couched. The note in question had reference to the agitation against the Contagious Diseases Acts, and referred in caustic terms to Mrs. Butler, a lady in Liverpool, who had become notorious by her public lectures on prostitution and other cognate subjects. Dr. Whittle is of opinion, that this "gifted and high minded lady" should have been spared the sarcasm, and he calls on us for "an ample and humble apology."

As regards the tone of our editorial note, we have to confess that, having been written by a contributor who strongly advocates the extension of the Contagious Diseases Acts, it was not in accordance with the position of neutrality as to this question, which the Medical Press has studiously maintained, and if it had been read as carefully as it ought to have been, it would not have appeared in our columns. As regards the causticity of our reference to Mrs. Butler, we have to remind Dr. Whittle, that when a lady steps upon the platform of a mob meeting, in the character of an experienced exponent of so very unlady-like a subject as prostitution and its effect on the propagation of syphilis, she must expect to leave behind her her claim as a lady to tenderness in criticism.

A lady who publicly debates a subject which few men would undertake to expound to a mixed audience, must have made up her mind not to be mealy-mouthed, and she need not expect her critics to be less so. She is, no doubt, well intentioned, and so we claim to be ourselves but laudable objects are not always a sufficient apology for objectionable methods, and ladies who undertake to outdo the masculinity men have no right to shelter themselves beneath the gallantry which is the natural due of their sex.

Dr. Charles Kidd having had his letters returned unopened from our office on recognition of his well-known caligraphy, now, to spare us no infliction, resorts to the ruse of feigning a different handwriting and spelling his words wrongly. Regard for our readers forbids our punishing our revered correspondent by publishing his communications.

Communications, with Enclosures, &c., have been received from—Dr. A. H. Smith, New York. Mr. Critchett, London. Sir Duncan Gibb, London. Dr. Henry Bennett, London. Dr. Bell Taylor, Nottingham. Mr. H. Strickland Constable, Hull. Dr. Ewing Whittle, Liverpool. Dr. Butler, Philadelphia. Dr. Francis Hogg, Meerut, India. Mr. Chas. Lunn, Birmingham. Dr. Alexander, Vienna. Mr. Spencer Watson, London. Mr. Squire, London. Mr. Cesburn, Newbury. Dr. Drysdale, London. Mr. Gillingham, Chard. Mr. R. Baker, Belfast. The Secretary of the Royal Institution of Great Britain. Dr. Maul, Southampton. Dr. Greene, Camberwell. Dr. Hatton, Coleford. Mr. W. Volckman, London. Dr. Blake, Taunton. Dr. Handsel Griffiths, Dublin. Dr. Bratt, Shipston-on-Stour. Dr. Gordon, Saintfield. Dr. Maunsell, Dublin. Mr. Meredith. Dr. Watson, Kensington. Mr. Sampson, York. Mr. Proctor, Lydd. Mr. Dillon, Dublin. Dr. Robertson, Buxton. Dr. Fanvel, Paris. Mr. Lunn, Edgbaston. Dr. Owens, Dublin. Mr. Neville, Chorley. Mr. Trenchard, Buxton. The Registrar General. Dr. Hamilton, Navan. Dr. Fitzgerald, India. Dr. McDonnell, Dunmore. Dr. Conolly, Moycullen. Dr. Roche, Fermoy. Dr. O'Neill, Dublin. Dr. McNally, India. Dr. McKeay, Coleraine. Dr. W. Roe, Dublin. Dr. Gardiner, Cork. Dr. Middleton, Mullingar. Dr. Garland, Newry. Dr. Donovan, Adan. Dr. Pendleton, Blackrock. Dr. Spencer, Letterkenny. Dr. Poyntz, Abbeyleix. Dr. Pim, Lucan. Dr. Jones, Cork. Dr. O'Connell, Woolwich. Dr. Jagielski, London. Mr. Tichborne, Dublin. Dr. Orange, Broadmoor Convict Asylum. Dr. Whittingham, Tuxford. Dr. Robinson, New York. Dr. Williams, Hayward's Heath. Dr. G. F. Blacker, Midsomer Norton. Dr. Campbell, Liverpool. Dr. Akerman, Westbourne Park. Dr. Sharpe.

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BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

Diseases of the Ear. By W. B. Dalby, F.R.C.S. London: J. and A. Churchill.

On the Operative Surgery of the Foot and Ankle. By Henry Hancock, F.R.C.S. London: J. and A. Churchill.

On Marienbad Spa. By A. V. Jagielski, M.D. London: Trubner and Co.

Doctors, Vaccination, and Utilitarianism. By H. Strickland Constable.

The Pneumatic Aspiration of Morbid Fluids. By Dr. G. Dieulafoy. Translated from the French. London: Smith, Elder.

A System of Midwifery. By Wm. Leishman, M.D. Glasgow: James Maclehose.

New York Medical Journal. Detroit Review of Medicine. Buffalo Medical Journal. Lyon Médical. Guy's Hospital Gazette. Student's Journal. Tribune Médicale. Canada Medical Journal. El Pabellon Médico. Allgemeine Medizinische Zeitung. Nature, &c.

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VACANCIES.

Port of London. Medical Officer of Health. Salary £400 per annum. Applications to the Town Clerk, at the Guildhall.

North Staffordshire Infirmary, Stoke-on-Trent. House-Surgeon. Salary £80 per annum, with board and residence.

Wolverhampton General Hospital. Physician's Assistant. Salary £100 per annum, with board and residence. Address The Secretary.

Penrith Union. Medical Officer of Health for the Rural Sanitary District. Salary £300 per annum. Address Mr. W. B. Arnison, Penrith.

Saffron Walden Union, Essex. Sanitary District. Medical Officer of Health. Salary £700. Applications to Mr. W. Thurgood, Saffron Walden.

West Riding Asylum, Wakefield. Clinical Assistant. Board and residence, without salary. Address Dr. Crichton Brown.

Leicester Infirmary. House-Surgeon. Salary £120 per annum, with board and residence. Address the Secretary.

Borough of Birmingham. Surgeon to the Prison. Salary £100 per annum. Address the Governor, Borough Prison.

Northumberland County Lunatic Asylum. Assistant Medical Officer. Salary £100 per annum, with board, residence, and washing. Address the Medical Superintendent.

Royal Berks Hospital. Assistant Physician. Honorary.

West Herts Infirmary. House Surgeon. Salary £100 per annum, with residence. Address the Secretary, Infirmary, Hemel Hempstead.

Wrexham Infirmary. House-Surgeon. Salary £90 per annum, with furnished apartments. Apply to the Secretary.

Chester. Medical Officer of Health for the combined districts. Salary £600 per annum. Address the Town Clerk, Chester.

Westminster General Infirmary, Soho. Surgeon. Honorary.

Charing Cross Hospital. Assistant Physician. Honorary.

St. Peter's Hospital for Stone, London. House-Surgeon. Apply to the Hon. Sec.

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APPOINTMENTS.

Bickerton, A. W., F.C.S., Public Analyst for the Main Division of Hants.

Branson, H. J., M.D., M.R.C.P.Ed., Hon. Physician to the Sheffield Public Hospital and Dispensary.

Brown, G., L.S.A., House-Surgeon to the Charing-cross Hospital.

Clarke, F. H., M R.C.S.E., Medical Officer for District No. 7 of the Kingsbridge Union.

Clouting, J. R., M.R.C.S.E., Medical Officer for the East Bradenham District of the Swaffham Union.

Colman, W. T., M.R.C.S E., District Medical Officer (*pro tem.*) to the Brighton and Hove Dispensary.

Hassall, A. H., M.D., Public Analyst for the Isle of Wight Division of Hants.

Holden, J. S., M.D., Medical Officer of Health for the Sudbury Rural Sanitary District.

Jones, Mr. E. T., Public Analyst for the Southern Division of Staffordshire.

King, J. B., M.D., M.R.C.S.E., a District Medical Officer (*pro tem.*) to the Brighton and Hove Dispensary.

Macdonald, Dr. J. D., Medical Officer for the Drymen and West of Stirlingshire District.

Macleod, M.D., L.R.C.S.Ed., Assistant Medical Superintendent of the Cumberland and Westmoreland Counties Lunatic Asylum.

Parsons, F. J. C, L.R.C.P.L., Medical Officer of Health for the Bridgewater Urban and Rural Sanitary Districts.

Prowse, W., M.R.C.S.E., Medical Officer of Health for the Little Woolton Urban Sanitary District.

Reckitt, W. B., M.R.C.S.E., Junior House-Surgeon to the Royal Free Hospital, Gray's-inn Road.

Ritchie, W., M.D., M.R.C.S.E., Medical Officer and Public Vaccinator for the Hoyland District of the Barnsley Union.

Scott, Mr., Public Analyst for the Northern Division of Staffordshire

Shaw, W., M.R.C.S.E., House-Surgeon to the Beckett Hospital and Dispensary, Barnsley.

Talbot, R. M., L.R.C.P.Ed., Medical Officer of Health for the Poplar North District (Bow and Bromley).

Vores, W. M., M.R.C.S., House-Surgeon to the Great Yarmouth Hospital.

Westcott, W. W., M.B., M.R.C.S.E., Medical Officer for District No. 1 B of the Langport Union, Somersetshire.

Williams, B. H., M.R.C.S.E., Resident Surgeon and Apothecary to the Buckinghamshire General Infirmary, Aylesbury.

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OPERATION DAYS AT THE LONDON HOSPITALS.

Wednesday, July 16.

Middlesex Hospital.—Operations, 1 p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
St. Bartholomew's Hospital.—Operations, 1½ p.m.
St. Thomas's Hospital.—Operations, 2 p.m.
St. Mary's Hospital.—Operations, 1¼ p.m.
King's College Hospital.—Operations, 2 p.m.
Great Northern Hospital.—Operations, 2 p.m.
University College Hospital.—Operations, 2 p.m.
St. George's Hospital.—Ophthalmic Operations, 1¼ p.m.
London Hospital.—Operations, 2 p.m.
Throat Hospital.—Demonstration, 2½ p.m.
Cancer Hospital.—Operations, 3 p.m.

Thursday, July 17.

St. George's Hospital.—Operations, 1 p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
University College Hospital.—Operations, 2 p.m.
Throat Hospital.—Demonstration, 2½ p.m.
Royal Orthopædic Hospital.—Operations, 2 p.m.
Central London Ophthalmic Hospital.—Operations, 2 p.m.

Friday, July 18.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Royal South London Ophthalmic Hospital.—Operations, 2 p.m.
Central London Ophthalmic Hospital.—Operations, 2 p.m

Saturday, July 19.

Hospital for Women, Soho square.—Operations, 9½ p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Royal Free Hospital.—Operations, 9 a.m. and 2 p.m.

Monday, July 21.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
St. Mark's Hospital.—Operations, 2 p.m.
Metropolitan Free Hospital.—Operations, 2 p.m.
St. Bartholomew's Hospital.—Operations, 1½ p.m.
King's College Hospital.—Operations, 1½ p.m.
Charing-cross Hospital.—Operations, 2 p.m.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 23, 1873.

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CASE OF HOUR-GLASS CONTRACTION AND MORBID ADHESION OF PLACENTA, WITH RUPTURE OF THE FUNIS.

By D. Donovan, Jun., M.D.

The following brief notes on the above case may prove of interest, as they show what danger in country practice is likely to arise from the ill-timed and injurious custom, too often had recourse to by ignorant midwives, of pulling forcibly at the umbilical cord.

On the 10th of June, 1873, I was summoned to attend Mrs. M. C., æt. 32, residing in Drinagh. The messenger, her husband, appeared greatly alarmed, and informed me that his wife was on the point of death from exhaustion and flooding. She had been safely delivered (so far) of a male infant (her second child) at five a.m. on the morning of the 10th, and the placenta not coming away, the midwife pulled forcibly at the cord, which broke across during the effort. Such was the account given. After a ride of twelve miles through the mountains, we arrived at his residence about two p.m., and on entering the sick chamber I found my patient in the recumbent position on the floor, terror depicted on her countenance, and evidently suffering from collapse. The fundus uteri was greatly distended; a piece of twisted calico, like a rope, by way of a binder, had been knotted tightly around the abdomen; its pressure being entirely exerted on the epigastrium; the result being to tilt the fundus uteri forwards; the face was cold and blanched, the pulse quick, weak, and compressible. Evidently no time was to be lost. After friction and compression for some time with the right hand, which had been immersed in cold water, and administering a little wine, I introduced the left hand, which passed easily through the external os uteri, but on passing it up as far as the internal os the characteristic hour-glass contraction was discovered, and at first I was only able to insert the extremities of two fingers. After a gradual and somewhat prolonged effort, owing to the great resistance, and with considerable suffering to the woman, I was enabled to introduce the entire hand into the cavity of the uterus, which was full of clots, and enormously distended, both from the internal hæmorrhage and the want of proper uterine contraction. Having searched about for some time with the necessary gentleness of movement and caution, I finally detected the placenta firmly fixed at the upper end of the fundus, on the right side.

On grasping the placenta I discovered that it was firmly attached to the uterine structure, and at first a small portion of it came away on using traction, but after a short time I continued to detach the entire mass, and cautiously withdrew it.

By means of friction over the abdomen, and the administration of ext. ergotæ fluid, two drachms being given in divided doses, the necessary action of the uterus was restored, and the patient being resuscitated after a short interval by the timely and cautious use of stimulants, I applied a binder firmly around the abdomen.

On examining the placenta I discovered that it was about half the normal size, pale and shrunken; the umbilical cord broken off at the point of attachment, there being consequently no guide to the hand of the operator. I remained for an hour in the house to watch the progress of the case, and then left—the patient having completely rallied from the state of collapse and no dangerous symptoms of hæmorrhage or exhaustion being apparent, and the uterus being firmly contracted at the same time.

She suffered during the following two days from severe after-pains, numerous clots being expelled; but fortunately no febrile symptoms supervened, and she is now quite well (July 10th), and able to walk about, and attend to her ordinary duties.

This case, though not a very rare one, is interesting, so far as it proves the danger likely to result from the injudicious practice of pulling forcibly on the funis, and also the benefit arising from friction, and the use of the ext. ergotæ in exciting uterine contraction; at the same time that the great collapse which had set in was overcome by the timely administering of stimulants.

There is no doubt that in many cases the *post-partem* fevers which result are the consequence of inefficient uterine contraction, clots being retained in the cavity of the uterus, and the expelling power of the uterus not being sufficiently restored by mechanical means, viz., friction, compression, and also the use of ergot to expel these clots, which must accumulate to an excessive amount in cases such as I am now describing. In such a case opium would have been inadmissible at first, and I refrained from using it until the day following, when it was merely had recourse to in a small dose to allay pain and procure sleep.

I have merely brought this case forward as one of the interesting ones which sometimes come under the management of a country practitioner, which it is well to make a note of, and though nothing exceptional or strange can be adduced, the symptoms, means adopted, and result are deserving of a passing notice.

Skibbereen, co. Cork.

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ON THE PHILOSOPHY OF THE VOICE.

By Charles Lunn.

"Before you can possibly be safe in dealing with Nature, you must get two or three kinds of cross proofs, so as to make sure not only that your hypothesis fits that particular set of facts, but that it is not contradicted by some other set of facts which is just as clear and certain."—(Prof. Huxley.)

The present age is essentially one of revision and research; no longer are the accepted notions of bygone times taken as granted, but sufficient proof is required that what has been advanced on any given thing has borne the scrutiny of science, and has been weighed in the cold scale of logic. Of late years a part of the artistic world has been trying to teach the members of the Medical Profession, and through them others, the science underlying the art of voice production; and the reproduction in the Medical Press and Circular of Signor Garcia's observations, taken in connection with a lecture delivered at University College and reported in the *Lancet* of February last, naturally challenges the attention of all lovers of truth in Nature and rightness in human work. If the statements made by Signor Garcia and others be true one of three things is sure: 1. Either the accepted laws of natural philosophy are unreliable, or, 2. All the observations made during dissection have been made by careless observers, and all the experimenters upon the detached larynx have been ignorant men, or, 3, failing these, the theories held by those who profess to teach us are false. Then, in the face of the grave implications conveyed by the erroneous statements made by musical men, it is right that we should reconsider the whole question of human vocal tone from its commencement, so that discrepancies may be accounted for, erroneous notions combatted, and learned ideas obtained in place of the vulgar ideas which at present prevail. As we cannot admit error in accepted laws of science, the real point at issue rests between the Medical and the Musical professions; one or the other is wrong. It shall shall be shown that the latter is, that the fallacies held by Signor Garcia (a), Madame Seiler, and others arise naturally from their reasoning being solely deductive, never inductive, and that the influence of their art tends to destroy accuracy of statement. First, then, the difference between the two professions. Medical men are essentially scientific, their very profession is based on science, and that science is a never ending one, inasmuch as it is founded on evil influence opposing human perfecture; men of art, on the other hand, require range, not depth; their power lies in conception and imagination, while the former, in common with all scientific men, have their power in perception and penetration. Men of art evoke what is not, men of science see what is. Art-product results from seeing many things together superficially, but science teaches men to see one thing profoundly and well. Then when men of art step into the alien field of science the hypotheses advanced are always suspicious, always liable to be overshadowed by the changing clouds of artistic feeling.

Now it is time all discrepancies between the conclusions of one class of men and those of another were swept away, so it shall be shown that second causes have been confused with first, inducing illogical conclusions untenable by men of science; it shall be shown that great as the discovery of the laryngoscope was, the sole use of this instrument, after satisfying the curious, is to detect disease, to guide the surgeon's eye and hand, and that its introduction into the musical profession as a teaching power will destroy the sole relic of a once great school of song, raising in its stead a pseudo-science, at which wise men may smile, but before which the thoughtless, the ignorant, and the unwary will fall unconscious victims. Moreover, the importance that all error should at once be crushed will become more apparent when we consider the constant demand for larger edifices and the paucity of orators and public speakers capable of filling by voice such buildings as at present exist. Voice training has become an inferior adjunct to music. Thus, the delegates of the Clarendon Press, as final strength of tuition, have issued for the guidance of England's embryo preachers a work by a musician, which asserts "there is no necessity for seeking any power of altering the quality of the notes in the larynx itself."—("The Cultivation of the Speaking Voice.")

We will take the embedded article of May 28th, and the report of the lecture, Feb. 8th, as the views expressed to us by those artists who have made inroads into science, and we will take Signor Garcia's Singing Tutor and Madme Seiler's "The Voice in Singing," as the elaboration of such views to their fellow artists. (The lecture at University College was but an echo second-hand of Madme Seiler's errors, so her printed words are responsible.) Against these we will take the observations made by Dr. Wyllie, of Edinburgh, and such conclusions as common sense, unprejudiced and untampered by art-instincts, may suggest. We have to test our teachers on two points: 1. Their explanations of natural phenomena. 2. Their method of procedure for the attainment of a desired result.

"Let us here observe that three registers of voice are generally admitted—chest, falsetto, and head. The first begins lower in a man's voice than in a woman's; *the second extends equally in both voices*; the third reaches higher in the female voice."—(Garcia.)

"In speaking of the compass of voices, the lecturer remarked that by many it is erroneously imagined that the female voice is simply a reproduction of the male voice on a higher scale. The fact is, that the two overlap [converge] the break between the chest and falsetto registers, occurring exactly at the same pitch, *i.e.*, on, or just above F in the first space of the treble staff."—(*Lancet*, Feb. 8). Let this be well understood; it is asserted that the male chest register necessarily has a greater number of notes in it than the female, for while this latter can never go as deep as the former, the former can extend as high as the latter; in other words, representing notes numerically, say from one to thirty, one being the lowest, a male chest register may embrace from one to sixteen inclusive, a female can only embrace from nine to sixteen; thus, this part of the female voice *must* be eight notes less in compass than the male, and *may* be more. Now, taking the elaboration of this abstract theorem we find in Signor Garcia's "Singing Tutor" as follows—he gives to the contralto—the lowest female voice—a compass of from low F to the G on second line of violin staff; to the medium—mezzo-soprano—from low A to F sharp; and to the highest female voice—soprano—from B to E. To male voices, bass from lowest E to upper D; baritone from B flat to upper F; and tenor from D to top A. Granting Signor Garcia's statement, "This register of the chest is the essential base of all voices;" we will place the compass given by him to each, arranged according to the highest limit given: We have bass to D, soprano to F, baritone to F, mezzo-soprano to F sharp, contralto to G, and tenor to A.

(a) It is to be observed that so far as teaching power is concerned the errors of Signor Garcia do in no way affect for evil his results; his results are true, but his explanations of the processes by which such results are obtained are, in part, false.

It is seen the bass ascends to D, baritone to F, tenor to A—a natural difference enough, as these voices are considered a third apart in pitch. But for the female we have E for the highest voice, F sharp for the medium, and G for the lowest, so that according to this arrangement the chest register extends in altitude *transversely* to the recognised pitch of each voice. But this is not all; it will be seen that the highest note in pitch of all the notes given is ascribed to the tenor, while the soprano—the corresponding voice in the female to the tenor in the male—has but one note above the lowest male voice. Again, the extraordinary compass with which all male voices are accredited, compared with the compass given to the female, must strike the most thoughtless observer.

Madame Seiler, in her work, simply abstracts Garcia's error, giving a division in the high part of the male voice as corresponding with a like division in the low part of the female; but, expecting her statements to ultimately conflict with those of the Medical Profession, she foils the evidence of dissection thus: "But in order to render practicable the proper stretching of the exsected larynx, muscles and membranes have to be cut, which *sufficiently proves* that the functions of the organ of singing in the living must be *differently* carried on." P. 37. Extend this statement and anatomy becomes valueless. In point of fact, nothing of the kind is thereby proved, but the exact opposite is suggested—namely, that the functions of the organ of singing are presumably similarly carried on, but better, more perfect, and more extended results would ensue from the living subject than are producible from the dead.

Now let us turn to the logical and physical side of the question. Things which are equal to the same are equal to one another, and if equals be added to equals the whole are equal. Anatomy teaches us that there is no difference between the male and female larynx save in size, so that actions are the same, and the results the same, only differing in pitch; the female being a reproduction of the male on a higher scale, and this has been amply proved by experiments made with the detached larynx. Dr. Wyllie produced what may be called the station note, that is, the note of sole approximation without tension or relaxation, G second line treble clef from a female, and E third space bass clef from a male larynx, ten notes apart. By slackening tension, each larynx could produce sounds eight notes below the station note; by increased tension and increased blast, ten pure notes above the station note were produced, upwards of two octaves of full vibrations, the female extending by the same mode of production one octave above the male. If in death such results can be obtained, greater, not lesser results would ensue from similar things in life. We accept our teacher's definitions, and call that "chest" or "thick" register, which is produced by full vibrations; "falsetto" or "thin" register, that which is produced by solely vibrations on the rim; and "head" or "small" register, that which results from a "node;" and we accept Signor Garcia's definition of a register as being "a series of consecutive and homogeneous sounds, rising from the grave to the acute, produced by the development of the same mechanical principle, the nature of which essentially differs from any other series of sounds equally consecutive and homogeneous, produced by another mechanical principle." It is an aphorism in natural physics, that there is no effect without a cause, and if, as alleged, the female voice be not a reproduction of the male, there exists a difference of construction besides that of size, which difference all anatomists in all time have on dissection failed to perceive. The *onus probandi* rests with our would-be teachers; they assert a difference, we demand proof that such exists. But more, identity in production is denied, yet universal laws are deduced from one sex as affecting both. "We will study in the voice of the tenor, the ascending progression of the chest register, and in the soprano, that of the falsetto and head registers"—Garcia.) Then either it is wrong to deny coincidence of production, or it is wrong to generalise the sexes, this dilemma proves that the inroads to science have not been sufficiently deep, and that the dogmas advanced are either fallacious or premature.

Again, we are asked to believe that the "falsetto," or those sounds which result from a vibratory rim, are identical in altitude and similar in limitation, while the instruments producing these sounds differ materially in size. Finally, we are asked to believe that the power of forming a "node" (head register) is *denied* to most men, owing to an *absence* of the cuneiform cartilages ("Voice in Singing," p. 61). We ask the cause of these discrepancies; it is futile to account for the errors by saying, "it is seen as explained," because we call attention to the fact, that of a number of notes of equal pitch and apparently similar productions, one alone shall be accurate and possess true musical sound by the voice, and that such note can scarcely be diagnosed by the laryngoscope. "Garcia says himself, that one-third of the glottis was always hidden from him by the epiglottis, and to this circumstance is the unsatisfactory character of his observations to be ascribed. But even when, after long practice, one is able at last to bring the whole glottis into view, this is not by any means enough. Not until observation has been so long continued that all the movements of the vocal organ are normal, notwithstanding the *unnatural* drawing back of the epiglottis, and not until the process that goes on is found again and again to be always the same, can it be recognised as fact ("Voice in Singing," p. 40).

To this we object; the experimenter could not possibly know, under such contortions, that the vocal organs were acting in their "normal" state, and in order to render practicable the desired observance of the instrument during the emission of sound, muscles and membranes had, by "long practice," to be distorted, which sufficiently proves that the functions of the organ of singing, when accurately emitting tone, are *differently* carried on. But jesting apart; to diagnose an ugly, unmusical tone, that being falsely produced is readily "found to be too fatiguing," and therefrom deducing fixed laws, is about as sensible as taking a cripple to represent the human race in its most perfect state. The laryngoscope is an invaluable surgical instrument, but unless the better sense of the musical profession prevails, singing masters will stand a chance of being hoisted from their own petard.

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INDIAN MEDICAL NOTES.—No. III.

(FROM OUR SPECIAL CORRESPONDENT.)

MEERUT, UPPER INDIA,
June, 1873.

"SETTLING DOWN."

THIS morning, at breakfast, the rattling of chains in an adjoining room excited curiosity, and, on inquiry of the mess waiter, found two murderers under the charge of a prison warder repairing the floor cloth—neatly clad, fine splendid men in perfect health, allowed knives and all necessary tools, the clanking of the fetters about their legs causing neither inconvenience, apparently, nor shyness. Fancy such stalwart villains let loose, as in the old days of the mutiny. Returning to one's strawberries, mangoes, and peaches, read in the *Pioneer* an interesting letter, the purport of which runs, that straw beds in barracks are objectionable, full of vermin, exhaling offensive odours, impregnated with dust, *débris*, insects (dead and alive), with every noxious pestilential particle floating in the air, in the miserable stable, or the fever-stricken village. The writer suggests reverting to the old cotton rug; but, who knows, perhaps he is a contractor touting for an order. Daily one grows more suspicious, wondering who is the greatest rogue, for fraud and adulteration appear religious obligations. A man milking goats or cows has to be carefully watched; the butcher will palm off the former animal for mutton; the spirit merchant will send brandy hermetically sealed, bearing the image and superscription of a good firm. Just examine the bottom of the bottle, there find a tiny flaw where a hole has been drilled, the good liquor removed and replaced by hot fiery stuff drugged with sugar, beetroot, potatoes, corn, spirit, or sawdust. Port wine, a remedy which even the natives swear by, tastes occasionally very peculiar; but whether mixed with lead, logwood, alum, gypsum, sloes, or inferior grapes, can only be detected by an expert with books and laboratory, and a stationary appointment. This same official (well paid) could analyse all foods, drinks, cases of suspected poison, also the water of the station, and be a terror to negligent officials. Further, considering the enormous consumption of quinine and ipecacuanha, the demand for opium, these drugs might be constantly examined; also experiments made to substitute native remedies. Malarial fevers are on the increase; ten grains of quinine for a man, a drachm for a horse, several grains for even young children daily required. The expense must be enormous. I have been told also that these very drugs sometimes are procured fraudulently by well-to-do natives. Perhaps it is a waste of time alluding to these things; every country peculiar in its customs. Supposing a wet nurse is hired, in addition to wages, so much must be paid for breaking her caste; she must occasionally smoke, have the first cut of everything, as a rule, however, only drinking water. Striking for higher wages she will take drugs to drive away milk, will have opium concealed ready for popping into the mouth of a squaller, or, instead of a young infant, her suckling son will be four years of age, which may account for your child suffering from eczema. Then, again, supposing you are ill or disabled by a fractured leg and require a bed pan, not one of your numerous retinue will lift a finger, but cry aloud for the sweeper, who is either playing cards, asleep, or drinking in the bazaar. So much for caste, which, however, permits the native to take as much money as he can; the sooner the farce is exploded the better, and gradually it will die out. Many of these natives, however, are in the hands of usurers who dole out pittances insufficient to provide the necessaries of life; thus leprosy, malaria, and famine fevers are encouraged amongst the peasantry. To-day an order forbids soldiers entering the bazaars where there are cases of variola. Now arises a difficulty—it is inexpedient, impracticable, worse than useless, to vaccinate in hot weather, the children born now must wait. We can keep the men out of the infected districts; but the native servants, cooks, sweepers, washermen, constantly in and out of barracks, live in these dens. The Contagious Diseases Acts have been very beneficial here. The women occupy a row of clean mud huts, each bearing a distinctive number. The furniture mainly consists of a bed. The tariff is about sixpence, and no drinking is allowed. Only those who are acquainted with the wholesale ravages of syphilis in a hot climate can understand the value of sanitary legislation. Early marriages have the advantage of preventing immorality; but when you read on the tombstones how many young women are cut off it raises another question. "To the beloved wife of So-and-so, who died in childbirth, at the age of 14," runs one inscription. Whilst wandering about the cemetery last evening in the cool of the day, the thermometer in the shade having reached 116° F. a few hours before, the barracks about 98°, the hospital 100°, the following epitaph came under notice:—"An accomplished surgeon conversant with the arts and sciences—a man of the strictest honour, integrity, and veracity; also a sincere and good Christian, and deservedly beloved by his brother officers." It will interest the friends of William Boyle Chavasse, M.R.C.S., to read that, amidst the decay wrought by the sun and the rains, his tomb remains uninjured. Delhi, where his health gave way, is only thirty miles distant, now notorious for boils and flies, but ever historically associated with the grandeur of the Moguls—for instance, the peacock throne valued at six millions of money. But their glory has departed, and the spider has woven his web in the imperial palaces.

On first arrival in India, in addition to diarrhœa, both men and women suffered from neuralgia, toothache, earache, besides irritation of the bladder. Here musquitoes attacked us all most unmercifully, and the young lads who, after a sleepless night of torture, had to get up early, looked very wretched at their drills. Boils followed, causing comparatively little pain; but for thorough misery, for really agonising torture day and night, prickly heat stands high in the list. Down the spine, along the front of the arms, following the track of nerves, runs a burning, stinging pain, inducing scratching and a crop of red papules with inflamed bases and circumferences. Matter forming underneath the pain increases until the pimple bursts, a sero-purulent fluid exudes, followed by extensive desquamation, or perhaps a fresh crop under the new skin; else the same symptoms repeated all over the body. All this time a feverish condition, a coated tongue, disordered bowels, high-coloured urine, the inability to obtain ease in any position, throw you entirely out of gear. Caused by the direct action of the sun, by eating mangoes and peaches, drinking wine or spirits; caused also by debility or official worry, the treatment consists of keeping out of the sun, starvation, alteratives, aperients, followed by quinine. Locally, ointments of zinc, sulphur, lead, or mercury, puff powder, starch, zinc, and camphor, cornflower, carbolic acid, soap, and carron oil, have been recommended; but all day long and during the sleepless hours of the night, constantly daubing the inflamed tingling skin with wet mud will afford the greatest relief, whilst taking the first degree in acclimatisation. According to an old proverb, neither children nor spaniels flourish here, and taking India generally, in 1871 there were 16,000 soldiers' children, of whom 5 per cent. were sick every day, 7 per cent. died, and about 11 per cent. reach maturity; but a very short experience discovers that a sensible, careful, attentive mother, when in good health herself, can save many a weakly child whose life constantly wavers in the balance. Anæmia meets you at every corner, and before lancing a gum or using a leech think twice; and as for mercurials, try and substitute other remedies. With adults dysentery at once gives way to drachm doses of ipecacuanha, and in chronic cases a sherbet made of Bael fruit is very valuable. Speaking of remedies as we find them, henbane succeeds better than chloral, the bromides and iodides are very uncertain, arsenic answers, and in the ruck of general utility, taraxacum, quassia, gentian, chiretta, and calumba do very well. Antimonials, spirits of camphor, and all preparations of steel apparently valuable also. Recently under treatment was an isolated instance of dengue, or rheumatic fever, but wanting the curious eruption and well-known smell to confirm diagnosis. After a long illness the patient recovered, when entire desquamation occurred. Treated as rheumatic fever with alkalies, colchicum sedatives, packing up in cotton wool, and oil silk chest poultices. I fancy it was dengue. Very decided in the symptoms was another case, that of a young, weedy lad with typhoid fever; also an isolated instance referred to constitutional debility, malaria, and the sun. Eventually complicated with epistaxis and bronchitis, the relapse, which occurred on the 14th, killed him on the 21st day; the morbid lesions very characteristic. Musquito bites obscured all eruption, and as for treatment, milk, beef juice, and spirits of camphor appeared to support life. Under treatment, in addition to cases of fever, diarrhœa, dysentery, and infantile convulsions, is one of extreme interest, namely, dropsy of the amnion, so enormous and distressing that, disregarding the placental murmur, I ruptured the membranes at the fifth month. One dropsical fœtus was dead, another boy lived for an instant, the portion of placenta in conjunction with the latter fairly healthy. The patient afterwards passed a mole, and without books or skilled opinion to say otherwise, I fear a return of the dropsy, or sudden death by embolism. In the *Indian Medical Journal* an account is given of a man partial to native pork and half-cooked sausages, in whose brain, heart, right lung, and left kidney, large hydatid cysts were found. Dr. Ewart, having re-written "Goodeve's Hints for the Management of Children in India," a few extracts are given: A wet nurse should not be younger than 17, or older than 30. During the hot weather and the rains, one short continuous garment made of cotton advised. In preference to external air inducing malarious chill, night punkahs recommended. The bath twice a day in cool season should range between 90° to 96°, and in the summer from 80° to 86° Fah.; and at the age of six children should be sent home. Skipping over various diseases, we read that dengue, inducing convulsions, commences with two days' fever, a temperature up to 104, pulse to 160, followed by efflorescence, specially of extremities. A lull taking place, a secondary eruption, mostly measly, occasionally scarlatina, follows, but the pains are trifling, and in seven days recovery occurs. In the useful yet simple formulæ suggested in this valuable little book, calomel and opium are remedies conspicuous by their absence. Sunstroke at Agra; variola at Delhi; cholera at Dinapore, Allahabad, Benares, and up at the Hills reported.

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Reports
ON
DISEASES OF THE THROAT.

Edited for the "Medical Press and Circular."

By Prosser James, M.D., M.R.C.P.,

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CASE OF OSSIFICATION AND NECROSIS OF ONE OF THE LARYNGEAL CARTILAGES. TRACHEOTOMY.

The following case is recorded by Surgeon-Major Fyffe, M.D., Assist. Prof. of Medicine at Netley, in the appendix to the "Report (1871) of the Army Medical Department," just published.

Private J. C., 31st Regiment, æt. 37, was admitted to the Royal Victoria Hospital on December 12th, 1871. He had served 20 years. While he was quartered at Portsmouth in 1866 he contracted a sore on the penis. The character of this sore is not stated in his official Medical history, and it is therefore impossible to say if it was a true syphilitic chancre, or a soft non-infecting sore. He was treated with iodide of mercury; but not to the extent of salivation, and as none of the constitutional effects of syphilis appeared for a period of four years, it is difficult to connect the symptoms which followed with a syphilitic taint.

In June, 1870, he began to suffer from hoarseness, loss of voice, dysphagia. This was followed by the formation of a large abscess in front of the neck. He describes this swelling as having been as large as his closed fist, and occupying the space between the lower jaw and the middle of the thyroid cartilage, and bulging as far forward as the chin. It was extremely tender and painful. This abscess was opened in two places. One incision was made to the right of the thyroid cartilage on a level with the pomum adami; the other opening was made at the inner edge of the right sterno-mastoid muscle close to the clavicle. A large quantity of pus was discharged. The tumour disappeared, and the incision healed up; *but the opening of the abscess was not attended with any alleviation of the symptoms of aphonia or dysphagia.* His condition on arrival at Netley was as follows:—Great dyspnœa, evidently produced by mechanical obstruction to *inspiration*, each effort to inspire being accompanied by a harsh stridulous voice. The voice was reduced to a whisper. He was unable to lie down. The countenance was anxious, but there was no abnormal rapidity of pulse, or increase of temperature. On examining the neck externally, there appeared some thickening of the skin over the thyroid and cricoid cartilages.

The space between the thyroid and cricoid was diminished. On placing the finger on the cicatrix of the upper incision already alluded to a distinct depression in the right ala of the thyroid could be felt, indicating loss of substance at this point; but no pain or tenderness on pressure could be detected over any part of the cartilaginous skeleton of the larynx.

On examination with the laryngoscope, the ary-epiglottidean folds were found swollen. The left was displaced and pushed over to the right side. The vocal cords appeared healthy; but immediately below the left vocal cord a whitish tumour appeared, protruding into the cavity below the cords, and partially closing the rima.

As the case was urgent, everything was prepared for the operation of tracheotomy in the event of any paroxysm of dyspnœa supervening. The symptoms having become alarming about 1 a.m. on the morning after his admission, the trachea was opened by Surgeon-Major Mackinnon, C.B.

The operation was followed by instant relief to the patient; he breathed quietly and easily through the tube; and there was a cessation at once of all dyspnœa.

For a week the patient progressed most favourably; but at mid-day, seven days after the operation, he coughed up suddenly a small piece of bone. The fragment was very fetid when first examined. In shape it presented somewhat the outline of the inferior and posterior angle of the thyroid cartilage.

At first it was conjectured that it might possibly have been a piece of mutton bone that might have lodged in the larynx by accident. But the patient positively declared that no such occurrence could have taken place without his knowledge, and the shape and appearance of the fragment gave no confirmation to this conjecture. It became a question of difficulty to decide from what structure this fragment could have been detached. The os hyoides was carefully examined and found intact. The spine was examined from behind, and no tenderness could be discovered indicative of disease of any of the cervical vertebræ. And in addition to this, the fragment did not present the large cancellated structure characteristic of the body of a vertebra. There could, therefore, be little doubt as to the nature of the case, namely, that ossification of some part of one of the laryngeal cartilages had taken place, followed by necrosis, resulting in the large abscess already alluded to.

Most probably the abscess was a consequence of the separation of the sequestrum, and the latter failing to find its way through the incisions in the neck, became fixed in the larynx, under the mucous membrane, and caused the whitish tumour, which I have already alluded to as having been seen with the laryngoscope.

The subsequent history of this patient may briefly be alluded to. For two months after the operation his convalescence progressed in the most satisfactory manner. The tracheal tube was removed, the opening healed up, and it was hoped he was on a fair way to perfect recovery. The swelling and thickening about the rima had disappeared, although still some narrowing of the orifice remained, together with a little stridor on deep inspiration. He was, however, again attacked with urgent obstruction in the larynx, and it was found necessary to perform tracheotomy a second time, which, as on the first occasion, at once relieved his symptoms; he has continued to wear the tube ever since, and most probably will have to do so for the rest of his life. He has been discharged from the service, and Dr. Morel Mackenzie has, at my recommendation, kindly admitted him into the Hospital for Diseases of the Throat in Golden Square. It is possible that the pathological conditions existing in this case may have had a syphilitic origin. But the facts regarding a syphilitic taint are certainly obscure. Most probably the affection is more allied to those described by Dr. Wilks, where he remarks that although many chronic affections of the larynx *have* a syphilitic origin, there is, however, an affection independent of syphilitic taint, attended with pain and swelling about the larynx, and followed by abscess, either within or without. Very commonly one ala of the thyroid becomes converted into bone, dies, and exfoliates, originating probably first in perichondritis, then ossification, and finally necrosis.

There can be no question that in this case the patient, on admission to Netley, was in imminent danger, and that the promptitude with which the operation of tracheotomy was performed saved his life.

BRONCHOCELE IN GEORGIA.

In connection with the report, in this journal of last month, on Goitre in India, some statements as to its prevalence in Georgia, U. S. A., will no doubt interest many readers.

Dr. E. W. Lane, of Scarboro', Georgia, in a letter to the *Georgia Medical Companion*, says that there is a neighbourhood on the head waters of Lotto Greek, containing about fifty families, and spread over a territory of about five by seven miles, the female portion of which seems to be predisposed to this disease. I have been acquainted with the place for thirty years, and have practised there for fifteen years. There is rarely a female that has arrived at puberty, that is not afflicted with it. It has been so with almost all the women raised there. There never was a male known to have it in that settlement.

The disease yields readily to the iodine treatment. Any young woman moving there takes it; and those who are raised there and afterwards move out, get well without any treatment whatever.

There are several creeks that have their head branches in that neighbourhood. There are also many spring branches. The soil is sandy; growth principally pine, interspersed with broad leaf black jack. The drinking water is obtained from wells, the average depth of which is about twenty feet. The locality is noted for its extreme healthfulness in other respects.

TREATMENT OF BRONCHOCELE.

This topic is treated by Dr. C. Schwalbe, of Zurich, in the last volume of *Virchow's Archiv.*, whose article is carefully epitomised in the *Medical and Surgical Reporter*.

The results arrived at by Schwalbe were based on 106 cases, of which notes were made. In order to the treatment of goïtre, it is of consequence to decide as to the exact nature of the swelling, and so the author gives a short description of the various kinds, chiefly with the diagnosis. There is first the glandular form (struma follicularis mollis of Virchow), which consists of a hypertrophy or hyperplasia of the thyroid gland, and which forms a soft and elastic tumour, not unlike a lipoma. There is further, the cystic goïtre, in which it is usually easy to detect fluctuation. The commonest remaining forms are the fibrous and vascular, the former distinguished by its hardness. As an important aid to the diagnosis, the author nearly always resorts to puncture with a perforated needle, and the proceeding is of particular advantage in distinguishing between glandular tumours and cysts. The glandular tumours not unfrequently give a false feeling of fluctuation; and on the other hand it is often impossible to detect fluctuation though the tumour is cystic, and in these circumstances puncture is of great service; the fluid which issues when the disease is cystic at once determines its nature. The fibrous forms are also distinguished on puncture by the density of the tissue, and the vascular by the free flow of blood. In his treatment the author trusts, in the first place, to the internal administration of iodide of potassium, combined in almost every case with the local injection of tincture of iodine, or simple alcohol. In very recent cases the use of the iodide (he gives it to the amount of one gramme, or about 15½ grains daily) is sufficient to dissipate the swelling, but usually injection is also necessary, except in the vascular forms. In respect to the material to be used in injection, the author believes that the benefit derived from the injection of tincture of iodine depends chiefly on its alcohol, and that rectified spirit is in most cases of equal use. The internal use of KI or I is undoubtedly of great benefit, but there is no reason to believe that the iodine has any special effect when applied locally, and the author has found that the injection of alcohol with the internal administration of the iodide has as good results as the injection of the tincture of iodine. To the surgeon there can be no comparison of the cleanliness and convenience of alcohol as compared with the tincture of iodine. The quantity injected varies in different cases; in the glandular forms only small injections were used, about 10 to 20 drops; and even smaller quantities in the fibrous. But in the cystic form much larger quantities were used, as much as four grains being injected into a cyst as large as a duck's egg. The author has not made much use of electrolysis in the treatment of goïtre; and he employs it chiefly for the vascular and fibrous forms. Incision of the cystic form he has very seldom resorted to, and only where the tumour was very large.

In conclusion, it is stated that by these means he has only once failed to effect a cure, this case being one of the very hard, fibrous form; at the time it was under treatment he had no constant current battery at hand, and he thinks it possible that he might have come to some result if that treatment had been used.

FOREIGN BODIES IN THE ŒSOPHAGUS.

Dr. Guersant, in a series of papers on "Surgical Diseases of Infants," &c., recently translated for the *Medical News and Library*, lays down the following treatment for the extraction of foreign bodies from the œsophagus:—

"There are cases in which extraction can be made by means of polypus, or cranesbill forceps. As a general thing, these means are very useful in extracting bones in the pharynx or in the upper part of the œsophagus. Generally, after having explored, at first with the eyes, then with the finger or with the œsophageal sound, the indication is to perform certain extractions with the œsophageal forceps. When the foreign body is appreciable to the touch in the cervical region, the surgeon should hold the portion of the neck in which the substance is felt with the fingers of the left hand, which support it, and prevent it thus from being pushed forwards with the forceps, which is directed with the right hand. When a hook has been swallowed, the extraction should be made thus:—A steel ball is pierced at its centre, through which the thread is passed which holds the hook, and the ball is made to slide over the thread; then using a reed, the knots of which are perforated, this last is conducted by means of the thread as far as the ball. By drawing gently on the reed, the hook may be detached, and in drawing on the thread, the ball, hook, and the reed may come up. The double-ring hook of Gräefe is very effective, and has done good service to Dupuytren, Blondin, Bécard, and others, chiefly for the removal of pieces of money. A sponge fastened on a whalebone, which may be introduced, without being moistened, between the walls of the œsophagus and the foreign body, is very useful. The sponge is left several minutes beneath the foreign body to be extracted; it thus increases in volume, and, when withdrawn, the foreign body is brought away with it. When those various means of extraction fail, methods of pushing the foreign body into the stomach should be resorted to. As a last resort, perform œsophagotomy or tracheotomy.

ON LARYNGEAL GROWTHS.

Dr. Labus has sent me his pamphlet on Growths in the Larynx. It has lately been analysed in the *London Medical Record* by Dr. Mackenzie. I quote his remarks from that paper, as they give his own views as well as those of Labus :—

Dr. Carlo Labus (*Annali Universali di Medicina*, vol. ccxxiv., 1873) endeavours by certain diagnostic signs to distinguish growths in the larynx from other chronic affections of that organ, in such a way that no error may be made, even where the laryngoscope cannot be used successfully—either from the practitioner's want of skill, or when, from the shape or position of the epiglottis, it is impossible to obtain a satisfactory view. The diseases which are likely to be confounded with growths, are chronic laryngitis, perichondritis and caries, phthisis syphilis, and some neuroses.

Perichondritis and caries usually occur during the decline of infectious diseases, such as typhus and variola. After they have progressed insidiously for some weeks, severe symptoms, such as dysphagia, hoarseness, and extreme stenosis (from collateral œdema or abscess) suddenly set in. In the other diseases the phenomena are common to all, but are not constantly present. The symptoms and signs by which the diseases may be distinguished one from another, are alterations in voice, dyspnœa, pain, discomfort, tickling and prickling sensations, dysphagia, painful deglutition, cough, spasm of the glottis, the character of the sputa, alterations in the external form of the organ, modification of sound on percussion and auscultation, complications, the condition of the general constitution, the commemorative signs, the etiology, the course and duration of the disease, and its progress under treatment.

The voice is suddenly lost in paralysis of the abductors, but becomes slowly and progressively affected in simple chronic laryngitis, phthisis, syphilis, and growths.

Dyspnœa comes on suddenly, but remains stationary in paralysis (of the abductors). In the case of laryngeal growths, it comes on slowly, but constantly increases. It is not met with in simple chronic laryngitis; in laryngeal phthisis it comes on slowly, but there are frequent exacerbations; in syphilis, also, the dyspnœa advances gradually.

Pain is seldom met with except in carcinoma.

Discomfort, dryness, and sensation of tickling or pricking are often met with, but especially in phthisis and chronic laryngitis.

Dysphagia is met with when the epiglottis is affected either by the presence of a large growth, or by thickening of its tissues.

Painful deglutition is a very frequent symptom of phthisis, through the epiglottis being often ulcerated, and in cases of cancer. It is not present, as a rule, in simple thickening.

Cough is never met with in paralysis. [Sometimes it is a troublesome symptom in hysterical paralysis of the abductors.—*Rep.*] It is rare in simple laryngitis, syphilis, and growths; on the other hand, it is frequent and severe in laryngeal phthisis. The character of the cough depends on the degree in which the vocal cords are implicated. Thus, in paralysis it is weak, barking, or aphonic. [Sometimes it is strong in hysterical cases. —*Rep.*] In phthisis it is generally hoarse; in simple laryngitis and in small growths it is hyperphonic.

Spasm of the glottis is sometimes met with in cases of growth, rarely in phthisis.

Sputa are not found in paralysis, nor in the case of growths, except when there is, as is often the case, chronic laryngeal catarrh. Sometimes, however, in cases of growth, especially in papillomata, a pathognomonic symptom is afforded by particles of the tumour being expectorated. In laryngeal phthisis the sputa are frequent and muco-purulent, and occasionally tinged with blood.

Alterations of form, volume, and density are rare. In carcinoma there is often displacement, and in phthisis, premature ossification of the larynx.

Chronic laryngitis and growths are often accompanied by chronic pharyngitis as a complication.

In syphilis, plaques muqueuses, ulceration, destruction of tissue, and cicatricial contractions are met with in the pharynx. In laryngeal phthisis the fauces are generally pale. In paralysis of the larynx there is sometimes paralysis of the pharyngeal constrictors; and sometimes, in these cases, mediastinal tumours or pleuritic adhesions are present.

In its mode of development, chronic laryngitis may be consecutive to acute laryngitis, or may come on gradually—always increasing if the patient be subjected to the same exciting cause. It may continue to give no further trouble than alteration in the voice, or it may tend to the formation of growths, or to laryngeal phthisis. The latter sequence is inevitable if ulceration take place in a case of simple chronic laryngitis, and persist for two or three years. The commemorative signs may be useful for diagnosis, and there is also the criterion of treatment.

Etiology teaches us that those who abuse the voice, use strong drinks, and who respire irritating vapours, suffer from chronic laryngitis, laryngeal phthisis, and growths; whilst cold, emotional influences, uterine irritation, lead-poisoning, scarlatina, and diphtheria give rise to paralysis of the vocal cords.

The author relates eleven cases of growth. In four of these the polyp was removed and the voice restored, local anæsthesia of the pharynx having been previously produced in three of the cases. Spontaneous expulsion of the growth in violent coughing occurred in one case. In one instance, as the growth caused no inconvenience and had remained stationary for many years, treatment was not recommended; in one, palliative measures were employed; and in another, the patient refused treatment One case, in which the growth had more the character of a nodal swelling than that of a true polypus, was successfully treated by astringents; and in another case, a growth no larger than a pea, situated on the vocal process, caused death by spasm of the glottis before any attempt at removal could be made. In another case, supposed to be malignant, some improvement took place under operative treatment conducted *per vias naturales*, but there was subsequent recurrence, and the patient died.

[It will be seen that the cases related by Dr. Labus, though interesting and instructive, are not adduced in support of his attempt to distinguish growths from other laryngeal affections by semeiology alone. The author has indeed made a worthy attempt to accomplish an impossible task. The history of laryngeal growths, before the invention of the laryngoscope, shows most clearly that no reliance whatever can be placed on the investigation of mere symptoms.—*Rep.*]

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The Medical Press
RETROSPECT
OF
MEDICINE, SURGERY, AND THE COLLATERAL SCIENCES.

> "The multiplicity of subjects with which the mind of the Medical man who attempts to keep pace with the progress of his science is constantly occupied, renders it desirable that ideas which are intended to be of practical utility to him should be submitted to his grasp in the smallest compass and most defined form of which they are capable."

No. VIII.

ANATOMY AND PHYSIOLOGY.

Harvey, Reuben I.—"The Histology of Tendons." *Irish Hosp. Gaz.*, Feb. 1, 15.

Zaaijer.—"An Anomaly of the First and Second Ribs." *Arch. Neerlandaises des Sci.*, vol. 7, part 5. The first rib ceased in front of the subclavian groove, and was continued to the manubrium by a fibrous cord. The end of the first rib was united by cartilage to a bony process on the second. The scalenus anticus was inserted into the extremity of the first rib.

Zaaijer.—"Anomalies of the Venous System." *Arch. Neerlandaises des Sci.*, vol. 7, part 5. He describes a case of the existence of two superior venæ cavæ. He also describes a case in which the right hypogastric vein joined the left common iliac, and this, at its origin, gave off a vertical branch which joined the left renal. This branch gave off a transverse branch which joined the left common iliac before its termination. The left common iliac vein crossed over the right common iliac artery to form the vena cava by junction with the right common iliac vein.

Von Wittich.—"On the Peptic Action of the Pyloric Glands." *Pflüger's Archiv. für Physiol.*, vol. 9. He has found experimentally that the pyloric glands have no peptic action, and he accounts for Ebstein and Grutzner finding pepsin in the pyloric region by the fact that coagulated albumen may retain pepsin and yield it up by hydrochloric acid.

Von Wittich.—"On the Liver Ferment." *Pfluger's Archiv.*, vol. 7. He proves experimentally that a sugar-forming ferment exists in the liver cells, and that when the liver is thoroughly washed so as to be quite free from blood it still contains a ferment.

Wernich.—"On the Behaviour of the Cervix Uteri during Cohabitation." *Berl. Klinische Wochenschrift*, March 3. Wernich holds that an erectile state of the vaginal portion of the uterus takes place, and that this erect condition is suddenly lost, thus causing aspiration.

Leber, Th.—"The Condition of the Circulation in the Optic Nerve and in the Retina." *Von Græfe's Archiv. für Ophthal.*, vol. 18, No. 2.

Samelsohn, I.—"The Innervation of Ocular Movements." *Von Græfe's Archiv. für Ophthal.*, vol. 18, No. 2.

Donders, F. C.—"On Congenital and Acquired Association." *Von Græfe's Archiv. für Ophthal.*, vol. 18, No. 2.

Mandelstamm, L.—"On the Association of the Two Retinæ." *Von Græfe's Archiv. für Ophthal.*, vol. 18, No. 2.

Schirmir.—"On Acquired and Congenital Abnormalities in the Perception of Colours." *Berl. Klin. Wochenschrift*, Feb.

Burnett.—"On the Comparative Distribution of Blood-vessels in the Membrana Tympani." *Amer. Quar. Journ. Med. Sci.*, Jan. The author concludes from his observation that there is a distribution of vessels in the membrana tympani of man peculiar to him; that there is a distribution of vessels in the membrana tympani of the dog, cat, goat, and rabbit constant in, and peculiar to, them; and that the arrangement of these vessels in the guinea-pig is peculiar to it.

MEDICINE.

FEVERS.

Blackley, Chas. H.—"Experimental Researches on the Causes and Nature of Hay-fever." Illustrated with Comparative Tables in Lithography. London, June, 1873. This work is highly spoken of by the reviewers, who characterise it as most original and instructive; a valuable addition to the literature of this obscure disease.

Senator, H.—"Further Contributions to the Doctrine of Fever." *Centralblatt fur die Med. Wissenschaft*, Feb. 8.

Gray, G. H.—"On Febris Diphtheroides." *Amer. Quar. Journ. Med. Sci.* This is the title given to what Mr. Gray regards as a new disease; he says, "The principal feature of the disease is, a fever of greater or less intensity accompanied by an inflammation of the mucous membranes of the body, this inflammation being attended with an exudation which has a tendency to become organised. The fauces are first affected, and in some cases the local manifestations are limited to this situation."

Santopadre, T.—"On Typhoid Recurrent Fever." *Gazette delle Cliniche*, Feb. 18.

Rodel.—"On the Specificity of Varicella." *Ann. de Derm. et de Syph.*, vol. 4. Two cases are related proving that varicella is a specific disease and not a variety of modified small-pox.

Ogston.—"On Small-pox in Aberdeen." *B. and F. Med. Chir. Rev.*, Jan. The statistics adduced are confirmatory of the value of vaccination. Patients exhibiting good marks died at the rate of 8 per cent.; 15 per cent. of cases died in which the marks were indistinct; 25 per cent. of cases died which had been vaccinated but in which there was no mark, while 52 per cent. of unvaccinated cases died.

Gayton, W.—"Notes on Small-pox." London, 1873. The author draws no distinction between good and bad marks, but refers rather to the number. He gives statistics of the 2,523 cases which, as Medical Superintendent of the Homerton Small-pox Hospital, he had an opportunity of treating. The mortality was 20 per cent. His mode of treatment is given in detail.

Hopffner.—"On the Condition of the Urine in Febrile Diseases." *Gaz. Méd. de Strasbourg*, Jan. See Dr. Harley's notice in *Lond. Med. Record*, March 26.

ORGANS OF CIRCULATION AND RESPIRATION.

Guttman, P.—"Phonometric Examination of the Chest and abdomen." *Berl. Klin. Wochenschrift*, Feb. 17.

Kulenkampff.—"Narrowing of the Aortic System." *Berl. Klin. Wochenschrift*, Jan. 27. Congenital narrowing of the aorta was found.

DISEASES OF THE SPLEEN.

Martineau, M.—"On Suppurating Hydatid Cyst of the Spleen." *Union Méd.*, Feb. 8. In his remarks, M. Martineau draws attention to the great rarity with which the spleen is affected with hydatid disease.

DISEASES OF URINARY ORGANS.

Budde.—"On the Treatment of Saccharine Diabetes." *Ugeskrift fur Læger*, Jan. 25. In remarking on two cases he comments on the use of glycerine, gluten bread, and alkalies. With regard to glycerine, he finds its use is followed by an increase in the amount of sugar excreted, and hence if it be an urgent indication to diminish the excretion of sugar, glycerine may not be used. He found that glycerine exercised a beneficial influence on digestion. He does not think that gluten bread is of much use, and alkalies have no special or constant influence.

Kretschy, F.—"On the Treatment of Diabetes Mellitus." *Wiener Med. Wochenschrift*, Jan. 18. The author tried the effects of morphia, bromide of potassium, atropia, and Carlsbad water. He found that morphia diminished the urinary sugar and even removed it temporarily; atropia given to intoxication and Carlsbad water had no effect on the excretion of sugar.

DISEASES OF THE NERVOUS SYSTEM.

Simon, Th.—"Pathology of the Cortical Substance of the Cerebrum." *Berl. Klin. Wochenschrift*. Jan. 27 and Feb. 3.

DISEASES OF THE SKIN.

Charpy.—"On Lichen Hypertrophicus." *Ann. de Derm. et de Syph.* vol. 4. Two cases are recorded. M. Charpy regards this affection as most allied to warts and condylomata.

Simon, Jules.—"On Pemphigus Simplex." *L'Union Méd.*, Jan. 25. A case of this disease occurring in an infant is recorded.

SURGERY.

Neumann.—"On Sarcomata with Endothelial Cells, and on the Relation of the Sarcomata to the Carcinomata." *Archiv. der Heilkunde*, vol. 13. The cells, which have a tendency to become folded, very closely resemble spindle cells when seen in profile standing on their edge. With regard to the relation of the sarcomata to the carcinomata, Neumann cites cases to show that growths which originate in the connective tissue, and which are therefore genetically sarcoma, may assume the characteristic alveolar structure of carcinoma.

Gavioli.—"On Ligature of the External Iliac Artery for Aneurism." *La Lucania Medica.* The operation was followed by cessation of pulsation and reduction of the bulk of the aneurism. On the twenty-fifth day, however, gangrene began to appear in the toes and foot, and amputation of the thigh had to be performed. This was followed by re-enlargement of the aneurism, which had ultimately to be opened and plugged. The patient was discharged cured three months after the application of the ligature.

Macker.—"On Varicose Aneurism." *Gaz. Med. de Strasbourg*, Jan. It followed an ordinary bleeding at the elbow. Compression of the brachial artery, alternated with forcible flexion of the forearm, resulted in solidification of the tumour on the fifth day.

Heath, Christopher.—"Lectures on Diseases of the Rectum." *Lancet.*

Redard, P.—"On Exostosis of the last Phalanx of the Great Toe." *France Médicale*, Jan., Nos. 1, 3, 4, 6, and 7. In these communications the author treats of the etiology and pathological anatomy of this disease. He states that it is often confused with onychia.

SURGERY OF THE EYE AND EAR.

Aldridge.—"On Ophthalmoscopic Observations after the Administration of Toxic Agents." *West Riding Reports.* He gives details as to the changes in the fundus oculi after administration of chloral, ergot, nitrite of amyl, and nitrous oxide. In a former communication he gave the results of his observations on belladonna, hyoscyamus, and picrotoxine.

Berlin, R. E.—"A New Operation for Eutropion of the Upper Lid." *Von Graefe's Archiv. fur Ophthal.*, vol. 18, part 2. The operation consists in the excision of a strip of the thickness of the cartilage parallel to the border of the lid.

Bouchut and Hybord.—"On Ocular Lesions connected with Frontal or Ophthalmic Herpes." *Gaz. des Hôp.*, Jan. 7, 9, and 18.

Brecht, H.—"Retinitis Albuminurica with considerable Detachment of the Retina during Pregnancy." *Von Graefe's Archiv. fur Ophth.*, vol. 18, part 2.

Bull, C. S.—"On Choroiditis after Cerebro-Spinal Meningitis." *Amer. Jl. Med. Sci.*, Jan.

Donders, F. C.—"Practical Remarks on the Influence of Spectacles on the Acuteness of Vision." *Von Graefe's Archiv. fur Ophthal.*, vol. 18, No. 2.

Driver, C.—"On Weber's Method of Extracting Cataract." *Graefe's Archiv. fur Ophth.*, vol. 18, No. 2.

Graud - Clement.—"New Method of Diagnosing Intra-Ocular Affections without the Aid of an Instrument." *Lyon Méd.*, Jan. and Feb.

Hansen, E.—"On Liebreich's Operation for Cataract." *Hospitals-Tidende*, Jan. 15 and 22.

Hersing.—"Annular Concentric Defect of the Field of Vision." *Von Graefe's Archiv fur Ophth.*, vol. 18, part 2.

Heuse.—"Observations on a New Entoptic Appearance." *Von Graefe's Archiv. fur Ophthal.*, vol. 18, No. 2.

Hirschberg.—"The Etiology of Blindness." *Berl. Klin. Wochenschrift*, Jan. 27. The author gives the causes of blindness in one hundred cases, excluding curable cases.

Gruber.—"On Cicatrices in the Membrana Tympani." *Pester Med.-Chir. Presse*, 1873. He states that experiments prove that the membrana tympani is endowed with remarkable powers of regeneration.

Gruber, P.—"Multiple Incision of the Membrana Tympani in Cases of Distension." *Allge. Wiener Med. Zeitung*, Jan. 7, 14, 21.

DISEASES OF CHILDREN.

Henning.—"On Peculiar Forms of Hereditary Syphilitic Disease in Children." *Wiener Med. Wochenschrift*, No. 4, 1873.

Rehn.—"On Gastric Ulcers in Children." *Wiener Med. Wochenschrift*, No. 4, 1873.

Robinski.—"On a Spurious Intestinal Worm." *Wiener Med. Wochenschrift.*, No. 4, 1873. These spurious worms resemble small spindle-shaped cylinders with pedicle-like stalks. They are the tubes which are found beneath the rind of the orange.

THERAPEUTICS.

Anstie, Francis E.—"On the Use of Ergot in the Hæmoptosis of Phthisis." *Practitioner*, Feb.

Heuser.—"On Veratrum Viride in Acute Rheumatism. *Allg. Med. Central.*, Jan. He considers it to be superior to every other remedy in the treatment of acute rheumatism. He has also found it most useful in pleurisy, pneumonia, and bronchitis.

Schiff, M.—"Cholinate of Soda in the Treatment of Biliary Calculi." *L'Imparziale*, Feb. 16.

Sente, F. D.—"On the Antagonistic Effects of Atropia and Morphia." *New York Med. Rec.*, Jan. 1. The author records a very interesting case in which he administered a hypodermic injection of a solution containing nearly two grains of morphia, and one-eleventh of a grain of atropia. We cannot give the details of the case; suffice it to say that nine hours and thirty-five minutes after the injection, the only ill-effects she experienced were a dry mouth and heaviness in her head. The comatose symptoms in this and another case to which he refers disappeared rather suddenly. The author very properly draws attention to the fact that poisons affect animals differently from man. A dog can take enormous doses of morphia or arsenic with impunity; it is scarcely possible to poison a rabbit with atropia, while atropia will rapidly kill a dog, and arsenic will equally rapidly destroy a rabbit.

JURISPRUDENCE.

Ferrier, David.—"Poisoning by Carbolic Acid." *Br. Med. Jl.*, Feb. 15. Full details of the *post-mortem* examination are given. Bromine water (Landolt's test) was applied to the urine, and yielded a copious yellowish precipitate of tribromo-phenol in quantity sufficient to indicate without doubt the existence of carbolic acid in the urine to an abnormal extent.

HYGIENE.

Lankester, P.—"How to make a House Healthy." 2nd edition. Lond., 1873. A useful little work, and likely to be especially so to Medical officers of health.

Reynolds, Emerson.—"On the Discrimination of Good Water and Wholesome Food." Lectures before the Royal Dublin Society. A most useful and interesting series of lectures, which should be in the hands of every householder.

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REMARKS UPON CASES

SELECTED FROM THE

RECORDS OF THE MEDICAL DIVISION OF THE ROYAL VICTORIA HOSPITAL, NETLEY,

During the Year 1871.

By W. J. Fyffe, M.D.,

Surgeon Major, Assistant Professor of Medicine, Army Medical School.

[These cases appear in Appendix No. IX. to the new "Army Blue Book," and well represent the work done at Netley. We, therefore, select some for our readers, assured that they will be found of interest.—Ed. M. P. & C.]

(*Continued from page* 53.)

VALVE DISEASE OF HEART.

Sixty-three cases of this disease have been recorded in the division during the year. Fifty-five were invalided, two died, one was discharged to duty, and four remained under treatment.

The cases are tabulated as follows, according to the seat of the murmurs indicating the valves affected :—

Mitral obstruction (pre-systolic). . .	1
,, regurgitation ,, . . .	18
Aortic obstruction ,, . . .	12
,, regurgitation ,, . . .	11
,, and mitral disease combined . .	14
,, obstruction and regurgitation . .	7
Total . .	63

Of the cases of mitral regurgitation, the cardiac affection either resulted from or was complicated with the following diseases :—

With anæmia	2
,, acute rheumatism	3
Hepatic enlargement and syphilis	1
Rheumatism and syphilis	2
Syphilis alone	3
Pneumonia	1
Uncomplicated cases	6
Total	18

Of 23 cases of aortic disease, there were 12 in which the murmur was obstructive, and regurgitant in 11. In the entire number there was a previous history of the following affections :—

Enlarged spleen	1
Dysentery	2
Sciatica	1
Secondary syphilis	8
Hypertrophy of heart	1
Anæmia	1
General debility	1
Rheumatism	4
Uncomplicated	4
Total	23

In 14 cases aortic and mitral disease were combined, evidenced by loud regurgitant murmur at the apex, and either obstructive or regurgitant aortic murmur at the base of the heart.

In these cases there was a previous history of the following diseases :—

Bronchitis	2
Syphilis and enlarged liver	1
Pneumonia and syphilis	1
Hypertrophy of heart	1
Acute rheumatism	2
Syphilis alone	1
Uncomplicated	6
Total	14

The following cases of hepatic abscess were treated in the division during the year :—

Cases of Abscess of the Liver, treated by Puncture and free Incision into the Sac.—Recovery.

Private M. M., æt. 26, 6½ years' service, invalided from Kussowlie, had been 121 days under treatment in Lucknow, for typhoid fever and its consequences. During convalescence a large painful swelling appeared in the region of the liver, which rapidly suppurated. This abscess was punctured three or four times ; a seton was then introduced, and finally a free incision was made into the cavity of the abscess. This incision remained open for four months, and then healed up. At the time of his discharge from Netley there was some slight pain over the region of the liver, and absence of breath sounds at the base of the right lung. In this case there was no previous history of dysentery.

Cases of Abscess of the Liver, Opened Externally.—Recovery.

Gunner H. F., æt. 25, service 4 years, invalided from Agra. The abscess in this case followed an attack of inflammation of the liver in 1870. The abscess pointed through the intercostal spaces on the right side, and was opened. On admission to Netley there was a fistulous opening under the ninth rib, from which a small quantity of matter oozed at intervals. The discharge was very trifling ; general health good. Invalided. There was no history of dysentery in this case.

Case of Abscess of the Liver discharged through the Right Lung.—Recovery.

Corporal A. P., æt. 33, 13 years' service, invalided from Lucknow. Has had three attacks of acute hepatitis since August, 1870. On arrival at Netley he was very anæmic, and suffering from malarial cachexia ; spleen enlarged ; liver also very much enlarged ; hepatic dulness extends downwards for ten inches below the nipple ; on both sides of the chest the false ribs are pushed forward ; the epigastrium hard and tender. Although fluctuations could not be detected between the false ribs on the right side, the symptoms led to the belief that an abscess existed. There were night sweats, high temperature, short dry cough, and rapid pulse. Two days after admission, and during a fit of coughing, he brought up a large quantity of purulent fluid, from 2½ to 3 pints. The pus appeared healthy, and mixed with broken-down tissue. On the 7th March between twenty-five and thirty ounces of pus were coughed up. From that time forward the quantity gradually diminished, and on the 11th the cough and expectoration had ceased. General health improved rapidly, and he was discharged in a fair state of health, but unfit for further service.

Case of Chronic Dysentery and Hepatic Abscess—Death.

Corporal C. B., 59th Regiment, æt. 37. Admitted to Netley Hospital on the 8th April, 1871. He had suffered from chronic dysentery at Indore since October, 1870. A man of intemperate habits.

On admission he was in great suffering and greatly emaciated ; countenance very sallow ; abdomen enlarged ; cutaneous veins of abdomen very turgid ; in the hepatic region a prominent mass could be felt, very tender on pressure ; passed 10 motions in the 24 hours ; motions very fetid, occasionally bloody, with scybalæ and flocculi of lymph. Fluctuation was detected in the liver a week after admission, and a trocar was introduced, and about three ounces of thick pus withdrawn. He expired suddenly two days after admission.

The following details are worthy of notice in the *post-mortem* examination :—

There was universal and firm adhesion of the pleura on the right side. The base of the right lung firmly adherent to the diaphragm, which at this situation was adherent to the upper convex surface of the liver, which bulges upwards. The pleura at this part is much thickened.

Liver very greatly enlarged ; extends quite across the abdomen and downwards below the ensiform cartilage ; the upper margin of the right lobe extends to the lower border of the fourth rib ; considerable thickening of the peri-hepatic membrane beneath the sternum and cartilages of the ribs ; owing to dense adhesions there was great difficulty in removing the liver from the abdomen.

Right lobe especially enlarged ; on the upper surface are three large cavities, situated in close proximity to each other, the largest cavity measuring 3·2 inches by 2·2 inches, and in depth 2 inches. The upper boundary of these cavities was formed by the diaphragm in a state of commencing disintegration, and by thickened and adherent pleura. One cavity tended to open into the base of the right lung, while the two other cavities tended to open into the right pleura, into which their contents escaped on removal. The contents of the abscesses were very thick pus with shreds of disintegrating hepatic tissue ; no inner lining to the cavities. There were two or three other smaller cavities in the right lobe. In addition to this there were three large abscesses in the left lobe, one of which tended to open into the left pleura and pericardium. One of these abscesses was intimately connected with the pancreas and œsophageal end of the stomach by new and firm adhesions.

The cœcum was the seat of active dysenteric ulceration ; the whole of the mucous membrane was involved and covered with diphtheritic exudation ; the ulcers were irregular in shape, superficial, and surrounded by intense injection of the vessels. In the ascending portion of the colon there were cicatrices of old ulcers, and a few patches of recent ulceration.

Case of Multiple Abscess of the Liver ; Communication between one of the Abscesses and the Right Pleura.—Death.

Corporal J. B., æt. 23, 6 years' service, admitted to Netley December 11, 1870, in a very prostrate condition, suffering from dysentery, hepatic enlargement and tenderness, with dulness on percussion, in the lower third of right side of chest in front. An opening was made in the eighth intercostal space in front, and 35 ounces of purulent fluid were removed. Death took place on the 29th January, 1871, from exhaustion.

The *post-mortem* examination disclosed numerous small abscesses scattered throughout the substance of the liver ; one about the size of a turkey's egg was found in the right lobe, communicating directly with the right pleura. The spleen was enlarged and indurated ; extensive ulceration existed in the large intestine, especially in the rectum ; the right pleura was full of pus. In this case no doubt a large proportion of the purulent fluid which was removed by the operation was produced from the cavity of the pleura, but in all probability the hepatic abscess was the primary cause of the empyema.

Case of Hepatic Abscess discharged through the Right Lung.—Partial Recovery.

Private J. W., æt. 32, 13th Foot, 15 years' service, was invalided from Nynee Tal for anæmia, the result of malarious fever. On admission to Netley there was bulging in the hepatic region, fulness of intercostal spaces, and tenderness. The abscess had penetrated into the right lung during the voyage home, and there was a copious discharge taking place through the bronchi. He improved very much in Netley, and was discharged from the service, after having been under treatment for six weeks.

Case of Hepatic Abscess followed by Peritonitis.—Death.

Private F. J., 2nd Battalion, 21st Regiment, æt. 25, 2 years and 4 months' service, invalided from Secunderabad, admitted to Netley on the 4th December, 1870. He had suffered from frequent attacks of malarious fever in India. On admission the principal symptoms were pain and tenderness over an enlarged liver. He had frequent rigors, and a temperature which seldom fell below 100°, and rose frequently to 103°, 104°, and 105°. The pulse varied from 100 to 120. The hepatic dulness posteriorly extended up as high as the lower angle of the scapula. On the 22nd December he began to suffer much from night perspirations. The abdomen became very tender and tympanitic, and there were present all the symptoms of peritonitis. The liver was punctured, and twenty ounces of pus withdrawn by the pneumatic aspirator. On the 11th January, 1871, severe diarrhœa set in, and death took place on the 19th.

Post-mortem Examination.—Seven pints of sero-purulent fluid were found in the abdomen. The intestines were all glued and matted together, so that it was almost impossible to separate them. The whole of the external surface of the intestines presented the appearances of recent severe inflammation.

Flocculi of lymph, in large quantities, were floating about in the abdomen; liver much enlarged; a very large abscess existed in the upper and posterior part of the right lobe; there was no opening from the abscess into the cavity of the abdomen.

Case of Hepatic Abscess opened at the Epigastrium.—Recovery.

Private M. S., 37th Foot, æt. 22, 4 years' service, invalided from Meean Meer. The Medical history gives an account of his having suffered from dysentery in 1870, and during the attack he was seized with sharp pain in the liver. A tumour formed, and pointed near the epigastrium. The tumour was adherent to the walls of the abdomen, and about the size of an orange. It was punctured, and four ounces of pus were drawn off on the 16th May, 1870. The abscess continued to discharge until the 12th June, when the opening healed up. On admission to Netley he was quite well and fit for duty. There was a small cicatrix to the left of the mesial line in the epigastrium. Discharged to depot.

Case of Abscess of the Liver simulating Ulcer of the Stomach.—Death.

Sergeant T. E., æt. 33, 13th Regiment, admitted to Netley on the 4th April, 1871, in a very anæmic and emaciated condition. He suffered from constant vomiting and great tenderness over one spot in the epigastrium, about the size of a crown piece. These symptoms continued for many weeks, and were occasionally attended with night sweats and rigors. The vomiting was very frequent, and this, with the persistent circumscribed pain and tenderness at the epigastrium, gave rise to the belief, in the first instance, that the case was one of ulceration of the stomach. The liver, however, was found to be greatly enlarged; high temperature became constant, profuse night sweats supervened, and these symptoms led to the suspicion of liver abscess, although there was no intercostal bulging, or any of the other palpable signs of an abscess. He died on the 11th June.

At the *post-mortem* examination an abscess was found occupying the right lobe of the liver, projecting upwards and encroaching upon the right lung. There were besides numerous depots of pus scattered throughout both lobes; one of these was found intimately connected with the diaphragm and cardiac orifice of the stomach. In fact, the œsophagus, liver, and stomach were all involved in it, and were matted together in a mass. This condition of the parts was of course sufficient to account for the train of symptoms which at first led to the belief that the case was one of ulceration of the stomach.

Abscesses of the liver, when seated in the upper and posterior part of the right lobe, sometimes simulate organic disease of the stomach. Another case is fresh upon my memory, in which the symptoms were certainly more indicative of ulceration of the stomach than of liver abscess. The man had been sent home from India suffering from pain in the hepatic region, with constant vomiting. He was admitted to Netley, and on examination presented the following symptoms:—Great prostration; one spot of excessive tenderness in the centre of the epigastrium; he shrank from the slightest touch at this point; the area of this tender spot was not larger than a half-crown piece, and when any pressure was made upon it nausea was immediately produced; he had also pain and a sense of heat and discomfort on deglutition, and the vomiting was very frequent. There was no tenderness over the intercostal spaces; no bulging of the side; very little, if any, increase of the area of hepatic dulness; and no elevation of body temperature at any part of the day, and no sweating, which latter symptoms have almost always been present in the cases of hepatic abscess which have come under our notice in Netley. The negative symptoms seemed to exclude the idea of an abscess in the liver; the positive symptoms pointed prominently to the existence of a lesion of the stomach.

At the *post-mortem* examination, however, a large abscess was found in the upper and posterior part of the right lobe of the liver, and there was no lesion of the stomach whatever.

These two cases are instructive, as illustrating the difficulty occasionally met with in the diagnosis of liver abscess.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 23, 1873.

THE CHOLERA.

THE Local Government Board has issued instructions on the subject of cholera, and there is a vague fear abroad among Medical men that this scourge may again visit our shores.

It has appeared at various places on the continent and is now prevailing in several cities in America. But it has not followed its old route, and we may therefore hope to escape. Nevertheless, it is well for us to be prepared, and sanitary measures cannot be too efficiently looked after, We gather some of the items of the week's news respecting the disease :—

We regret to learn (says the *Levant Times* of the 9th inst.) that information has been received by the Board of Health here, by telegraph, that cholera has broken out with great violence on the whole right bank of the Danube. Many cases have been reported in Rustchuk, Silistria, Lorm, Tristmik, Pyrgos, Carakliodjali, Rasgrad, Topji, Berkowska, Cordjova, Shoumla, and Galatz, and the number of cases in Pesth has increased. In consequence of this, vessels from Galatz will be put in quarantine here, and vessels leaving Varna and Kustendjie will have to undergo Medical inspection both on leaving those ports and on their arrival here.

According to the official returns, the cholera in Vienna was last week declining. Up to Tuesday week there were eighty-eight cases under treatment in the city and suburbs, and fifty-nine in more distant environs. Later in the week a considerable increase occurred, many more cases were recorded, and the proportion of deaths was formidable. We find, however, that the reports that go abroad are so contradictory that it is impossible to reconcile them. It would appear that nearly 400 cases of cholera have occurred in Vienna from the beginning. This calculation, perhaps, includes many that would be called choleraic diarrhœa. More than 30 per cent. of the cases seem to have proved fatal, so that there can be no doubt the disease has been severe, but it is hoped it is not firmly established. Another account assures us that these calculations are much exaggerated.

It is now three months since, in pursuance of the recommendations of Dr. Hirsch and Dr. von Pettenkofer, the German Federal Council agreed to the following resolutions :—

1. For the purpose of a uniform and systematic inquiry into the spread of cholera and the means of arresting it, a special committee of experts will be formed, consisting of five members to be chosen by the Federal Council. They will receive notice of their election from the imperial chancery, through which source, also, the committee will be summoned and the president nominated. When employed in places distant from their ordinary habitations, they will receive travelling expenses and twenty marks (about twenty-five shillings) a day.

2. The duties of the committee shall be : *a*, to form a uniform plan of investigation in case of the appearance of cholera in Germany ; *b*, to collect and elaborate the results of their inquiries, and to report on the measures serviceable for combatting cholera ; *c*, to undertake or institute special local researches during the prevalence of cholera.

3. The cost of the labours of the committee will be borne by the State, provided that the charges are first approved by the imperial chancery. Any labours carried out independently by district Medical officers and physicians in the individual States, in furtherance of the general plan, will not be paid for out of the imperial funds.

4. The various authorities of the *Bund* are desired to communicate to their district Medical officers and physicians the plan as approved by the imperial chancery, and to send to the chancery the reports, &c., which they may obtain, that they may be communicated to the committee.

The disease in Italy seems inclined to spread, for it is no longer confined to the provinces of Venice and Trevis, but cases have occurred in those of Friuli and Verona.

Some American advices show the spread of the disease in the western world.

The *Weekly Thibodeaux Sentinel*, La., May 17th, says :—“There seems to be no doubt that cholera is in our midst below Lafourche Crossing. Some 15 or more deaths since last Saturday have occurred.” The same journal, May 31, says :—“The parish of Lafourche and the adjoining parish of Assumption have had thus far about 30 deaths from cholera, of which number 6 were whites.”

New Orleans, La.—From the week ending March 30 to the week ending June 15, the deaths from sporadic cholera were 124, cholera morbus, 81, cholera infantum, 75, diarrhœa, 3, acute diarrhœa, 1, dysentery, 1. The mortuary reports for the whole year 1872, give cholera morbus, 20, and cholera infantum, 52.

Vicksburg, Miss.—From the week ending May 5 to the week ending June 9, out of 110 deaths, 19 were from diarrhœal diseases, of which 13 were called cholera.

Jackson, Miss.—The *Canton Mail*, June 17, says :—“It is reported on our streets that there have been four deaths from cholera in Jackson ;” and the *Meriden Gazette* of June 10 says :—“It is reported that the cholera is raging in Jackson.” The *Louisville Journal* of June 13 says, that “Jackson and Canton business is suspended in consequence of cholera.”

At Memphis, Tenn., the whole number of interments for the week ending June 8, was 55, the interments of the corresponding week last year being 26. From June 9 to the 19th the reported interments were 242 ; from the 16th to the 19th inclusive there were 82 deaths, of which 55 were from cholera and cholera morbus. On the 20th there were 17 deaths from cholera, and on the 22nd there were 9.

Nashville, Tenn.—From the 7th to the 19th of June, inclusive, there were 233 deaths, the deaths during the last thirty days being 104, of which 59 were called cholera ; on the 20th there were 73 deaths ; on the 31st, 59 ; on the 22nd, 52. A despatch of June 18th says :—“It is estimated that the exodus of people since the 10th inst. has been 10,000 ;” the population is estimated at 26,000.

Gallatin, Tenn.—The *Louisville Courier Journal* of June 14th says :—“Seven cases of cholera have occurred at Gallatin, four of which proved fatal.” A despatch from Nashville, June 11th, says :—“Despatches from Gallatin, Lebanon, Greenville, and other points, show that the scourge is carrying off a great many in those places ;” a news despatch of June 17th reports 23 deaths to date ; one of the 18th reports for that day 6 new deaths (all coloured) and several new attacks.

Louisville, Ky.—A despatch to the city press, dated June 22nd, says :—“The reports of cholera in this city are entirely groundless.”

Greenville, Tenn.—A correspondent writing from that place, June 18th, gives details of five cases, and adds :—“There are several other serious cases in our town, and a great many of lighter form.”

Paducah, Ky.—On the 16th inst., four deaths from a disease resembling cholera were reported, and five deaths were said to have occurred on the 20th.

Cincinnati, Ohio.—A news despatch of June 21st says : “Up to 6 o'clock this evening there were fourteen deaths from diseases of the bowels. Six cases classed as cholera were reported for the day at the health office.”

St. Louis, Mo.—For the week ending June 14th, out of a total of 107 deaths from all causes, eight were from cholera morbus, four from cholera infantum, and two from diarrhœa.

THE ADULTERATION ACT—A SUGGESTION.

Nothing could more clearly demonstrate the necessity of legislative interference to prevent the almost indiscriminate adulteration of articles of everyday consumption, than the opposition shown to the administration of the Act in various quarters, and the convictions obtained for infringements thereof; and whilst we do not overlook the fact that both manufacturers and retailers have, in exceptional cases, been unwittingly made victims to show what the law really is for the behoof of less scrupulous pretenders to purity, we nevertheless maintain that the Act is one of the most beneficent which has passed for many years, and should, notwithstanding the complaints of hardship in peculiar cases, be respected. We are aware that manufacturers are fighting to obtain an equitable solution according to their views of the question; but we shall not be accused of shifting our opinion when we state that anything added to an article of diet—unless, of course, it be the absolute necessity which exists in such instances as adding water to flour for making bread, &c.—*is an adulteration.* The article may be, and doubtless is, in many instances, the better for such addition; but that does not alter the fact that cocoa which contains added farina, mustard with which is incorporated turmeric and brickdust, or milk with a liberal supply from the cow with the iron tail, are adulterations, and no other name can be given them. Our Analytical Food Reports showed most unmistakably the extent of these adulterations, and we did not hesitate to call upon Government to repress such of them as were injurious to the public interest, and to limit the extent of others which time and prejudice had rendered almost necessary. We speak of prejudice, for undoubtedly manufacturers have much of this to contend with. What Medical man does not know, for example, that when patients are ordered to drink cocoa, the majority disbelieve its purity and strength unless it is as thick as pea-soup? And yet a pure infusion of cocoa is as thin as tea or coffee. We maintain, therefore, that a person who asks and pays for a certain article has a right to get it pure and simple, unless he prefers a mixture, and knows that he is paying for and receiving such. Of course it is easier to point out defects than suggest reasonable remedies. We have, however, a suggestion to make in the case of cocoa, about which there appears to be more contention than all other articles put together. It is this: Manufacturers know that when this article is imported in its genuine or raw state, and cleared at the Customs, it is called cocoa, and nothing but cocoa; if they find it necessary to adulterate it in the manufacture—of course non-injuriously—why not call it "chocolate," the name by which the mixed article is known in all civilised countries, selling the pure article under its proper name for those who prefer it? This plan would, to our minds, be much more straightforward than printing the *mixture* in small letters upon packets, in order to evade the Act, or contesting magisterial decisions, when the remedy lies in their own hands.

ALCOHOL FROM FLINTS.

The synthesis of spirit from so uncongenial an origin as flint and quartz, has been the subject of a recent communication to the Royal Dublin Society by its Professor of Chemistry, Dr. J. Emerson Reynolds. This exposition of the author's researches and speculations deserves the greatest interest, not only from the incongruity of the proposal to make whiskey out of flint, but as the foreshadowing of a chemical investigation which may, perhaps, at some future period, revolutionise our commerce, and unbalance the calculations of the Chancellor of the Exchequer of some coming era.

Dr. Reynolds builds up his proposition upon the close parallelism of silicon and carbon in their chemical and physical characteristics and affinities.

He does not propose to show that spirits can be extracted from flint and quartz by mechanical processes, but hopes to satisfy his readers that, by indirect and purely chemical means, we can obtain from these familiar and widely-diffused minerals, and from native silicates, bodies resembling in chemical action, and even in appearance, the well-known alcohol of wine.

Carbon has hitherto been considered the sole alcohol-forming element; but we shall see that the chief constituent of flint and quartz, namely, silicon, must now be admitted to share in this power, and likewise in the ability to form other remarkable compounds that it will be necessary for us to refer to in the course of this lecture.

Having prepared silicon from flint, we are in a position to compare it with carbon, to trace out the analogies which subsist between them, and then to show that some of the alcoholic and other *compounds* of carbon have their strange and interesting analogues in a silicon series.

A compound of silicon with hydrogen may be prepared in an impure state by treating a compound of silicon and magnesium with hydrochloric acid. We thus obtain a colourless, spontaneously inflammable gas, which burns with a bright light on contact with the air.

This siliciuretted hydrogen is evidently the chemical analogue of marsh-gas, the tetrahydride of carbon.

It is usual to regard marsh-gas as the typical carbon compound from which some alcoholic series may be supposed to spring, and, in fact, all the alcohols belonging to the group of which the well-known wood-spirit and spirit of wine are the chief members, are commonly regarded as derivatives of marsh-gas, in which a part, or all, the hydrogen has been replaced by one or more compound radicals, such as hydroxyl, methyl, ethyl, propyl, &c. In the same way the silicon in siliciuretted hydrogen may be shown to be the nucleus round which can be grouped hydroxyl, methyl, ethyl, &c., so as to form the alcohols whose compositions we shall presently have to refer to.

It must be here admitted, however, that no well-defined alcohols have yet been discovered in which silicon acts in any other way than as the nucleus of the compound; carbon radicals in all these cases playing the subordinate parts. But we have every reason to expect that complex alcohols containing silicon only will yet be obtained as researches extend.

In 1857 Buff and Wöhler obtained a volatile fuming liquid, which is shown to be a mixture of chloride of silicon with a new body, which proved to be the strict chemical analogue of chloroform, silicon replacing carbon.

When this remarkable body is made to unite with anhydrous alcohol, a colourless ethereal liquid is obtained on distillation. This body is strictly analogous in composition to a substance obtained by acting on ordinary chloroform with sodium alcohol.

Ordinary chloroform is well known to be closely allied to common wood-spirit, or methyl alcohol, in a way that will be evident on comparing the formulæ. In fact, chloroform is easily obtained by treating wood-spirit with bleaching-powder.

Regarding silicon chloroform from the same point of view, analogy would lead us to look for a simple silicon alcohol similar to wood-spirit or methyl alcohol. As a matter of fact, no such alcohol has as yet been prepared even indirectly.

It will naturally be asked whether the silicon chloroform is capable of acting as an anæsthetic like ordinary chloroform. But it is only necessary to bear in mind the fact that it is very easily decomposed by water into gelatinous matter, and highly corrosive by hydrochloric acid, in order to understand that its inhalation would be attended by the speedy destruction of the lungs of any person persisting in the experiment.

Starting from silicon chloroform, then, we have been led, by analogical reasoning in the first instance, to infer the existence of a simple silicon alcohol precisely corresponding to wood-spirit. On testing this induction by experiment, we have obtained answers which are, so far as they go, altogether favourable to the view just stated. In fact, the results are as satisfactory as they can be short of the discovery of the silico-methyl alcohol.

In concluding his paper, Dr. Reynolds said :—

"I trust you will now admit that the case I proposed to lay before you has been made out—namely, that we can obtain some alcohols indirectly from flint or other form of silica, and that we have solid ground for inferring the existence of many others.

"A rich and beautiful field for chemical research appears to lie before us in tracing out the analogies between the compounds of carbon and silicon, and recognising the chemical representatives of many of the most complex 'organic compounds' in the native silicates which form so large a part of the crust of this earth.

"I need simply remind the audience I have the honour to address that the practical value of scientific research is rarely apparent at first. Who could have suspected that the benzole discovered by the venerable philosopher whose name is so inseparably connected with this Institution, would have proved, in the able hands of Perkin and of Hofmann, the chief source of many of the exquisite dyes now largely manufactured in this country? Yet in this, as in a hundred of other instances, the small and apparently useless scientific seedling has gradually expanded into the strong tree, yielding its rich store of useful fruit. Let us hope that a similar future awaits some of the alcohols from flint which have been referred to this evening, and that, in pursuing our studies of the silicon analogues of the more complex carbon compounds, we may be led to appreciate more fully than we have hitherto done the admirable economy and harmony of Nature."

Notes on Current Topics.

Life in India.

A GLIMPSE at life in India is often pleasant to those who know the country well, and always fresh to stay-at-home Englishmen. From a letter we have just received from a professional brother we offer our readers a picture that may interest many.

"It is," says our correspondent, "a curious life, from 9 o'clock in the morning till 6 in the evening, to sit in dark rooms cooled by punkahs, tatties, and thermantidotes. We long for fresh air, but dare not open a window, for outside it is 120°, and even 90° Fah. day and night indoors. The sun pierces your very marrow, the flowers have no fragrance, the fruit no flavour. But if a man is careful in all things, as regards eating, drinking, smoking, chastity, and adopting precautions against the sun, as a rule he does very well. Men take too much out of themselves, by riding and racquets, and are careless as to clothes. During the day, blue goggles; a warm shooting coat, padded down the back with cotton; a broad-brimmed hat; a roller round the stomach; very little animal food; no wine until sunset (weak brandy and soda the most harmless); a sleep from 12 to 2 before lunch; take exercise when you can, early in the morning; never be idle; these are the precautions to adopt against this climate, which was never intended for Europeans. All the same, India has its advantages, and after a time a surgeon drawing £50 a month can put by a little. A Surgeon-Major at first, if under fifteen years' service, draws £79 a month, or over fifteen years, £83 a month. At the present time those recently promoted are not acknowledged, therefore only draw the pay of the subordinate rank. Houses are dear, house rent also; servants cost from £5 to £7 a month; mess bills about £12, then there are clothes, furniture forage, the cost of outfit coming here to be considered. Married men are very comfortable, but every other woman appears to suffer from some uterine complaint, and the children are constant endless sources of anxiety. Old bachelors take to drinking, else become misers."

The Hygienic Tract Society.

WE are informed that a society has been established to circulate gratuitously through the clergy, inspectors, guardians, and others, a series of tracts.

The object is said to be the distribution of tracts and leaflets on sanitary subjects, written by qualified men; and the first aim is to stem the stream of patients ever flowing into our hospitals, infirmaries, dispensaries, and asylums. As to the result, the following quotation is given :—Learning "better to appreciate the beautiful world in which we live; avoiding many of the sufferings to which we are subject; enjoying many blessings of which we are not worthy; and escaping many temptations we cannot wholly resist." (*Lubbock's Pre-historic Times*, p. 489.)

We think the good effect of the attempt entirely depends on the quality of the tracts thus distributed.

Chinese Varnish.

THE Chinese make an impervious varnish by mixing three parts of defibrinated blood, four of Greek lime, and a little alum. A glutinous substance is thus obtained which is waterproof when applied as a varnish.

Mummification.

D. LUCQUET has found, by observation of the process of embalm-ment, that the embalming of the Egyptians was really due to the saturation of the body in natrum solution, where, according to law, it should remain seventy days. The extraction of the viscera, the use of various aromatics, and of bandages were but accessory means; the essential being the desiccation of the skin and the gradual evaporation of the animal liquid in a very dry climate, which took place in about sixty-five days.

Poisoning from Eating Snails.

La France Medicale records the occurrence of serious symptoms of gastro-intestinal irritation occurring to seven persons who partook of the same savoury dish of snails; the symptoms in the seven persons were of the same order, but varied in intensity according to the amount which had been consumed. The symptoms appeared in from fifteen to twenty hours as vertigo, delirium, and headache, succeeded by intense gastro-intestinal irritation.

As it is a well-known fact that snails can consume acrid or narcotic vegetables, inquiry was made as to where these snails had been collected, and it was found that there were several poisonous shrubs in the place, rose laurels, prickwood, white briony and box. They had a bitter taste reminding one of box, which, according to the observations of Marrolini and Gubler, causes the same symptoms as these gourmets suffered from. Those skilled in the art of snail-dressing and eating use always snails after a prolonged fasting, so that the digestive products have passed away, or they are still more enjoyable when they have closed themselves in for their winter hybernation.

Moral.—Don't eat snails unless their bowels are empty.

Treatment of Lacrymal Fistula.

M. Luson recommends the use of catheterism of the duct combined with the application of caustic (nitrate of silver) to the fistulous orifice, and in some cases the application of chloride of zinc as a caustic to the opening. He reports favourably of the latter method.

Treatment of Chronic Eczema of the Genitals.

Dr. de Montmya recommends the use of tincture of iodine in the treatment of the chronic eczema, and intertrigo of the genitals more especially combined with the use of a lotion of one part of corrosive sublimate to 250 of water, a few drops of spirit being used to dissolve the corrosive sublimate.

Prosecution for Selling a Noxious Drug.

In the Belfast Record Court an action was brought lately before Judge Keogh to recover the sum of £200. The plaintiff keeps a shop in Belfast, and the defendant is a druggist, and the allegation was that the defendant sold a quantity of extract of belladonna in mistake for extract of dandelion, in consequence of which the plaintiff and his wife were put to great suffering and expense.

It appeared from the statement of counsel that the plaintiff and her brother had been in the habit of taking the dandelion, which they habitually purchased at defendant's shop.

Prof. J. F. Hodges said that the symptoms deposed to we[illegible]re those of belladonna poisoning. He was shown a box wh[illegible]ich contained a small quantity of black substance wh[illegible]ich he submitted to analysis, and in addition he had phy[illegible]siological evidence of the nature of the substance, for he [illegible]xperimented with it on a rabbit and cat, and precisely si[illegible]lar results were produced, but on the rabbit slightly; it [illegible] is a peculiar fact that belladonna has hardly any influ[illegible]nce upon rabbits.

Th[illegible]e jury found a verdict for £5 damages and 6d. costs.

Death from Chloroform.

The *Medical Times and Gazette* publishes the following unsigned letter. The author, while anxious to retain his privacy, has been evidently so influenced by what he witnessed that he gives it to his co-professionals as another instance of the capricious action of chloroform; we are given information on several points—the patient was not suffering from the shock of a recent injury, nor worn down by disease—the clothes were loosened so that there was no pressure, but two drachms of chloroform were used, it was administered on a folded handkerchief, the patient was sitting, and displayed vigour by struggling and kicking violently, yet both pulse and respiration ceased suddenly, and nowithstanding the application of galvanism, &c., no resuscitation could be achieved.

Ether, as we have frequently remarked, has not been fertile in such results; the struggling is certainly not an accompanying feature, and its superior safety is incontestable; yet Medical men are slow in not at least giving it full and ample trial. The action which we referred to as being entered at the ensuing Wicklow Assizes for the loss of a husband by death from chloroform directs additional interest; to this subject, and if Medical men are liable to be put on their trial and subjected to an action for damages (in this instance laid at £1,000), the comparative merits and safety of anæsthetics becomes daily of increasing importance both to the Profession and to the public, and the medico-legal question of their administration one of difficulty.

The case is thus reported:—

A DEATH FROM CHLOROFORM.

To the Editor of the *Medical Times and Gazette.*

Sir,—On the morning of June 28, 1873, Ann T., æt. 45, wife of a gamekeeper, came to my surgery, by appointment, to have her right arm, which she had fractured twenty-five days before, and which had received no treatment, put upon a bent splint.

It was intended to place the limb on a bent splint in order that it might be of more use to her if ankylosis of the elbow-joint should take place than it would be when quite straight, and as any movement of the joint caused great pain, chloroform was given. She sat in an arm-chair, her clothes were loosened about the neck, and the chloroform was given on a folded handkerchief by Dr. C. She at once began to struggle and to try to take the handkerchief away from her face, but her hands were held, and in about two minutes, the first portion of chloroform having evaporated, and the woman not being in the slightest degree insensible, a second portion, about one drachm, was poured on the handkerchief. When this was held to her face, she struggled more violently than before, kicking, and moving her head from side to side to escape from the handkerchief. In about two minutes from the time when the second portion of chloroform was poured out her struggles ceased, the pulse remaining good. The handkerchief was removed from her face, and the arm was taken hold of to examine it thoroughly, and to reduce the dislocation of the radius, two pulls were given; when I noticed the woman's face was livid, and her pupils widely dilated. No pulse could then be felt at the wrist, and the breathing had also ceased. She was laid on the floor, her tongue drawn out by forceps, galvanism was at once applied over the phrenic nerve and the diaphragm, a vein in the arm was opened, and artificial respiration—during which air entered and escaped from the chest freely—was kept up for half-an-hour, but there was not the slightest sign of life from the moment when the lividity of the face and the dilatation of the pupils were first noticed. The galvanism only caused a few muscular contractions in the neck. The bottle from which the chloroform was poured was graduated; it holds sixteen drachms when full, and fourteen drachms were found in it after the woman's death. The unfortunate woman was not noted for sobriety. An inquest has been held, and a verdict was returned that the death occurred from the administration of chloroform, to which the jury appended a rider to the effect that no blame was to be attached to either of the Medical men concerned.

I am, &c.,

The Value of Current Statements as to Anæsthetics.

We refer to a short note in the *Students' Journal* of the 19th to illustrate the rashness with which statements are sometimes publicly enunciated and the mischievousness of such a slip-slop style of journalism. The *Students' Journal*—under obvious inspiration—makes within a dozen lines the following three distinct statements :—

"The *Lancet* Commission condemns elaborate inhalers. The *Medico-Chirurgical Review* says the ether agitation is of no moment, and is dying away. The number of deaths from bichloride of methylene and sulphuric ether are also equally alarming."

Not a single one of these statements is true—The *Lancet* Commission does *not* condemn all inhalers—the *Review* never said anything of the sort—there has been within a long period no death from bichloride of methylene or sulphuric ether. Will our contemporary favour us with a definite reference to the subject for its alarm ?

The Use of Conia.

Two communications on the use of this important alkaloid have lately appeared. The last is in the *American Journal of Insanity*, by Dr. Kitchen, who tried it with some care, and arrived at the following conclusions as to its action. Conium in any form produces—

1. Muscular relaxation.
2. Duration in proportion to dose.
3. Physiological effect in proportion to purity of the article used.
4. The brain is not affected directly by conium.
5. Pulse and temperature both reduced after a full dose.
6. A gentle perspiration covers the whole body as soon as the physiological effects are observed.
7. No appreciable effect on any of the secretions.
8. Quietness lasts from two to four hours, and then disappears, leaving only a sense of lessened muscular energy.
9. Conium, not acting on the brain, may safely be given in all febrile diseases.
10. Conium, when applied to the skin, causes slight redness.

The other paper refers to the alkaloid only, and appeared in the last volume of the "West Riding Asylum Reports," edited by Dr. Crichton Browne. The essay on conia is by Dr. Burman who, from a series of careful experiments, deduces some valuable facts.

Dr. Burman gives the following conclusions from the hypodermic injection of conia :.

1st. Conia is too powerful and too irritant to be administered internally alone ; but when neutralized with acid and in bland solution, there is no reason why it should not be used internally in suitable doses, and thus produce well-marked cicutism without any topical irritation.

2nd. Pure conia may be injected under the skin, in large quantities, without leading to any result except the formation of an abscess, or the production of considerable local irritation at the site of injection.

3rd. Conia, neutralized with acetic or hydrochloric acid, and dissolved in spirit and water, acts very rapidly and powerfully, when subcutaneously injected, in pigeons, frogs, guinea-pigs, rabbits, dogs, and cats ; and, when thus used in doses of from ♏ss to ♏iij. in the healthy human subject, it produces well marked cicutism.

4th. Thus administered, it may be used therapeutically, in doses of from ♏ ss to ♏iij. in cases of *mania*, with the result of subduing motor excitement, warding off emaciation and exhaustion, and promoting recovery. The strongest conia may be thus administered, commencing with doses of ♏1-10th and gradually increasing, in proportion to the motor activity of the patient, until decided physiological effects are produced.

5th. When thus administered, the use of conia does not lead to any disturbance of the digestive function, interference with the circulation, or any considerable local irritation.

6th. The most suitable cases for the treatment by the hypodermic injection of conia, neutralized and in solution, are those of *acute mania*, where the brain lesion is not *organic*, and where medicine, if given by the mouth, would require to be administered with the stomach pump.

7th. Conia, acting upon the purely motor centres, in a sedative manner, and morphia acting in a similar way on the sensori-motor and ideo-motor centres, it follows, as a fair corollary, that the combination of the two, in subcutaneous injection, should lead to effects directly antagonistic to the condition of maniacal excitement ; and such being, in fact, the case, they may be thus used together, with very great success in the treatment of cases of mania.

8th. Conia might be very useful, as a subcutaneous injection, in cases of poisoning by strychnia, as well as in tetanus, hydrophobia, and other spasmodic diseases.

9th. Specimens of conia, as obtained from *different* sources, vary very considerably in appearance and strength, and they may be rendered dangerous or unfit for use, in the human subject, on account of impurity. Too much caution cannot, therefore, be observed in the first use of a new specimen, until its strength is ascertained.

10th. Conia, as obtained from chemists in England and Scotland, is manufactured, for the most part, abroad. The best and purest conia is prepared from the *seeds* of the *uncultivated* plant, and, in order to avoid variability, all supplies of it should be drawn from some *one* good manufacturer, with directions that it should be so prepared.

11th. An increased demand for conia is all the stimulus that is required to lead the production of a crystallizable salt of it of stable and uniform strength, and sufficiently soluble in water, for the purposes of subcutaneous injection.

12th. ♏ss of the best conia, (costing ¼d.) subcutaneously injected, neutralized and in solution, is equivalent in action to about fl oz. j. of the best succus conii (costing 2d.), administered by the mouth.

Medical Officers of the Army.

In the House of Lords last week our army friends had the honour of being mentioned, but the talk, as usua[illegible], led to nothing, and so they are none the better off.

Earl Delawarr moved that an humble address b[illegible] presented to Her Majesty, praying that she would tak[illegible] into consideration the present position, as regards ran[illegible] and pay, of Medical officers of the army, who voluntee[illegible]red and served on the West Coast of Africa between the ye[illegible]ars 1859 and 1867, in order that they may receive the benefi[illegible] of the Royal Warrant, signed the 1st October, 1858, of w[illegible]hich they have hitherto been deprived. The noble earl sta[illegible]ted that, according to the Medical regulations publishe[illegible] towards the close of 1859, each Medical officer volunteering for the West Coast of Africa must serve there for twelve months, and every such year of service was to count as two years for promotion and retirement. This was held out as a boon in order to induce gentlemen to risk their lives in an unhealthy climate. They were then led to believe that by serving for seven years the double servic[illegible] would count towards the rank of surgeon-major. Af[illegible] the lapse of seven years another circular was issued[illegible] the effect that one year of such service should be allo[illegible] to reckon for two years of ordinary service, but not tow[illegible] increase of pay. Of the seventy-six who volunteered u[illegible] the first regulations a certain number had died, others [illegible] been invalided, some had retired, and about thirt[illegible] mained, to whom the benefit of the warrant mig[illegible] applied. He submitted this case as a somewhat har[illegible] deserving the consideration of the house. He wo[illegible] quite content to leave the case in the hands of Her Majesty's Government.

The Marquis of Landsdowne said there were regulations in the service that one year on the West Coast of Africa counted as two years. There had been three warrants issued since 1858, the interpretation of all of which came to the same effect, that the Medical officers had received all the advantages to which they were entitled.

We suppose we may conclude that they have received all they are likely to get from this Government.

Women Students at Zurich.

The Russian decree relative to women students at Zurich, has produced great excitement in that town. All the newspapers are unanimous in condemning the arbitrary conduct of the Russian Government in the matter, though several of them admit that the Russian women students often behave in a manner discreditable to their sex. One of the professors of the university of the town observes, in a letter to the *New Zurich Gazette*, that the expulsion of the Russian women students from the university will probably be followed by a large increase in the number of the women students from other countries, as German, French, and English women have hitherto been deterred from going to Zurich for their education by the improper behaviour of the Russian women who attend the lectures there. A correspondent of the *Cologne Gazette* asserts that upwards of one-half of the Russian women students at Zurich live disreputably, and that many of the Swiss families in the town have consequently refused to receive them in their houses. That some belong to secret political societies is also a matter of notoriety; one of them even acted as vice-president at a "red" meeting of working men. The Russian women students have now decided, after some stormy meetings, that all but two shall leave Zurich next term, and proceed for the completion of their studies to Paris, Leipzig, Munich, and Heidelberg.

Society for the Relief of Widows and Orphans of Medical Men.

The Directors of the Society held their usual Quarterly Court, July 9th. The chair was taken by the President, Dr. Burrows, F.R.S. A legacy of £1,000 from Miss Brackenbury was announced.

There were two fresh applications from widows for assistance. Fifty-six widows and twenty-eight children applied for a continuation of their grants, and a sum of £1,260 10s. was voted to be distributed according to the wants of the applicants.

The expenses of the quarter amounted to £61 12s. 3d.

The meeting heard with regret of the death of Dr. Hamilton Roe, late treasurer; and a letter of condolence was directed to be written to Mrs. Roe.

It was resolved that Dr. Quain should be recommended for election as treasurer at the next general meeting.

Two deaths of note occurred last Saturday—viz., that of Lord Westbury, late Lord Chancellor of England, and of Samuel Wilberforce, Lord Bishop of Winchester. The former was the son of a physician at Bristol, and was probably the most celebrated lawyer of the age, he died just after his seventy-third birthday, from general decay of the system. The latter was thrown from his horse and killed instantaneously; on the afternoon of his death he had written to our publishers expressing his desire to peruse the MS. of Dr. J. P. Murray previous to publication, upon the "Suppression of the Polynesian Slave Traffic," thus showing his interest in the great work of his father, the celebrated Dr. Wilberforce. The letter referred to is a sad sequel to a life of usefulness; it was received after his untimely death.

The President, Vice-President, and Council of the Royal College of Surgeons of England have requested the company of the Fellows and Members of the College at a *conversazione*, to be held at the College on Wednesday, the 6th of August next, at 9 o'clock p.m.

Two Scholarships in Science have been founded at St. Bartholomew's Hospital:—

1. An Open Scholarship of the value of £100, tenable for one year, to be competed for in September next. The subjects of examination are Physics, Chemistry, Botany, and Zoology.
2. Preliminary Scientific Scholarship of the value of £50, tenable for one year, for students of the Hospital of six months' standing. The subjects of examination are identical.

THE PROVIDENT SYSTEM.

The following resolutions have been discussed at a meeting of the Profession at Manchester:—

That inasmuch as the Medical Charities of Manchester and Salford have been founded—endowed and supported by bequests, public and private subscriptions, for the purpose of affording gratuitous Medical and Surgical relief to the poor—abuses of those charities by improper recipients ought not to be met upon the part of such charities by the foundation of "Medical Provident Dispensaries," but rather by a REAL inquiry into the circumstances of their patients, so as to prevent the admission of, or exclude those who are able to pay, from receiving such relief. Any departure from this principle, except under some special circumstances of emergency, &c., &c., is a diversion of such charities from their original object.

That the formation of Medical Provident Dispensaries, either as now in operation or as proposed, would tend to bring the great majority of the working classes of this country, their wives and families, under one vast system of Medical and surgical relief—would enter into unfair competition with, and be ruinous to the best interests of, the great majority of the Medical men of this country; would create a system which is even more liable to be abused, and that on a larger scale than the present generally admitted abused hospital charities are,—and in addition to this, it is most likely they would cause a large falling off in the subscriptions to the present Medical charities.

That as regards the Medical Profession, the necessity for these "provident dispensaries" does not exist, since by the "poor-laws" the really poor are provided with skilled Medical and surgical relief—free. The establishment of these dispensaries will bring them into competition with the existing friendly and other societies (originated and managed by the working classes) for relief in sickness and distress, and considering that it has been the invariable rule of the Medical Profession to charge the working classes according to their means, and to accept from them payment of their accounts by instalments, when necessary, and as every Medical man (the same as in any other calling) has a right to please himself as to whom he trusts; by such acts as these and by many other daily acts of kindness the members of that Profession have obtained for themselves and retain the good feeling of the working classes. This meeting is therefore opposed to the establishment of these dispensaries.

Literature.

LECTURES ON CLINICAL MEDICINE (a).

(*Continued from page* 18.)

The tenth lecture is entitled "Puerperal Purulent Infection." This is the name the author gives the disease which is known with us as "puerperal fever"—that much dreaded and fatal affection. We cannot give any detail of this most able and elaborate essay, suffice it to say, that our author believes the disease is always the result of phlebitis, which, by forming pus, contaminates the blood, and accounts for the secondary lesions so very commonly found. This view of the subject, we must say, does not go far enough, at least so it seems to us. If it were true, every parturient woman and every wounded vein would lead on to the disease. Yet that such is not the fact must be allowed. On the contrary, "puerperal fever," or its analogue, "diffuse inflammation," are rare occurrences. Neither does our author's view account for the fact that distress of mind has much—very much—to say to the occurrence of puerperal fever. In point of fact, the evidence is, to our mind, very strong, that neither diffuse inflammation nor puerperal fever will arise, unless the blood has been previously deranged; and then when phlebitis arises, the other more formidable diseases ensue. This, we repeat, seems to us the only explanation which meets all the requirements of the case. Into the point of the state of the air in hospitals, the author enters at considerable length, but he nowhere speaks of that bugbear of which so much has lately been spoken, contagion—that is, the conveyance of puerperal fever from one patient to another. He was too good an observer to entertain such an idea; and it is quite clear, from reading this lecture, that he held, if two females in the same ward were attacked with the disease it was because they were subjected to the same exciting causes, and that these causes were to be found floating in the air. This, however, is a very different idea from what is known as contagion, and what is of still more consequence, we believe, is a state which is capable of being banished from our hospitals by scrupulous attention to cleanliness. That the tendency to the growth of both animal and vegetable organisms is much greater at certain periods than at others seems to us certain. We see exactly an analogy in living organisms which do not require the microscope for their detection. One year will exhibit a superabundance of certain insects and plants, whilst the next year the same will be as markedly deficient. And so we take it to be in lower organisms. This view of the subject certainly clears up much of the obscurity which has hitherto hung over it, whilst it has facts in its favour; and we are sure the time is approaching when light will exist where now there is nothing but doubt and shadow. At any rate, this seems to be our author's view of the matter, into which he enters at considerable length; though by no means too great.

The next lecture is on "Phlegmasia Dolens," in which the author draws attention to the fact that this disease is not confined to the puerperal state. With this point we were long familiar, having seen cases of it in connection with several other diseases, such as dysentery, phthisis, diabetes, &c. This lecture is marked by all the qualities which our author possessed in so great a degree. We notice, however, that nothing is said about the treatment, and yet much can be done for this painful and obstinate affection, and which may have dregs after it that endure for life. It is not our place, however, to enter into the subject here. The author, we should add, takes the opportunity of this lecture to speak on the subject of Embolism, and the reader will find many interesting and practical remarks on this disease, as well as cases given with great accuracy of detail.

The two next lectures are on "Abscess about the Kidney and Uterus" respectively, and though of much interest and clinical value, we cannot notice them further here.

The following lecture is entitled "New Species of Anasarca, the Sequel of Retention of Urine." This subject, we must say, is quite new to us, and probably to many others, and we must confess to having some misgivings as to the connection between the one and the other. That they were co-existent is certain, from the cases detailed. But it is quite another matter to look upon the chronic retention of urine as the direct cause of the anasarca; and yet the cure of the former was followed by the disappearance of the latter. It is just possible, as the author himself suggests, that the distension of the bladder may, by pressure, interfere with the function of the kidneys, and to such an extent that the normal amount of the secretion may be diminished, and anasarca be the result. The question is certainly one of curious interest, and must still be considered open to inquiry. We should have stated that different cases are given where the regular use of the catheter was at once followed by the disappearance of the anasarca.

The next lecture is on "Movable Kidney," a state which some still deny; and yet a London gentleman has proved, by *post-mortem* examination, that it does exist. We wish we could recollect the name of the gentleman. For ourselves, we cannot doubt the existence of this state, and believe we have seen three cases of it. As our author observes, it is certainly very important that this affection should be recognised, as otherwise very serious mistakes in the treatment may, and have been made. There can be no doubt females are more subject to it than males.

The following lecture is on "Loosening of the Pelvic Synophysis," a state which usually follows parturition. It is not, however, a common affection. The author enters at length into the diagnosis of this affection, and points out the great importance of distinguishing between it and disease of either the uterus or spine, with either of which it is capable of being confounded. This whole lecture is very practical, whilst the directions about treatment are of the highest value.

The last lecture in the volume, the CI. of the entire series, is on "Percussion." In it the author speaks of the vast strides which have been made in medicine since the introduction and use of this method have been adopted There are also some valuable remarks on the great accuracy which can be reached by it, and by adopting certain proceedings in reference to it. He takes occasion, too, to notice that the great zeal and attention given to this plan of investigation, as well as that afforded by the stethoscopes, has had the effect of drawing away the attention of the Profession from the study of therapeutics, which he considers a serious loss. It is plain, likewise, that our author looks upon the microscope, and the cellular pathology of Virchow, as a direct hindrance to therapeutics, or, as he expresses it,—"It forgets the man in thinking of the cell, and loses itself in an abyss of infinitesimals." In this we entirely agree with him. We think the pursuit of histology, by which we mean the investigation of morbid structure by the microscope, and the enormous addition of new words resulting from it, have added nothing to practical medicine, nor that a knowledge of the existence of candate cells—if, indeed, they be always present—has given us a single hint for the cure of cancer, more than was held fifty years ago. It is, we think, greatly to be regretted that so much time and labour should have been expended in this direction. To us, as to our author, it seems to have been time thrown away. But we cannot pursue the subject further here.

We will not conclude our brief notice of this volume without again expressing our high admiration, not only of its contents, but also of its predecessors. Taking these lectures as a whole, they appear to us one of the noblest monuments which any single mind has ever erected to the science of Medicine.

(a) "Lectures on Clinical Medicine, delivered at the Hotel-Dieu, Paris. By A. Trousseau, Physician to the Hotel-Dieu." Vol. v., with Index. Translated from the Edition of 1868, by Sir John Rose Cormack, K.B., M.D. Edin., M.D. Paris. The New Sydenham Society, London, 1872. Pp. 472.

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Medical News.

Royal College of Surgeons of England.—The annual report of the receipts and expenditure of this college from Midsummer-day, 1872, to Midsummer-day, 1873, has just been issued, from which it appears that the income of the college from all sources during the year was £13,311 16s. 1d. The disbursements over the same period were £12,276 1s. 6d., showing a balance of receipts over expenditure during the year of £1,034 14s. 11d.

Westminster Hospital Medical School.—Important changes have been made in this school to meet the present requirements for clinical and scientific training. Special lectureships on clinical medicine have been established, and have been filled up by the appointments of Dr. Basham and Mr. Holthouse. Mr. Pearse and Mr. Cowell have been appointed to the chair of surgery, and Mr. Davy has succeeded to that of anatomy. Great facilities are afforded also for the study of practical physiology and healthy and morbid histology, under the tuition of Dr. Allchin. Two entrance scholarships and an additional exhibition have been founded and a portion of the dresserships and clerkships have been thrown open, on certain conditions, to the students of other hospitals. Mr. Cowell is the new dean of the school, and will deliver the introductory address on October 1.

The following parliamentary papers were issued last week:—The fifteenth detailed annual report of the Registrar-General of Births, Deaths, and Marriages in Scotland; the report of the Registrar-General of Marriages, Births, and Deaths in Ireland for 1870.

Royal College of Surgeons of England.—The following is a report from the Court of Examiners in reference to candidates who have presented themselves for the Primary and Pass Examinations for the diploma of Member of the College during the Collegiate year 1872-73:—

PRIMARY EXAMINATIONS.

Medical School.	Totals.	Number passed.	Number rejected.	Per cent. of rejections.
Guy's	103.50	80	23·50	22·7
University College	98·50	68	30·50	30·9
St. Bartholomew's	89·50	64	25·50	28·4
St. Thomas's	58·50	44·50	14	23·9
King's College	35	26·50	8-50	24·2
London	30·50	21·50	9	29·5
St. Mary's	25	20·50	4·50	18
St. George's	24·50	18·50	6	24·4
Charing-cross	19·50	10	9·50	48·7
Middlesex	14·33	10·83	3·50	24·4
Westminster	10·50	8	2·50	23·8
Manchester	32	19	13	40·6
Leeds	25	15	10	40
Liverpool	20·83	14·33	6·50	31·2
Birmingham	20·50	14·50	6	29·2
Bristol	20	12·50	7·50	37·5
Newcastle	8·50	7·50	1	11·7
Cambridge	3	3	0	0
Sheffield	1·50	1·50	0	0
Hull	·50	·50	0	0
Dublin	10·50	5	5·50	52·3
Belfast	2	2	0	0
Cork	1	0	1	100
Galway	·33	·33	0	0
Edinburgh	22	18·50	3·50	15·9
Glasgow	12·50	8	4·50	36·
Aberdeen	4·50	2·50	2	44·4
Calcutta	1·50	0	1·50	100
Bombay	1	1	0	0
Montreal	3	3	0	0
Toronto	1	1	0	0
New York	1	1	0	0
Paris	·50	·50	0	0
Totals	702	503	199	28·3

PASS EXAMINATIONS.

Medical School.	Totals.	Number passed.	Number rejected.	Per cent. of rejections.
Guy's	76·50	60·50	16	20·9
St. Bartholomew's	62·83	53·33	9·50	15·1
University College	53·50	46·50	7	13·0
King's College	31·83	25·83	6	18·8
St. Thomas's	31·33	27·33	4	12·7
St. George's	23·50	17·50	6	25·5
London	22·33	18·33	4	17·9
Charing-cross	18	12	6	33·3
St. Mary's	14	11·50	2·50	17·8
Middlesex	13	11·50	1·50	11·5
Westminster	4	4	0	0
Birmingham	19	18	1	5·2
Manchester	17·50	13	4·50	25·7
Leeds	14·50	13·50	1	6·8
Liverpool	8·50	5·50	3	35·2
Bristol	5·50	4·50	1	18·1
Newcastle	5	3	2	40
Sheffield	4	3	1	25
Cambridge	2	1·50	·50	25
Hull	2	·50	1·50	75
Dublin	7·50	4·50	3	40
Belfast	3	3	0	0
Edinburgh	10·66	8·66	2	18·7
Glasgow	4	3	1	25
Aberdeen	1	1	0	0
Bombay	·50	·50	0	0
Montreal	2·50	2	·50	20
Toronto	·50	·50	0	0
New York	1·50	1·50	0	0
Philadelphia	·50	·50	0	0
Paris	·50	0	·50	100
Totals	461	376	85	18·4

Portrait of Sir William Fergusson, Bart.—It has been proposed by numerous friends and admirers of Sir William Fergusson, to open a subscription list with the view of having his portrait painted by an artist of eminence. The portrait will, with Sir William's sanction, be offered to the Council of the Royal College of Surgeons, in the hope that it may be retained in that institution as a permanent record of one whose valuable contributions to Surgical Science, and whose social character render him peculiarly worthy of so distinguished an honour. Subscriptions will be received by Surgeon Major Logie, Royal Horse Guards, Regent's Park Barracks, Albany Street, N.W., and Charles Moss, Esq., Surgeon, 6 New Cavendish Street, Portland Place, Hon. Secs.

Army Medical Warrant.—We continue to receive from Medical Officers great complaints as to the recent Bath selections. It must be admitted that the Military Order of the Bath is becoming anything but the appropriate reward of military service. It has always been understood to be in accordance with the rules of the Order that distinguished conduct in the field constituted the best claim to the distinction. A reference to the list of Medical Officers on whom the higher Order has been conferred since the Crimean campaign, will show that most of them have been anything but distinguished in the field; in fact, three out of four were conspicuous for their absence from the Crimea and Indian Mutiny campaigns; and yet they have been the men singled out for distinction by the Military authorities. It is impossible to doubt that the rewards for distinguished services are capriciously and most unfairly distributed in the Medical Department, and that too much honour is paid to routine work. In no other way is the recent elevation of Dr. Muir to be accounted for, as he had already received three distinct rewards for the only campaign in which he held a separate charge, and it is anything but encouraging—in fact, it is a positive injustice to the other Officers who have really distinguished themselves in the field to be thus passed over and superseded. Strange as it may appear, two of the most deserving C.B.'s—Dr. Mouat and Dr. C. A. Gordon—were both left out of the recent *Gazette*. This should not have been so.—*Army and Navy Gazette.*

International Exhibition.

REPORTS ON SURGICAL INSTRUMENTS.

No. IV.

(*Continued from page* 61.)

MESSRS. ARNOLD AND SONS' CASE.

WE observed in this case a number of new instruments, and modifications of older ones. Of some of them descriptions have appeared in our pages during our last volume, and it is, therefore, needless to repeat them. Such are the new clinical thermometers, Shephard's simplex enemas, &c. Of the former instruments Messrs. Arnold have a great variety. Indeed, clinical thermometers seem to be of all patterns; and here we have the ideas of Drs. Aitken, Squire, Buzzard, Gowers, Murchison, Andrews, Gibson, and Zeale as to shape, graduation, &c., exemplified in a practical manner.

In this case is also exhibited Dr. Mahomed's sphygmograph (fig. 1), which, both as regards price and workmanship, seems sure to command approval, and of which we are glad to give a figure.

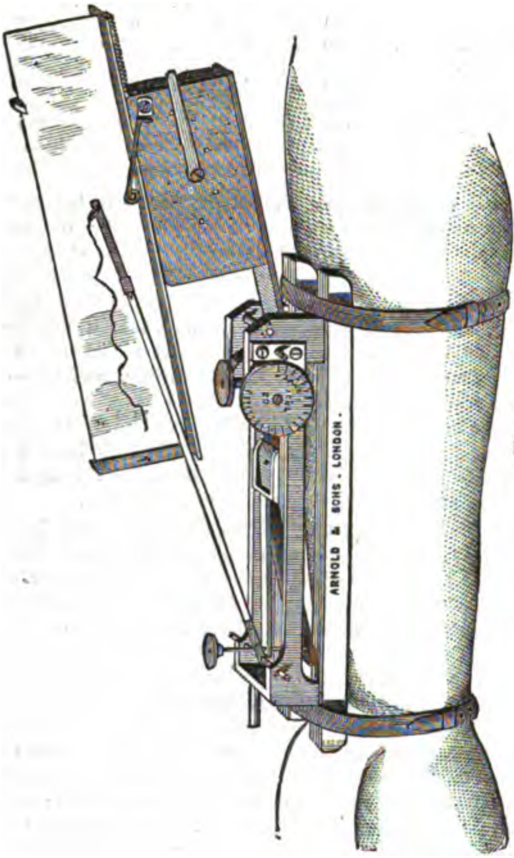
ARNOLD & SONS. LONDON.

FIG. 1.

onsidering the number of people who have worked at sphygmograph, we have sometimes felt surprised that instrument has not been rendered less expensive, and are accordingly glad to find that this which is cheaper than many others, is found to give satisfaction in use.

In this instrument the spring is supported by a joint that admits of no lateral motion, and is fixed to a block forming he centre of movement for a lever of the third order. This so fixed as to give free vertical motion without lateral ibration.

Aspirators and exhausting trocars are now so often used, that we select next from this case Dr. Murchison's Trocar and Syringe for Tapping the Chest (fig. 2), which may also be had with two stop-cock canulas and a set of trocars, or with three stop-cock canulas and trocars, complete in case.

In Dr. Murchison's syringe the valves are so arranged that it is impossible for air to enter, and consequently no stop-cock is required.

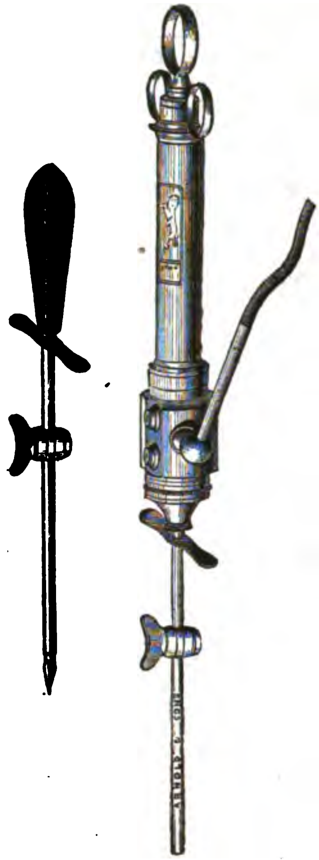

FIG. 2.

The engravings will enable anyone to understand the construction of this useful instrument.

There are many uterine instruments in this case. We need only specify Dr. Greenhalgh's Elastic Spring Pessary, the advantages of which are said to be cheapness, softness, indestructibility, facility of introduction, pliability, enabling them to be moulded to any form, applicability to all forms of uterine and vaginal displacements, while they are no obstacle to other local treatment.

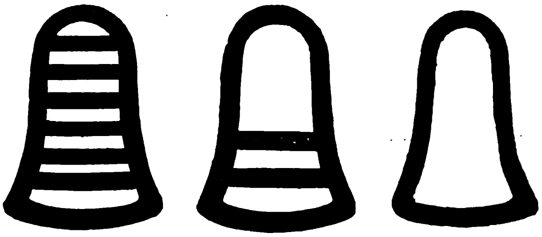

FIG. 3.

These advantages have been often claimed by other forms, and considering the number of pessaries used, we are often inclined to wonder whether they are not often resorted to when patients would be better without them.

Quite another kind of Instrument is seen in the next Fig., Mr. Cripps' Skin-Grafting Scissors, which have now been used largely.

For those who do not trust to their fingers for percussion, there are several simple instruments. Dr. King's has a spring, and Dr. Haller's, which is used by Dr. Duckworth, at St. Bartholomew's Hospital, is shown in Fig. 4.

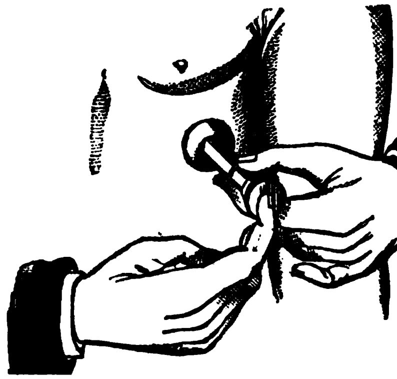

Fig. 4.

In this case there are also a number of instruments for tracheotomy and other operations connected with the throat. Of these may be mentioned Sankey's Improved Tracheotomy Forceps, Fig. 5, which are so construeted as to pass along the canula and compress the end of the tube, thereby facilitating the introduction, and also Sankey's Double Trachea Tube and Canula. (Fig. 6.)

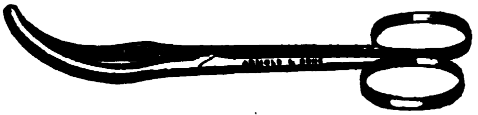

Fig. 5.

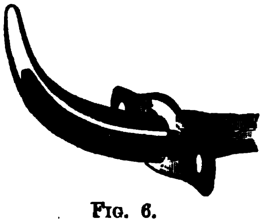

Fig. 6.

Gleanings.

Concerning the Choice of the Place of Incision in the Membrana Tympani for the Operation of Tenotomy of the Tensor-Tympani.

By Prof. Joseph Gruber, M.D.,

Aural Surgeon to the General Hospital in Vienna.

(Translated from the *Monatsschrift für Ohrenheilkunde*, Berlin, April, 1873, by Chas. S. Turnbull, M.D., for the *Med. and Surg. Reporter*.)

All authors who have contributed to the literature of this subject, at the head of which stands F. E. Weber (Weber—Liel), whom we must thank for this interesting addition to operative otology, agree that the anterior segment is the best place for making the incision for tenotomy in front of the handle of the malleus, through the anterior segment.

Weber makes the incision about 1 to 1½ mm. in front of the malleus, a little to one side, and below the short process.

Carl Frank says, under favourable conditions of the bony wall, and sufficient area of the membrana, the method of Weber is to be recommended in all its details.

Even if the anatomical relations are unfavourable, viz., when the meatus is very narrow the anterior wall, as is often the case, appears to bulge into the lumen of the canal, Frank still recommends the method of Weber, but supplies a simpler instrument for tenotomy, which he introduces through the anterior segment of the membrana, as described in his work.

In my first article published on this subject I answered the following question—In what portion of the membrana must the incision be made in order most easily to reach the tendon of the tensor-tympani muscle?

In this manner I would consider, as does Weber, the most practical position for making the incision is in front of the handle of the malleus, in the anterior segment, but many possible complications and sight individual conditions will influence the choice of the field of operation.

Apart from the consideration that, as I have more fully explained in the above-cited paper, such a method of operation is best calculated to avoid injuries to important parts, there is another indication for the selection of this point in the fact that the tendon of the tensor-tympani, as I first taught, and as Weber has lately confirmed, is that the tendon of the tensor-tympani muscle is not only, as formerly described, inserted into the medial edge, but also on the anterior surface of the handle of the malleus, where the tendon is most easily reached through the anterior segment of the membrana, especially by using my simple tenotome, which I think has some advantages over Weber's very ingeniously constructed instrument.

Frequent examinations, and much practice upon the cadaver, with clinical observations and experiments lately, particularly made in cases where I have operated, have now taught me that my first statements about this method were perfectly correct, and I am now able to furnish some more definite data respecting the choice of the place of incision in the membrana.

In the first place the position of the handle of the malleus is of great value in almost every case, as it determines the choice of the field of operation. I am now fully convinced that this position leads us to infer, with sufficient certainty, the course of the tendon, providing other complicated conditions do not intervene.

In explanation of the above-mentioned course, I offer the following:—If we examine a number of macerated temporal bones, especially those in which the ossicles remain in their natural position, we will be convinced that the "rostrum cochleare" around which plays the tendon in order to be inserted into the handle of the malleus at the end of the septum canalis musculo tubarii does not always terminate on the same point on the wall of the labyrinth, but this septum sometimes extends more or less above the oval window towards the posterior wall of the tympanum.

In most of the temporal bones examined, the semi-canalis of the tensor-tympani muscle terminated about the middle of the upper edge of the oval widow, and in some cases it reached as far as the posterior half of the edge, and in only a few cases it did not reach the middle.

Though individual differences exist, we still see, when the parts concerned are preserved in situ-naturali, in the fresh temporal bones, or when in macerated ones we unite by an imaginary line the two points which are connected by the tensor-tympani, the rostrum and the handle of the malleus, that the tendon does not take in its course the direction as is generally given from within outward; but that the tendon in most cases, in order to reach its insertion, should go from above, behind and within, in a direction downward, forward, and outward; and it rarely takes the direction given it by the older anatomists.

As a consequence, the effect of a contraction of the tensor-tympani muscle must manifest itself differently according to the course and insertion of the tendon into the handle of the malleus; hence, we see so great a variety in the position of the handle and also in the condition of the membrana, caused by the contraction or, what is equivalent, the retraction of the tendon.

The extremes of this great variety of appearances, caused by a sudden contraction, relatively retraction, are given in these two positions of the handle of the malleus; one of these positions we will designate as the handle of the malleus appears directly drawn inward and apparently shortened, whereby the membrana presents its greatest concavity outward; while the other extreme is that position of the handle of the malleus in which it is drawn rather *backward than inward, more or less in the horizontal plane from before backward.* In the latter case the relations of the two segments are strikingly altered, for the posterior segment appears smaller in proportion as the handle is drawn backward, while the anterior segment is apparently or actually larger.

It needs no further explanation, for when these abnormal positions of the handle of the malleus depend immediately upon the course and insertion of the tendon, we can infer from the position of the handle the course and insertion of the tendon. If, for example, the handle is drawn directly inward, we can assume that the "rostrum cochleare" is situated nearer the anterior segment of the wall of the labyrinth, therefore the tendon runs more directly from within outward; while, when the malleus is drawn far back the rostrum is certainly situated farther behind on the inner wall of the tympanum, and the tendon takes the direction from behind, within and above, forward, outward, and downward.

Having thus carefully weighed the subject, we can easily infer, in any given case, from which place we can best reach it. It, therefore, follows that a general rule cannot be established, but in making tenotomy, the condition of the membrana, and especially the position of the handle of the malleus, must determine the choice of the field of operation.

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NOTICES TO CORRESPONDENTS.

Notice to Subscribers.—Gentlemen who have not paid their Subscriptions for the past year are respectfully reminded by the Publishers of the omission.

☞ **Correspondents** requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

Local Newspapers, &c.—When forwarding newspapers containing news or articles to which our attention is wished to be drawn, correspondents will oblige by marking the copy, as it is impossible for us to wade through all the country papers we receive.

To be Left till Called for.—A parcel, upon which this was written, was found to contain when opened last week at the Euston Square parcels office, the decomposed body of a child, which had been sent from Manchester. Some time back a box similarly addressed to the same office, also from Manchester, contained the mutilated bodies of two infants. There is need for a searching enquiry here; if such atrocities cannot be stopped by any other means, parcels "to be left till called for" will have to be declined unless properly authenticated by the sender. Of course, the public convenience would suffer by such a restriction, but child murder must be prevented, if possible, at any risk.

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VACANCIES.

Birmingham. Midland Hospital for Sick Children. Resident Medical Officer. Salary £60 per annum, with board, washing, &c. Address the Medical Committee.

Bournemouth Dispensary. Resident Surgeon. Salary £100 per annum. Address Dr. J. G. Douglas.

North Riding Infirmary, Middlesborough. House-Surgeon. Salary £80 per annum. Address the Secretary.

Derby Lunatic Asylum. Assistant Medical Officer. Salary £100 per annum, with board and residence. Address J. Barber, Esq., at the Asylum.

Derbyshire General Infirmary. Assistant House-Surgeon. Board and residence, but no salary.

Bradford Sanitary District. Medical Officer of Health. Salary £600 per annum. Applications to W. Lancaster, Esq., Bradford.

Thirsk Union. Sanitary Medical Officer. Salary £50 per annum. Applications to Mr. C. McSwarbrech.

Wandsworth Union, Surrey. Resident Medical Officer to the Workhouse and Infirmary. Salary £250 per annum, with residence. Address J. Sanders, Esq., New Wandsworth.

North Staffordshire Infirmary, Stoke-on-Trent. House-Surgeon. Salary £80 per annum, with board and residence.

Leicester Infirmary. House-Surgeon. Salary £120 per annum, with board and residence. Address the Secretary.

Wolverhampton General Hospital. Physician's Assistant. Salary £100 per annum, with board and residence. Address The Secretary.

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APPOINTMENTS.

Armstrong, H. E., M.R.C.S.E., Medical Officer of Health for the Newcastle-upon-Tyne Urban Sanitary District and Superintendent of the Fever Infirmary.

Bernard, A., M.B., L.R.C.S.Ed., a District Medical Officer, Parish of Liverpool.

Blumer, L., M.D., a Consulting Medical Officer to the Monkwearmouth and Southwick Dispensary.

Bolton, G., L.R.C.P.Ed., a Medical Officer to the Monkwearmouth and Southwick Dispensary.

Buck, W. E., M.B., B.A., M.R.C.S.E., Medical Officer of Health for the combined Sanitary Districts of the County of Leicester.

Cant, W. E., L.R.C.P.L., M.R.C.S.E., House-Surgeon to the Seamen's Hospital, Greenwich.

Curnow, J., M.D., Professor of Anatomy at King's College, London.

Dixon, W. H., M.D., M.R.C.S.E., a Medical Officer to the Monkwearmouth and Southwick Dispensary.

Hamilton, A. M'L. S., M.D., M.R.C.S.E., Assistant Medical Officer to the Workhouse, Brownlow Hill, Liverpool.

Harding, A. W., B.A., M.B., House-Surgeon to the Liverpool Infirmary for Children.

Hickman, R., M.R.C.S.E., Medical Officer for District No. 1 of the Newbury Union.

Humphreys, J. H., M.B., M.R.C.S.E., Resident Medical Officer to the Bloomsbury Dispensary, London.

Image, W. E., F.R.C.S.E., Consulting Surgeon to the Suffolk General Hospital, Bury St. Edmunds.

Jones, W. P., M.D., F.R.C.S.E., Medical Officer of Health for Kingston.

Lambart, W. H., M.D., M.R.C.S.E., a Medical Officer to the North Dispensary, Liverpool.

Laver, A. H., M.R.C.S.E., House-Surgeon to the Sheffield General Infirmary.

Lewtas, J., M.R.C.S.E., House-Physician to the Seaman's Hospital, Greenwich.

Lloyd, R. H., M.R.C.S.E., Medical Officer to the new Infirmary and the Workhouse of the Woolwich Union.

Martyn, S., M.D., F.R.C.P.L., reappointed Physician to the General Hospital, Bristol, for a further period of ten years.

Penny, G. T., M.D., M.R.C.S.E., House-Surgeon to the Surrey Dispensary.

Price, T., M.R.C.S.E., Medical Officer and Public Vaccinator for the Cathedral District of the Township of Manchester.

Risdon, A., L.R.C.P.L., M.R.C.S.E., Medical Officer of Health for the Marlborough Urban Sanitary District.

Smith, J., L.R.C.P.Ed., a Consulting Medical Officer to the Monkwearmouth and Southwick Dispensary.

Smith, R. A., M.D., a Medical Officer to the Monkwearmouth and Southwick Dispensary.

Wilson, G., M.D., Medical Officer of Health for the Meriden Rural and other Sanitary Districts.

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OPERATION DAYS AT THE LONDON HOSPITALS.

Wednesday, July 23.

Middlesex Hospital.—Operations, 1 p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
St. Bartholomew's Hospital.—Operations, 1½ p.m.
St. Thomas's Hospital.—Operations, 2 p.m.
St. Mary's Hospital.—Operations. 1½ p.m.
King's College Hospital.—Operations, 2 p.m.
Great Northern Hospital.—Operations, 2 p.m.
University College Hospital.—Operations, 2 p.m.
St. George's Hospital.—Ophthalmic Operations, 1½ p.m.
London Hospital.—Operations, 2 p.m.
Throat Hospital.—Demonstration, 2½ p.m.
Cancer Hospital.—Operations, 3 p.m.

Thursday, July 24.

St. George's Hospital.—Operations, 1 p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
University College Hospital.—Operations, 2 p.m.
Throat Hospital.—Demonstration, 2½ p.m.
Royal Orthopædic Hospital.—Operations, 2 p.m.
Central London Ophthalmic Hospital.—Operations, 2 p.m.

Friday, July 25.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Royal South London Ophthalmic Hospital.—Operations, 2 p.m.
Central London Ophthalmic Hospital.—Operations, 2 p.m

Saturday, July 26.

Hospital for Women, Soho square.—Operations, 9½ p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Royal Free Hospital.—Operations, 9 a.m. and 2 p.m.

Monday, July 28.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
St. Mark's Hospital.—Operations, 2 p.m.
Metropolitan Free Hospital.—Operations, 2 p.m.
St. Bartholomew's Hospital.—Operations, 1½ p.m.
King's College Hospital.—Operations, 1½ p.m.
Charing-cross Hospital.—Operations, 2 p.m.

Tuesday, July 29.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Guy's Hospital.—Operations, 1½ p.m.
Westminster Hospital.—Operations, 2 p.m.
Throat Hospital.—Demonstration, 2½ p.m.
National Orthopædic Hospital.—Operations, 2 p.m.
West London Hospital.—Operations, 2 p.m.

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Marriages.

Russell—Lane.—On the 17th inst., at Christ Church, Clifton, Bristol, P. C. Crampton, son of the late C. Russell, M.D., of Enniskerry, co. Wicklow, to Lucilia, only daughter of the late O. C. Lane, Esq., of Clifton.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 30, 1873.

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Original Communications.

OBSERVATIONS ON FEVER.

Being abstract of Lectures delivered in Dr. Steevens' Hospital.

By Thomas Wrigley Grimshaw, M.D.Dub.,

Fellow and Censor of the King and Queen's College of Physicians; Physician to the Hospital, and Senior Physician to the Fever Hospital, Cork Street, &c.

Reported and Edited by Henry J. Tweedy, M.B.Dub.,

Fellow and Examiner in Arts in the Royal College of Surgeons in Ireland.

Lecture III.

To-day we shall consider the complications of fever, which are of two kinds—viz., essential and accidental. By essential complications I mean merely an aggravated condition of usual conditions, as, for example, bronchitis in typhus, or diarrhœa in enteric fever.

When, however, we speak of accidental complications, a much larger field of inquiry is opened up to us. We have those necessarily dependent on the respiratory, the digestive, the vascular, and the nervous systems, those which may be termed erysipelatous complications, and those belonging to the organs of special sense and the genito-urinary system.

We shall commence with the respiratory system, which, in this country at least, is most frequently the seat of serious mischief.

Bronchitis accompanies typhus fever so frequently as to be almost considered one of the necessary conditions of the disease; it is more rarely met with in enteric and relapsing fever; when it does occur, however, it is much to be dreaded. Though not necessarily a complication of relapsing fever, still, as this malady invariably arises in times of want and privation, the very conditions under which the sufferers are placed, may fairly be considered to further the spread of bronchitis and other inflammatory pulmonary affections.

True pneumonia is not very commonly met with in typhus fever. However, a form of hypostatic congestion is constantly present, occurring generally at the posterior aspect of the lung. This arises from the simple congestion of the parts, and from the gravitation of the blood in the relaxed vessels, and is also in part owing to the accumulation of the ordinary secretions, which cannot be expelled, in consequence of the debility of the patient. This is comparatively seldom observed in the other two forms of fever. But true pneumonia is not an uncommon occurrence in enteric fever. Pleuritis is seldom met with, except in association with pneumonia.

Phthisis is rarely found in connection with typhus; when it does occur, it will generally be discovered that the patient had some indications of this disease before the onset of the fever. As a rule, however, phthisical patients get safely over an attack of typhus. The opposite to this is unfortunately a common occurrence in enteric fever; a condition of lung arises resembling pneumonia in some degree. This is not to be confounded with the hypostatic congestion of typhus, as it generally occurs anteriorly. A portion of the lung towards the apex becomes solid, softening and disintegration follow, a vomica forms, with its attendant consequences, and a fatal result often supervenes. Any source of irritation or inflammatory action tending to septic contamination of the system may give rise to this mischief. In the case we are dealing with, it is supposed to be the result of the characteristic intestinal lesion, which first implicates the mesenteric glands, and subsequently gives rise to cheesy deposits in the lungs, and the morbid changes referred to.

Acute tuberculosis may arise from the same cause, and producing the train of symptoms now known to follow septic or tubercular inoculation of the system.

We now pass on to consider what abnormalities may arise in the vascular system. In typhus, as you have heard before, the heart is frequently the seat of serious mischief. There are great weakness and debility. The first sound becomes almost inaudible and is occasionally lost altogether, or a murmur from debility may be present.

These conditions may be only temporary, usually the heart recovers its strength, but unfortunately in some cases it never regains its former vigour, and the patient continues for the rest of his life suffering from all the symptoms of fatty degeneration; a case of this sort is at present under my observation in Cork Street Hospital. A greatly weakened heart is by no means common in enteric fever, except when the disease assumes the typhoid character, in which case the formidable nature of this symptom may give just cause for alarm.

In relapsing fever, weakness of the heart is also met with; it often comes on most unexpectedly, and may be rapidly followed by syncope or even sudden death. Inflammatory conditions of the heart are rare in any form of continued fever.

Purpura and scurvy often co-exist with relapsing fever, not strictly as complications, but originating in the same cause as the fever itself. The *petechiæ* of typhus and those ecchymoses called *vibices*, which are occasionally met with in very severe cases of the same disease, where there is great debility, may also be classed under the complications referable to the vascular system.

Of nervous complications we have first to consider delirium. This is best marked in typhus. The patient commences by talking in his sleep, followed by sleeplessness and then by incoherent mutterings when awake. Consciousness, however, is readily recalled by briskly addressing the patient. Delirium is not *strictly* a complication of typhus, as it is commonly met with, especially during the second week of this fever; it varies in its character considerably, it is usually of the quiet type, but sometimes becomes so violent that the patient has to be restrained by force from injuring himself or those around him; in some melancholy cases it never subsides, the sufferer becoming permanently insane. This generally occurs in females, more especially in those of a hysterical temperament. Sometimes they recover from this state of dementia after some months.

Paralysis, when it occurs in the course of or after a fever, may be considered as the result of extreme debility, not a direct consequence of the febrile condition. Neuralgia often tends to keep up the state of prostration in which the sufferer is left after a protracted illness; it generally attacks the legs and feet, but seldom the upper part of the body.

But, perhaps, the most formidable nervous complication is meningitis. This is fortunately not very common, it is, however, liable to prevail, when there happens to be an epidemic of *cerebro-spinal meningitis*. In such cases we usually observe great hyperæsthesia and rigidity of the muscles. The inflammation is usually confined to the base of the brain and the upper extremity of the spinal cord. There will also be delirium; this is caused by a deficiency rather than an excess of blood in the brain, which can be easily proved by administering wine or brandy, which often succeed in temporarily restoring consciousness, by stimulating the enfeebled circulation and causing the sluggish current of blood to move more freely through the vessels. Digestive complications are more usually seen in enteric; in fact, there are very few cases of this disease which are not characterised by considerable intestinal disturbance. In typhus we find little of this, except drying of the mucous surfaces and alteration of the secretions.

Diarrhœa in typhus is not serious as a rule, but it may become so if profuse or long continued. It generally occurs nearer the critical stage of the fever and is then not unfavourable.

Diarrhœa is very common in relapsing fever. Dysentery also frequently occurs in this disease, but merely arises from the same causes which promote the fever itself.

In enteric fever diarrhœa cannot be justly styled a complication, as it is almost a necessary condition of the disease, few cases are met with without it, and on the whole it may be considered beneficial, except when it is unusually severe, when, of course, it must be moderated but not stopped by treatment.

Vomiting is seldom observed in typhus, but is more frequently met with in enteric fever, and like the diarrhœa must not be allowed to run to excess.

Ulceration of Peyer's patches is the characteristic lesion in enteric fever. This complication is generally marked by a tympanitic abdomen accompanied by pain and tenderness on pressure, more especially in the right iliac region. It is sometimes so formidable as to lead to peritonitis or even perforation of the bowel. The former is easily diagnosed by a great accession of tenderness, debility, pain and distress, but if the latter occurs there is generally sudden collapse, and death rapidly follows. This is unfortunately the usual result of perforation. In exceptional cases, however, where the patient is not greatly debilitated the wounded intestine may heal and recovery take place.

Hæmorrhage from the intestinal surface is highly dangerous, indicating as it does, a great amount of ulceration in itself; however, some consider it may be beneficial as a means of local depletion.

The local irritation excited by ulceration of the bowel often extends to the lymphatic system. The glands in the mesentery become enlarged, and cheesy degeneration eventually takes place. Marasmus may likewise occur, owing to destruction of the absorbent surface of the intestine.

The erysipelatous complications are not peculiar to the forms of fever we are discussing, but are met with in all adynamic febrile affections. They consist of—erysipelas, noma cellulitis, phlegmasia dolens, glandular abscess, bedsores, &c., and may be said to owe their origin to certain pyæmic conditions which may be present.

Taste and smell are constantly impaired by the drying of the mucous surfaces; but both these senses return when the cause disappears.

Deafness is frequently met with in typhus; it is on the whole a favourable sign, though usually too much relied on as such, but great acuteness of hearing is much to be dreaded as it usually points to serious cerebral mischief.

Loss of sight sometimes accompanies severe cases of relapsing fever, it may arise from ophthalmia or amaurosis as was first pointed out by Dr. Jacob. This may be only temporary, but in some cases the vision is permanently impaired.

Our next lecture will be devoted to the considerations of the various methods which have been adopted from time to time for treating the continued fevers and their complications.

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NOTES ON THE LATE EPIDEMIC OF SMALL-POX.

By W. T. Greene, M.A., M.B. Dub., &c., &c.

Having treated between two and three hundred cases of small-pox during the recent epidemic, of which three only proved fatal, I think I may fairly claim to publish my experience.

In each of the cases that terminated fatally, there was some doubt as to the individuals having been properly vaccinated, as no cicatrix was discernible on their arms. One was an uncomplicated case of confluent variola, in which the patient succumbed from exhaustion, on the twelfth day after the first appearance of the eruption; the other two were of a rarer and more dangerous type; namely, the hæmorrhagic. The first of these, a young woman, between three and four months pregnant, had purpura, and bleeding from the mucous surfaces generally; she aborted on the third day after the manifestation of the disease, and died eighteen hours subsequently. The second purpuric case was that of a previously healthy youth, æt. 19, who only lived twenty-four hours from the appearance of the first symptoms, and, after death, turned completely black, owing to the effusion of blood beneath the skin.

I cannot help thinking that the importance of small-pox, as a disease, has been over-rated, and that it is far from being as dangerous to life as typhus or even scarlatina. I will go further, and venture to assert, that had either of these complaints been as prevalent as small-pox was during the late epidemic, the weekly bills of mortality emanating from the Registrar-General's office would have been doubled.

At the same time, I am far from undervaluing the importance of sanitary and other prophylactic measures, but I cannot see the wisdom of unnecessarily alarming the public, who, in their terror, are apt to throw themselves blindly into the very danger they would shun. For instance, small-pox made its appearance in a house adjoining that of A. Immediately that lady and her family rushed off to the nearest vaccination station, where they waited for a considerable time in the midst of a crowd, many of whom were actually suffering from variola, or fresh from the bedside of a relative or friend, in whom the disease was at its height, or who, perhaps, had just died; and so poor A and two of her children caught the very complaint they were seeking to avoid, and went through it concurrently with the vaccinia they had hoped would have saved them.

Crowds ought not to be permitted to collect and sit together, often for hours, at the vaccination stations, and Medical men should make known to their patients that, as vaccinia cannot be propagated until that disease is at its height, so the kindred disorder, variola, is incommunicable until it has reached its maximum; or say, for security's sake, a day or two before it has arrived at the culminating point.

I believe the reason, and the only reason, why small-pox has become such a bugbear, not only with the public, but the Profession, is the disfiguring marks it leaves behind. It is certain that the sequelæ of scarlatina, typhus, and even measles are of a much more serious nature than those of small-pox; with the exception of certain severe forms of the latter, in which the sight of the patient has been affected. Why then should the milder disorder be so much more an object of terror than its really more formidable congeners? The latter, too often, irreparably damage the machinery of the human frame, and are treated almost with contempt; the former scars the face—*hinc illæ lachrymæ.*

In common, I doubt not, with many of my professional brethren, I had remarked that the face and hands are, as a rule, of all parts of the body, the most obnoxious to the characteristic eruption of small-pox, while the trunk is the least so. What was the reason of this preference? could it be owing to the contact of those parts with the atmospheric air? or rather, because the warmth of the bed clothes prevented the full, or I should say equal development of the variolous pustules on the remainder of the body, forcing the whole crop to make its appearance on the face and hands? Could it be that heat prevented the eruption from coming out, and was there, indeed, a ready means at hand of controlling the outward manifestation, at least, of the disease?

It is even so. While I was in doubt upon the subject, I was sent for to see a man, a pauper, to whom the parish authorities had been summoned, but by none of whom he had yet been seen. I was informed that he was very delirious, and was supposed to be sickening for the small-pox, although no eruption had as yet appeared. On my arrival, I found a strongly-built young man, apparently about five and twenty years of age, tied down on a bed in a small room, wherein was as large a fire as the grate would hold; he was covered over with several blankets, and the place felt like an oven.

On my inquiring the reason of his being so tied down, I was told that he had tried to throw himself out of the window, which was then boarded up. I ordered the fire to be put out and some of the blankets to be taken off; the man, who was steaming as if he had just come out of a bath, seemed relieved, and presently dozed off to sleep; at this time there were but two or three spots on his face, although he had been ill for nearly a week. I ordered a composing draught and desired him to be kept cool. In the evening he was quite conscious, and the eruption had made its appearance pretty equally over the whole body, it was discreet, though very abundant, and there seemed every probability of the case issuing in a favourable recovery.

In the morning, however, I was visited by the relieving officer, who said that the parish had taken charge of the patient, and that I need not call again. I asked how he was, and was informed that he had had a good night, but was then much worse again. I said, "Keep him cool and he will do very well." I was thereupon informed by Mr. Bumble, with a sneer, that "At the house we keeps 'em warm and gives 'em plenty of brandy"; and was further told that such was the proper way to cure small-pox. Under the parochial treatment the eruption receded, and the man died. Clearly it would not do to entirely suppress the eruption, even to save the face from being marked.

Soon after this I had an opportunity of trying a less dangerous experiment on my own account. I was sent for to see a young lady who was suffering from all the preliminary symptoms of variola, and was further in a most depressed mental condition on account of the anticipated effect of the disease upon her good looks; she would rather die, she said, than be disfigured. To which I replied that I saw no reason for either alternative. I then ordered a thick flannel mask to be placed over the patient's face, and the rest of the body to be covered only with a sheet. I had the windows opened and ordered a milk and farinaceous diet, and ascertaining that the bowels were not open, I prescribed three grains of calomel, and took my leave.

On the following day I was pleased to find that the patient had passed a quiet night, without delirium, and with very little fever; she had slept well, the bowels had been relieved, and the eruption had appeared copiously, but evenly all over the body, with the exceptions of the face, upon which there were only two or three abortive pustules.

I continued the use of the mask until the fourth day of the eruption, when the patient, at her urgent request, was permitted to leave it off. I have since pursued the same plan, in other cases, and with a like satisfactory result.

I think I am fully justified in saying that I have proved my case, and that the eruption of variola is controllable—the main points to be considered in the treatment of that complaint being to keep the body cool, to cover the face, and to prohibit the use of stimulants (alcoholic), but to give plenty of nourishment, in the shape of milk, broth, &c. No drastic, or in fact any purgative, with the exception of a mild dose of calomel or Hyd. c. Cret., if indicated, will be required, but free ventilation is indispensable; and it is above all necessary to reassure the patient and her friends as to the nature of the complaint, and point out to them the high probability that exists of her being shortly convalescent, and little or none the worse for the ordeal through which she is about to pass.

In conclusion, I would repeat that by the local application of warmth the eruption may be hindered from making its appearance on any given part of the body; and that the freest ventilation is necessary to prevent delirium, which I have never met with, even in the worst cases, where my mode of treatment has been fairly carried out.

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REPORT OF A CASE OF CANCEROUS TUMOUR ORIGINATING IN A WOUND IN THE EYE-BALL, WITH OBSERVATIONS.

By Charles Bell Taylor, M.D., F.R.C.S.E.,
Surgeon to the Nottingham and Midland Eye Infirmary.

A. S., æt. 52, a stout, country-looking woman, apparently in excellent health, applied to me suffering from inflammatory glaucoma complicated with cataract affecting the right eye. The patient had been under treatment elsewhere for some time, but, as so often happens, the true nature of the disease had been overlooked. As she had fair perception of light I at once performed an iridectomy downwards and outwards, and a few weeks later extracted the cataract. The operations on both occasions were completed without misadventure, although but very faint perception of large objects was restored.

The patient was relieved of pain and discomfort which had formerly prevented sleep, and expressed herself grateful for what had been done. Some few months later, however, she applied to me complaining of uneasiness, and directed my attention to a small tumour which occupied the lower angle of the wound made during the operation of iridectomy, and which I found on examination was connected with a small piece of iris which had been trapped during a gush of aqueous, some hours after the operation. As I did not like the looks of this projection I advised immediate extirpation, on the grounds that the tumour was probably malignant, and though circumscribed at present, likely to spread into the surrounding tissues, infect the constitution, and threaten life. The patient declined the proposal, but promised to return in a few weeks' time, in order that I might watch the progress of the case. When she did so I found that the growth had made considerable progress, and that my views as to its malignant character were clearly confirmed. I again urged extirpation, but she went home in order to consult her friends, and did not return for a couple of months, by which time the whole eyeball had become involved and a considerable portion of the growth had passed outwards, ruptured the sclerotic, and invaded the extra-ocular tissues of the orbit. I now removed the eyeball and as much of the cancerous mass which filled the orbit as I could get away, and filled up the cavity with strips of lint thickly coated with chloride of zinc paste. The patient did not suffer much pain, although a considerable portion of the eyelid was destroyed by the caustic. The whole mass of the tumour apparently sloughed away, leaving the bone bare, and after a time the wound healed, the raw edges of the destroyed eyelids adhered together, and the cuticle was tightly drawn over the cavity, which was thus effectually concealed, and there was consequently very little deformity or cosmetic defect.

I hoped and believed at the time that the growth had been completely destroyed, and gave the patient encouraging assurances on her return home. Four months later, however, the skin of the adherent lids was forced forwards and stretched by a return of the malignant tumour growing from the orbit, which could be seen shining in bluish masses through the thinned integument. I proposed to operate again, but the patient declined all further interference and died shortly after from exhaustion, with the orbit and side of the cheek a mass of melanotic disease.

I have thus briefly recorded the above case because it appears to me to have an important practical bearing upon some vexed questions in surgery, questions which are not only interesting to the surgeon in the abstract, but which most vitally affect the interests of the patient.

Is cancer in the first instance a local or constitutional disease? In many instances I think there can be no doubt that it is at first entirely local, and that the constitution becomes infected only secondarily from absorption of the cells developed at the seat of injury, which are carried elsewhere in the circulation and provoke outbreaks of the disease in other parts of the body. How many cases of cancer of the breast have been apparently occasioned by a blow or an accidental injury; of the lips by the irritation of a pipe-stem, of the cheek by constant abrasion from the presence of a projecting tooth? It is impossible to exaggerate the important bearing of cases like these, and others similar to the one I have recorded, upon the question of early operations in cases of cancer. In the case I have quoted there was no evidence of cancerous diathesis or family history of a predisposition to the affection, and whether or not such were the case, it is clear, humanly speaking, that in the absence of a proximate cause the patient might have passed happily through life and died at last of some other disease with which cancer had no more to do than the man in the moon.

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THE MEDICAL PROFESSION AND THE TEMPERANCE MOVEMENT (a).

By the Rev. H. Sinclair Paterson, M.D.

The position occupied by the National Temperance League in regard to the ordinary use of intoxicating drinks is definite and consistent. We agree with other sections of the community in lamenting and condemning the great and growing intemperance of the present time, and in acknowledging the urgent necessity for the adoption of such measures as are fitted to check and cure it. But we occupy peculiar ground when we insist that the only remedy adequate to the necessities of the case is total and continued abstinence from the employment of these drinks. Now, I venture to say that no one will question the *sufficiency* of the method that we propose. There could be no drunkenness if there were no drinking. Will any one venture to assert that we can eradicate this evil by any other method? I fully admit that it may be lessened or limited otherwise, but I contend that it is impossible to deal with it effectually except in this one way. And, just in proportion as we discern the mass and meaning of this potent sin, must be the confidence and persistence of our arguments and actions. since the evil is so urgent and awful we are constrained to contend against it earnestly on this one principle, which is admittedly simple and sufficient. Consequently we are not to be deterred from the prosecution of our plan by any ordinary objection that may be suggested. Unless these objections discredit the power of abstinence or disparage the enormities of intemperance they do not affect the question at issue. The prevalence of this evil, and the possibility of arresting it by this method, are the matters with which we are plainly and pertinently concerned. I think it right to make this statement because hitherto, so far as I am aware, no attempt has been made to attack this position, which is really the only position that we must hold at all hazards. It is competent for us, as abstainers, to entertain any opinions or theories that we please in regard to the value or function of alcohol in medicine; we are careful only to insist that it has caused widespread mischief and misery, and that there is no possibility of success in dealing with these results unless we can secure its complete and continuous disuse as a beverage among all classes of the community. We need no scientific authority for the establishment or confirmation of these truths.

I may here also suggest a distinction that we ought to make between *facts* and the *explanations* by which we endeavour to account for them. It has long been matter of familiar observation that certain physical and mental diseases are dependent on the use or abuse of intoxicants. Without any special Medical training we have for many years recognised the connection between various forms of degradation, outward and inward, and the ordinary use of these drinks. The facts are unquestionable. But, when scientific examiners investigate the causes—the specific *rationale* of these results—there may be differences of opinion and much angry controversy, and it may be sometimes impossible to form any certain and definite judgment. Only, let it be remembered, that the facts are still there, and that their significance is unalterable, whatever may be the interpretation of their existence.

We must also bear in mind that we need not expect unanimity in the settlement of these questions. It is well known that there are many subjects of a pressing and practical nature that are still freely, nay fiercely, debated by learned Medical writers. We can only expect in these circumstances to find some special conclusion supported by weightier arguments or more trustworthy authorities, and we may hope that in due time, when the passions of conflict have subsided, this finding will meet with a hearty and general acceptance. Especially must this be borne in mind, when a change of thought and feeling so thorough as that which is involved in present Medical discussions regarding alcohol is in progress. Those who are acquainted with the belief and practice of the last generation of physicians, will agree with me in thinking that, instead of being surprised that so many still defend the stimulant treatment, we ought to be most thankful that such a large majority of the most enlightened practitioners of the present day advocate so boldly and on such satisfactory grounds, the non-stimulant treatment. I am persuaded that at this moment the whole current of Medical thought, notwithstanding certain eddies and surges of opinion, is flowing in the direction of total abstinence. And I take leave to say that two indications of this fact are not of yesterday. For a long time back Medical men have been privately dealing with their patients on this subject. To some they have been preaching abstinence as the only remedy for maladies induced by their drinking habits. And to others they have been indicating the continuance of these drinking habits as the sustaining cause of the diseases under which they have been labouring. Even when they have not been disposed to agree with us in our general statements, they have not failed to aid our efforts by the special application of our principle in a multitude of individual cases. I believe that we have received from them in this way very much efficient assistance, though it has been rendered privately rather than publicly. And it would be unjust to refuse to acknowledge this support.

(a) An Address read at the Crystal Palace Conference, July 22, 1873.

Nevertheless, I am confident that the recent Medical declaration indicates a more decided advance in our direction than any other action that has been hitherto taken. Some of us remember another Medical declaration that was made about a quarter of a century ago, in which it was affirmed that the most perfect health was compatible with total abstinence, that persons accustomed to intoxicating drinks might with perfect safety discontinue them entirely, and that total and universal abstinence from intoxicating beverages of all sorts would greatly contribute to the health, the prosperity, the morality, and the happiness of the human race. These statements have neither been disowned nor disproved. The latter declaration, however, occupies new ground and supplies a stronger argument. In the first instance reference was made to the ordinary use of alcoholic liquors as beverages; in this instance reference is made to the prescription of alcohol as a remedy. Formerly we were cautioned against danger from its employment in health. Now we are warned that it may be injudiciously administered in disease. Remembering how frequently alcohol was used in all the occurrences of social life we thankfully accepted the first caution; knowing how persistently it is still used in the sick-room, we have good reason to be equally thankful for the second. Indeed, knowing as we do that a certain blind faith in alcohol as a potent remedy has contributed most materially to maintain its use as a valuable article of diet, we hail with no common satisfaction the very suggestive warning which this declaration contains. Not very long ago it was commonly believed that intoxicants supplied strength in all cases of debility, and they were freely employed for that purpose. The new Medical declaration contains no specific contradiction of that theory; but those who are familiar with the history of Medical practice during the past twenty years do not need to be told that it is very pointedly designed to counteract it. It marks a decided reaction against the stimulant treatment of disease. Its importance in this respect can scarcely be overstated. We learn from it, thus interpreted, that alcohol does not yield force, and that current opinions as to its worth in cases of weakness are utterly false. Perhaps no error in regard to this matter has been so deep-rooted and universal as that which assigns special value to alcohol in the restoration of the debilitated. And I think that we have as yet scarcely realised the consequences that must follow the correction of this error. At least, we may hope that it will not now be administered so recklessly in all cases where there is failure of function or lack of force. Certainly, it can no longer be pleaded for its employment to any extent that it conduces to the maintenance of bodily vigour. Permit me to quote the words of Dr. Richardson, one of the most eminent scientific physiologists of this country:—"It is assumed by most persons that alcohol gives strength; and we hear feeble persons saying daily that they are being kept up by stimulants. This means actually that they are being kept down; but the sensation they derive from the immediate action of the stimulant deceives them, and leads them to attribute lasting good to what, in the large majority of cases, is persistent evil. The evidence is all-perfect that alcohol gives no potential power to brain or muscle. During the first stage of its action it may enable a wearied or feeble organism to do brisk work for a short time; it may make the mind briefly brilliant; it may excite muscle to quick action; but it does nothing at its own cost, fills up nothing it has destroyed, as it leads to destruction. A fire makes a brilliant sight, but it leaves a desolation; and thus with alcohol."

Testimonies to the same effect might be easily multiplied. There has been quite a reversal of former opinions as to the action of alcohol upon the animal organism. So thorough has been this reversal that its use as a depressant—that is to lessen force or to lower violent action in the body—has found advocates. But, at least, it may be assumed that it has ceased to occupy the place assigned to it at no very distant date, and that it will never again be regarded as a source of strength.

Before concluding this paper I may be allowed very briefly to advert to the very significant language employed by Sir H. Thompson in his letter to the Archbishop of Canterbury. He says, "The habitual use of fermented liquors to an extent far short of what is necessary to produce drunkenness, and such as is quite common in all ranks of society, injures the body and diminishes the mental power to an extent which I think few people are aware of. . . . I have no hesitation in attributing a very large proportion of some of the most painful and dangerous maladies which come under my notice, as well as those which every Medical man has to treat, to the ordinary and daily use of fermented drink taken in the quantity which is conventionally deemed moderate." Have we not in these words a deliberate assault on the common habit of so-called moderate drinking?. Add to this the frequent warnings that have issued from the Medical press against the custom of tippling—the repeated dosage of the system with small quantities of alcohol—and does it not become evident that Medical men are directing attention to this question, and that they show no lack of intelligence in apprehending the necessities of the case?

At the outset I stated that the only *effective* remedy for intemperance is total abstinence. It might have been urged that if alcohol in certain doses be necessary, or at least innocent, the remedy is too sharp and severe. But we have satisfactory evidence that alcohol is not necessary, and that in all ordinary cases it is injurious; and I submit these premises to all reasonable men, confident that they will reach only one conclusion.

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Hospital Reports.

MERCER'S HOSPITAL.

Cases under the Care of E. S. O'Grady, M.R.I.A., Ch.M., M.B. Univ. Dublin,

Fellow and Member of the Surgical Court of Examiners, R.C.S.

Amputation through the Shoulder—Removal of large Tumour from the Knee—Lateral Lithotomy—Operation for the Radical Cure of Inguinal Hernia on both Sides—Amputation of the Breast for Recurrent Tumour.

During the past few weeks there have been some cases of considerable interest in the surgical wards of this institution.

On June 14th Mr. O'Grady amputated through the right shoulder of a man, æt. 40, for removal of an extensive "Marjolin's" ulcer located on the inner aspect of the elbow and arm, and occupying part of a cicatrix resulting from an extensive burn which had involved the right upper extremity and side of the thorax thirty-five years previously. After disarticulation, several large glands were found in the axilla (the presence of dense cicatricial bands prevented their being felt, though sedulously sought for before operation), and carefully dissected out. The vessels, which were very numerous, were all secured by catgut ligatures *cut off short*, the flaps being brought together at a later period during the day by sutures of the same material. The patient was in "bad trim" at the time of the operation, having been much run down by prolonged privation and suffering. The progress of the case has been satisfactory, the stump being nearly healed.

In the same ward is an old man, æt. 66, who was operated on, on July 7th, for the removal of a large and semi-pendulous fatty tumour (resembling somewhat in appearance a couple of cocoa-nuts) growing from the inner and posterior aspects of the left knee and thigh; the mass seemed quite free from deep attachments, but during the operation, despite the great mobility of the tumour, it was ascertained that there were several deep prolongations, the adhesions being numerous and intimate, the fascial septu dipping to remote attachments, the deep surface of the tumour resting on a congeries of large veins, which happily escaped injury. After removal the tumour weighed 3¼ pounds, and notwithstanding the large extent of exposed surface, there has been but little suppuration, the progress of the patient having proceeded most satisfactorily to complete recovery. The primary dressing, which was not disturbed for some days, was simply dry lint and carefully applied pads and bandages.

The case of a little child, æt. 4, who had stone in the bladder was one of considerable interest. He was a pale, emaciated creature, worn down by pain and long suffering. Symptoms of stone had been prominent for three years; for more than a year the rectum was almost constantly prolapsed, causing the little fellow much inconvenience; and latterly an attack of whooping-cough had brought his condition to be one of extreme wretchedness. On the 28th June the lateral operation for lithotomy was performed. The calculus was of unusually large dimensions and adherent. Urine came by the urethra *for the first time* on the 7th July; two days later it had ceased to come by the wound, which rapidly cicatrised, the little fellow leaving the hospital in perfect health. In the same ward was a boy, æt. 4, also operated on, on the 16th June, for the so-called "radical cure" of inguinal hernia. *The exigencies of the case required both sides to be subjected to surgical interference.* This was done at the one "sitting." Whilst both herniæ were very large, the canal on the left side was so enormously dilated that all the fingers of an ordinary man's hand fixed in a cone shape could be with ease introduced. The two herniæ were operated on in the manner described in our issue of the 26th of last February. Convalescence was retarded by an attack of pneumonia, which confined the patient to bed longer than otherwise would have been necessary; but he recovered well, and was able to leave the hospital on the 14th inst. quite sound, wearing, however, for safety, a suitable double truss, his mother having directions to continue its use for some years.

On the 21st June the left breast of a lady, æt. 55, was removed in the ordinary manner for a recurrent tumour. A portion of the mamma had been excised more than ten years previously, and the patient continued well till the past few months. She was sufficiently recovered to leave the hospital for her own residence in the suburbs on the 15th; the wound granulating nicely from the bottom. The subsequent progress of this patient has also been favourable.

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NORTH LONDON CONSUMPTION HOSPITAL.

Case of Probably Syphilitic Phthisis.

(Under the care of Dr. C. R. Drysdale.)

(Reported by F. Fenwick Miller.)

Thomas Clark, æt. 38, carpenter, came to the North London Consumption Hospital, February, 1873. He had been suffering from chest symptoms for fourteen months; cough for last three or four winters; but has had no hæmoptysis; has done no work for the last twelve months; and says he has lost much flesh; has been married fifteen years, and has two children, who are both healthy.

At about the age of twenty, he had an eruption, preceded by sore-throat; covered with crusts all over the body, which have left scars upon the trunk and arms. The eruption disappeared, and he seemed to become quite well.

About ten years ago he began to have swelling, which ended in perforation of the hard palate, for which he had no professional attendance, but received medicine from a chemist. The consequence of this was that he lost the greater part of the hard palate, and a considerable portion of the left upper jaw. There was, at the same time, a large sore extending from the mastoid process on the left side to the clavicle, which has left scars in every direction.

Present condition.—A large radiated scar is seen on the left malar bone; and there are profuse cicatrices in left posterior triangle by the neck. Patient is thin without being emaciated. He expectorates profusely, and has a bad cough, with slight nausea. Bowels regular; no night sweating. The heart's apex appears to beat in the normal position. Percussion note duller under left than right clavicle. Large bubbling rhonchus at the left infra-clavicular space. Expiration rather prolonged at right infra-clavicular space. Large bubbling rhonchus beneath the left nipple; vesicular breathing beneath the right nipple. Crepitation at left base; vesicular breathing at right base.

Owing to the supposition that the breaking down of the lung tissue might be caused by syphilis, Dr. Drysdale prescribed ten grains of iodide of potassium with cod-liver oil thrice daily.

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REMARKS UPON CASES

SELECTED FROM THE

RECORDS OF THE MEDICAL DIVISION OF THE ROYAL VICTORIA HOSPITAL, NETLEY,

During the Year 1871.

By W. J. Fyffe, M.D.,

Surgeon Major, Assistant Professor of Medicine, Army Medical School.

[These cases appear in Appendix No. IX. to the new "Army Blue Book," and well represent the work done at Netley. We, therefore, select some for our readers, assured that they will be found of interest.—Ed. M. P. & C.]

(*Continued from page* 77.)

Case of Hepatic Abscess opened Externally.—Partial Recovery.

Driver J. R., Royal Artillery, æt. 33, 13 years' service, admitted to Netley on the 26th May, 1871. He had been attacked in Cannanore in December, 1870, with acute hepatitis, which resulted in the formation of an abscess. The abscess pointed near the zyphoid cartilage, and was punctured; he recovered sufficiently to be able to proceed to England. On arrival at Netley the abscess was still discharging; the opening existed to the right of the mesial line; a small quantity of sanious pus oozed from the sinus every day. The patient was in fair health. After over three months' treatment the opening was still unclosed. He was discharged from the service.

Case of Hepatic Abscess discharged through the Right Lung.—Death.

Private M. S., 3rd Battalion, Rifle Brigade, æt. 30, 11 years' service, invalided from Secunderabad, had suffered from acute hepatitis in September, 1870. On arrival at Netley, on the 26th May, 1871, he had severe pain in the right side; cough, profuse purulent expectoration, and hectic fever; the expectoration was brown in colour, and occasionally tinged with blood. There was fulness of the intercostal spaces on the right side, with tenderness as far as the umbilicus, but no fluctuation could be felt. An attempt was made to evacuate the abscess, and two small trocars of Dieulafoy's aspirator were introduced at different points, and about three ounces of thick grumous blood were drawn off. Severe diarrhœa, attended with great exhaustion, soon after set in, which terminated fatally. There was no *post-mortem* examination.

APOPLEXY.

There were two fatal cases of this disease in the Medical Division during the year.

Sapper M. G., Royal Engineers, æt. 25, 3 years' service, was invalided from Gibraltar on the 2nd June, 1871, with enlargement of the liver. On admission to Netley the following symptoms were noted:—Sallow complexion, increased area of hepatic dulness, over-action of the heart. He very much improved in health, and he was about to be discharged to rejoin his depôt when he was seized, on the morning of the 30th June, with severe epistaxis, attended with great giddiness and dimness of vision of right eye. In the afternoon of the same day he became totally insensible; the right pupil was widely dilated; the left contracted; convulsions set in, affecting the right side; pulse slow; breathing stertorous. Death took place on the morning of the 2nd July, from coma.

Post-mortem Examination.—Calvarium adherent to the dura mater; on reflecting the dura mater on the right side, the right hemisphere is covered by a blood coagulum, which extends from the angle of the frontal bone to within an inch of the occipital protuberance, and upwards to within an inch and a half of the longitudinal sinus. Two visible depressions exist on the surface of the cerebrum, on the right side on its lateral aspect. There is also ecchymosis at the anterior part of the cerebrum, in the sulci over the ethmoid bone. On lifting the right hemisphere a very large coagulum of blood occupies the whole of the middle fossa of skull; this coagulum weighs five ounces. Yellow softening of cerebral lobes to within half an inch of the base of the corpus striatum; lungs deeply engorged; cavity of the pericardium contains about two ounces of serum; spleen enlarged and flabby; liver also enlarged; kidneys soft and large; catarrhal congestion of stomach; Peyer's patches absorbed; remains of old congestion and healed ulcers, sago-grain enlargement of solitary glands; pigmentation of Peyer's patches at the lower part of intestine, and general atrophy of gland texture.

Case of Apoplexy following Bright's Disease.—Death.

Corporal R. C., 53rd Regiment, æt. 31, 7 years' service, admitted July 25, 1871, with anasarca of lower extremities; urine loaded with albumen; bases of both lungs very dull on percussion; dyspnœa urgent. He remained under treatment for a month, when, on the 30th August, he was suddenly seized with symptoms of apoplexy; he became rapidly comatose, and expired in a few hours.

Autopsy.—General anasarca; brain convolutions flattened; substance of the brain softened; the pons varolii was completely broken up by a large irregular-shaped recent dark-coloured clot. Effusion of serum to the amount of two quarts existed in the pleuræ; small portions of lower lobes of lungs consolidated and carnified; heart considerably hypertrophied; spleen very soft; capsule pigmented; kidneys enlarged, fatty, and easily broken down.

MOLLITIES OSSIUM.

The following case of this rare and remarkable disease will be found interesting:—

Private E. B., 1st Battalion, 60th Regiment, 6 years' service, æt. 27, was admitted to Netley on the 20th July, 1870, suffering apparently from chronic rheumatism, from which affection, the detailed statement of his case stated, he had been suffering for eight months. It was also stated that he had suffered from syphilis, enlarged inguinal glands, indolent ulcers on several parts of the body, and what were considered to be severe rheumatic pains in the bones. On admission from the transport he was quite unable to walk, and when placed in bed could scarcely move his limbs. Three weeks after admission, and while he was being lifted out of bed, the right femur was fractured about its centre; this was attended with very severe pain. On examination of the chest with the stethoscope the heart was found enlarged, and a loud rasping murmur was discovered, the maximum intensity being over the base.

For three months he continued in a state of wretched health. The pains throughout the body, especially in the lower extremities, were intensely severe, and were only relieved by opiates. Not the slightest attempt at union had taken place in the broken thigh. It was now observed that the opposite femur was curved, and that he had lost all power of motion of that limb. From this period, in October, 1870, the disease made rapid strides. The long bones of the upper extremities began to soften, and the action of the muscles caused them to bend, and to assume fantastic shapes. The bones of the face and head were next attacked. The countenance became completely altered. The face became flattened. The prominence of the bridge of the nose partially disappeared. The teeth became quite loose, and the miserable patient lost all power of mastication, and could only swallow fluids. He was utterly unable to move his head in any direction, and his arms and hands lay powerless on the bed.

The bones of the cranium felt soft, and yielded to pressure. The last bony structures attacked were the ribs, and this was first evidenced by painful and difficult respiration, and by alteration in the shape of the chest.

The thorax became flattened in its antero posterior diameter, and bulged out laterally. He lingered on in this pitiable condition until the 13th of February, 1871. Death took place from the pressure of the atmosphere upon the organs of circulation and respiration within the chest. The efforts of the patient to expand the chest were very painful to witness; but the muscles were unable to raise and separate the softened and distorted ribs, and the mechanical pressure of the atmosphere upon the enlarged heart, already labouring under an obstructive disease, hastened the fatal result.

Owing to pressure of work, and to the fact of Prof. Aitken having been absent during the vacation at Netley, the *post-mortem examination* was not made with as much minuteness as perhaps it otherwise would have been.

The following, however, were the principal facts elicited at the autopsy:—

Every bone in the entire skeleton was affected with this disease. They were as far as could be observed by the eye, by touch, or by incision with a scalpel, almost completely deprived of their earthy constituents. The bones of the cranium were so soft, that a knife could be passed through them at any point with the greatest ease. Sections of the long bones were made in their long axes, and Dr. Welch, Assistant Professor of Pathology at Netley, informed me that he was able, with a common scalpel, without difficulty, to make a longitudinal section of a femur throughout its entire length, including the head and neck.

On examination, the shafts of the long bones were found shortened by curves, and the heads and epiphyses appeared crushed in upon the shaft. The cortical substance of the shafts was very thin, showing that the morbid process, whatever its nature may be, is eccentric in its progress. This substance had a leathery ligamentous appearance, and appeared to have lost all the external characteristics of true bone. The extremities of the long bones were quite as soft and as easily cut as the shaft.

The medullary canal presented a very remarkable appearance. The medulla was enormously hypertrophied, and was much firmer than in the healthy state. Its colour was completely altered, and it had in fact the appearance of a partially decolourised coagulum of blood.

In the right tibia there were at the upper and lower extremities of the bone on section two circumscribed deposits in the cancellated structure, oval in shape, and yellowish in colour, and very much resembling the gummatous nodules now recognised as syphilitic deposits.

Some parts of the calvarium were macerated and dried, and presented a very remarkable appearance. They were extremely light and friable, crumbling to powder by slight pressure. The section showed that the bone was much thicker than in the normal state, that is to say, the inner and outer tables of the skull were separated from each other to a considerable extent by hypertrophy and dilatation of the cells of the diploe.

The whole skeleton, with the exception of those parts which have been preserved in spirit, was placed in the macerating trough, and on examination afterwards, every bone throughout the entire body presented the appearances already described.

With regard to the other organs which were examined, the lungs were found healthy. The heart was enlarged; the left ventricle hypertrophied, and there was well-marked narrowing of the aortic orifice. The liver, as might have been expected, was extensively affected with lardaceous degeneration.

Case of Saccharine Diabetes treated by the administration of a purely Skim-milk Diet.

Private H. H., 25th Regiment, æt. 26; 4 years' service; served 3 years in India, where he suffered from liver complaint. On the voyage home, in March, 1871, he was attacked with symptoms of diabetes. He was admitted to Netley Hospital on the 8th April. He was then passing about 15 pints of urine daily, containing a large quantity of sugar, with a specific gravity of 1·030. He was emaciated and very weak. He was placed on a diet composed principally of fish, fresh mutton, bran biscuits, and a small quantity of milk. With occasional variation he was kept on a diet of this kind for three months. The mineral acids were prescribed, and opium occasionally administered. There was, however, no improvement. The quantity of urine now passed was undiminished, and the patient had become so weak that he was unable to leave his bed.

It was now determined to give a trial to a purely skim-milk diet, as recommended by Dr. Donkin, of Durham; he was placed on four pints of milk per diem to the exclusion of everything else. This was on the 14th July. On the 15th, within twenty-four hours, the quantity of urine passed fell from 13 pints to 9. The skim-milk was now increased to 8 pints daily, and finally to 9 pints divided into four meals. On the 18th July, three days after the milk treatment was commenced, the quantity of urine passed had fallen to 5 pints 14 ounces. On the 19th he passed 4 pints 15 ounces. On the 24th, 3 pints. On the 31st, 2 pints; he remained in the hospital until the 18th August, and the quantity of urine passed daily did not then exceed 2 pints 7 ounces.

I do not bring this case forward as an instance of *cure* by the skim-milk treatment, because although the most marked and sudden diminution of the quantity of urine and sugar passed took place there was not a corresponding diminution in the specific gravity, or in the percentage of sugar passed. But I certainly do think that this case shows the importance of this mode of treatment as evidenced by the following facts. The general health of the patient improved immensely after he had been taking the milk for a few days, he felt stronger and better than he had done for months; he lost the feeling of lassitude and malaise which he had before experienced; he was able to leave his bed and walk out for exercise in the hospital grounds. The intense thirst which is so distressing in these cases was allayed. His nights were quiet and peaceful; instead of having to empty his bladder five or six times during the night, he had only to do so *once*. The voracious appetite which he could scarcely satisfy, even when taking large quantities of animal food, no longer consumed him; his weight increased by about 7 lbs., and his spirits, which were of the lowest, became bright and cheerful, and he acknowledged the comfort and benefit he had derived from the milk treatment.

In this case there was no difficulty in giving the milk until the patient had been taking it for more than a month, when he began to get tired of it, and craved for other food; but his desire to recover kept him from transgressing the rules. He was discharged from the service at the end of August, greatly improved in health; whether he has adhered to the injunctions given him with regard to diet, I cannot say.

The Best Way to Put Down Quackery.

The best way to put down quackery, in and out of the Profession, is by educating the people on Medical subjects. It is a general belief with the people that it is impossible for them to investigate and understand questions relating to Medical science; and this belief has been strengthened by the general bearings of the Profession towards the public in these matters. While there is undoubtedly much in our science and art that requires a well trained mind to understand and comprehend, there is still nothing so mysterious and profound in the science and practice of our art but that their general principles may be made intelligible to most people. True there is a great amount of technical language, which it seems difficult to set aside, and without a knowledge of which, on the part of the people, it would be impossible in some instances to properly apprehend the meaning of much that relates to the subject of medicine; but the facts and truths which go to make up its great leading principles may be easily expressed in the plainest and simplest language. Great men find no difficulty in making themselves thoroughly understood in dealing with some of the most abstruse subjects. The large audiences that attended the lectures of Professor Tyndall were pleased and delighted with his experiments and explanations on the subject of light,—than which, no scientific subject is more difficult to comprehend by ordinary minds. The success, also, which attended the lectures on "Anæsthesia," lately delivered at Steinway Hall, New York, by Professors Sims, Doremus, and Hamilton, goes far to show that the people are capable of understanding and profiting by the exposition of scientific subjects when treated in a plain, simple, and yet masterly manner, such as the distinguished gentlemen just referred to are capable of doing. The people require education on Medical subjects. To be continually blaming them for supporting and encouraging quackery, at the same time refraining from giving them the knowledge by which they may judge aright, is the height of folly and injustice. Our admirable educational system may do much to improve the general condition of the masses in this respect, but it will require some additional assistance in the way indicated before much improvement in Medical matters will be observable. The Profession owe it to themselves, and to the public, to encourage and even to inaugurate such movements as will enlighten the masses in regard to matters which pertain to their highest interests—their health of body and mind. To relieve pain and suffering is not the only sphere of the science and art of medicine; it has higher prerogatives and nobler ends: to conserve public health, to increase the duration of life, to give effect to sanitary regulations, and to promote the welfare and happiness of the people, are some of the higher aims. Whatever information the public has hitherto received on Medical subjects has been received from quacks, whose only aim was to subserve their own interest, and if the regularly educated man is willing to leave the field to them the Profession must abide by the consequences. The conclusion is irresistible that the only correct way to put down quackery is by educating the people on Medical subjects, so as to enable them to judge for themselves as between charlatanism and true scientific medicine. We have great faith in the education of the people on such matters, and are happy to see the efforts which are being put forth in some quarters with that end in view.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 30, 1873.

THE HOSPITAL SUNDAY FUND.

The Council of the London Hospital Sunday Fund brought its arduous labours to a close on Wednesday last, by presenting the report of the Distribution Committee, which contained the award made to the various institutions interested. It was anticipated that the Committee would have a somewhat difficult, perhaps an invidious, task in dealing with the multiplicity of charities affording Medical relief in this metropolis. It does not admit of a doubt that the Lord Mayor and those who acted with him in Committee must have given a good deal of anxious care, in order, if possible, to mete out even-handed justice, and, at the same time, give satisfaction to all parties concerned.

We are bound to say that, while this report brings to light a weak point here and there in the management of institutions devoted to the relief of the sick, the mode of distribution is, to say the least of it, very nearly a failure. This seems to have been the opinion of many of those present at the Mansion House on Wednesday; and a very general impression prevailed that the Dispensaries had hardly received fair treatment, or at least that a good deal of explanation is needed to reconcile the feelings of those who take an interest in the welfare of this particular class of institution. In the eyes of the clergy especially, the local dispensaries are the means of enabling them to do a great deal of useful work among the poorer classes of their parishioners; and, therefore, one can easily understand why the Rev. Canon Miller complained of an award of £38 6s. 8d. to the Royal Kent Dispensary—an amount so small by comparison to a single collection from his church that it would inflict considerable loss upon the charity. Many instances of a similar nature were cited by various speakers, and it was proved beyond a doubt that dispensaries must in future be made to suffer for prudent forethought and economy of management; and, therefore, that funds collected for their support would be likely to be diverted, as in the present instance, to such institutions as the London Diocesan Deaconesses', Evangelical Protestant, Establishment for Gentlewomen, Mrs. Gladstone's Convalescent Home, Seaford and Newhaven Convalescent Hospital, &c., &c.

The principles upon which the Committee of Distribution acted were only briefly stated by the Lord Mayor to the meeting, and the inquiries made by members of the Council failed to elicit all the information which the public have a right to demand. The Fund, it appears, realised the sum of £27,403, and of this, £24,571 13s. 4d. is divided among sixty-four hospitals; the very small sum of £967 18s. 6d. goes to a larger number of dispensaries; and £881 15s. 4d. to other charities neither hospitals nor dispensaries; although it was most distinctly understood that not a farthing of the money should in any way be diverted from these institutions. The basis for this distribution, it appears, was established by asking the secretary of each institution to furnish the Committee with a statement of income and expenditure for the past three years. For many reasons this was scarcely the way to obtain an approximation of the truth; while it entirely ignored the value of the work accomplished, as hospital work, with the funds entrusted to them. The Lord Mayor acknowledged this, and stated that the returns received were a source of embarrassment to the Committee, "as scarcely two hospitals or dispensaries keep their accounts in the same way," and an attempt made to unravel their mysteries proved to be a hopeless task.

Then some attempt was made to ascertain the number of beds occupied during the year, and this appeared to be equally embarrassing, as a different method is also adopted; this was made apparent by Mr. Wilkinson two years ago, when he endeavoured to show a comparative statement of the cost of each bed in the several hospitals. It would have been far better to have issued a printed form to each hospital and dispensary, containing a series of questions, which the treasurer might have been called upon to verify. The Lord Mayor said, however, that the Committee had been materially influenced in their decision by the proportion the executive, advertising, and such like expenses bore to those of the general expenses of the charity; and at the same time there had been an attempt to ascertain the proportion of income arising out of contributions, as compared with that derived from interest on dividends and realised property. But here again the difficulties were almost insurmountable, as may be imagined on looking through the list of sums apportioned to some of the hospitals, and which in particular instances appears to be out of all proportion to the usefulness of the charity.

The largely-endowed Royal Hospitals did not expect in any way to participate in this collection; their funds are or ought to be amply sufficient for their wants, although there is some question of this, if what Mr. Gladstone stated last week is quite true. He said that of two of these receiving the same amount of permanent income, one contrived to get into debt and cripple its resources, and was thereby incapable of doing more than half as much good in the relief of the sick as compared with the other. This want of wisdom and carefulness prevails among the managers of some institutions dependent upon annual contributions for their support, and is very much to be deplored. Nevertheless, it came to pass on the distribution of the funds that many of these received a considerable sum. The Moorfields' Hospital among the rest possesses a considerable amount of funded property, is well supported by annual subscriptions, and it was awarded £383 6s. 8d.; the same amount, indeed, as the poorest, although not the least deserving among the general hospitals, the Great Northern; on the other hand, the Royal Westminster Ophthalmic Hospital, more dependent upon annual contributions, does not receive a single shilling. On running over the list many similar instances resent themselves, and it almost appears that we can no longer look upon a well managed charity, that is, one conducted on the same principle as a well-conducted household, as one deserving to share in the Hospital Sunday Fund. If this is the view taken by the Committee of Distribution, no wonder Canon Miller protested against the principle laid down, and hoped it would not be looked upon as affording a guide for future Committees. To say that because a particular hospital receives a considerable grant from the Fund "is the best proof of the wisdom and carefulness of managers" is a preposterous idea. It is well known to those who carefully attend to the administration of Medical charities, that a large number of secretaries and committees of management believe in the wisdom of being always in debt, because they say they can ask with a better grace for the support of the benevolent. The necessity for limiting the number of admissions, and looking closely to the class of persons allowed to partake of the benefits of the charity, is also entirely scouted by some hospitals, and others, as St. George's, while professing to draw the line at twenty new out-patients each day (a very questionable practice), make no scruple about the admission of an unlimited number of in-patients. It would be impossible to frame a valid excuse for the indiscriminate relief administered at the East end of

London, or show that the 70,000 patients admitted at one hospital were all proper recipients of the charity. This opinion receives confirmation from Sir Anthony Rothschild, one of the Committee of Distribution, who stated at the Mansion House meeting, that on looking over the expenditure for drugs at the Jews' Dispensary, he discovered that medicine enough was given out to supply all the inhabitants of Whitechapel with physic. We have also heard it asserted that a tavern in Moorfields is almost wholly supported by the patients frequenting a neighbouring special hospital. We adopt this line of argument by way of showing that charitable funds may be expended upon improper objects, and yet not bring itself under condemnation nor run the risk of exclusion from the Hospital Fund. On the other hand, we feel sure among the applicants for a share in the Fund, some were excluded for very good reasons, but in such instances the fullest explanations should be given. This, indeed, is only a matter of justice to those excluded, on the simple ground "of the present income being sufficient for the work of the charity." At present, good and bad are placed side by side in a sort of black-list, and this must tell injuriously upon their future prospects, and will probably be the means of diverting subscribers to other institutions. If the Committee deem it advisable to remain silent with regard to certain badly-managed institutions, nothing like reticence can be permitted with regard to those who hitherto have done their work well, and can prove that, while they have never yet turned away a proper object from their doors, they can present a balance-sheet to their subscribers which, in the opinion of the Committee of Distribution of the Hospital Fund, shows that they can succeed without its help.

THE PERSONAL RESPONSIBILITIES OF THE SURGICAL PROFESSION.

The personal responsibilities of the surgical profession would appear to have assumed an aspect so serious, that "it has become a matter for careful consideration whether surgeons can adopt any precaution which may protect them in the exercise of their vocation from the speculations of needy attornies and the ignorant recklessness of patients or their friends."

We have been called upon to notice, since our last communication with our readers, two actions at law, which have taken place in Ireland, the circumstances and result of which make it evident that the surgeon encounters a serious peril of being placed in a very unpleasant position, even when he may have discharged his duty with perfect *bona fides* and all due skill and carefulness, and it is but a small blessing for which to return thanks, that these attempts upon his pocket and his reputation may only succeed so far as to involve him in a heavy personal expense and a very distressing and injurious legal contest.

Indeed, these cases go to show that surgeons are liable to be made the subject of these speculative actions in a greater degree than other people, and are especially open to the legal victimisation to which all persons who are capable of paying costs, and who would rather do so than be gibbetted in court, are, under the existing law, obliged to submit. We come into hourly contact with persons who have neither the education to guide them, nor the discipline of temper to control them in their feeling as to the judgment which may have been exercised in their case by the Medical man, and our relations to such persons are of such a nature as to leave them frequent occasion for supposing that they have been injudiciously or carelessly treated, and that their surgeon is responsible for the miseries which their diseases have caused. The ostensible ground for an action for damages is always ready, and the Medical man is always, both on the score of his monetary independence and his anxiety to eschew such inevitable publicity, a promising object of attack, and thus it is that the occasion is a tempting one to both attorney and client for a chance shot at the doctor.

The facts of these two trials do not, in their general aspects, involve any points which would justify us in transferring the evidence to our columns.

In the action against Dr. Bennett, the patient was a stalwart, muscular man, æt. 32, whose toe had been crushed so severely as to render its removal necessary. He was submitted to that operation, as one of the minor cases of a large hospital, and he died suddenly in that sudden and unaccountable chloroformic syncope with which our readers are familiar.

The action for damages was taken by his wife, and the only substantial plea on her behalf was, that a previous examination of the man's heart had not been made. It was admitted that the pulse had been examined and carefully watched by the assistants, and though it was sworn by Dr. O'Leary that the man had been under his care for functional disturbance of the heart, it was not shown that there was any reason for suspicion of the soundness of the circulatory system.

The Medical witnesses for the prosecution testified that in such a case examination of the heart was frequently dispensed with, that, if it had been examined, they believed no abnormal condition would have been found, and that no possible precaution, except perhaps the use of ether, could guard against that inexplicable form of heart paralysis from which the man had died. The evidence of negligence was entirely absent, and the jury found for the defendant without hesitation.

The action is an illustration of the annoyances and troubles to which Medical men are specially liable, and how open their least efforts may be to the action of speculators and others, in seeking to mulct them, if not of money, at least, of professional reputation. Should such a system gain strength, the *bona fides* which have, and we hope do still exist between the public and the Profession would be shaken, and the sympathies which bind patient to practitioner be dissolved ; distrust and suspicion would take the place of confidence and reliance, on the part of the patient, that the surgeon was doing his duty.

In the second case the action was brought against Dr. Alton, of Tralee, for having failed to detect and reduce a shoulder dislocation. It was distinctly sworn to that the dislocation did exist some weeks afterwards, and as distinctly testified by Dr. Alton and Dr. Hayes that it was *not* present when the man was examined by them, and it appeared that the man had been in the meantime subjected to the manipulations of two bone-setters, and a couple of labouring men. Accordingly the jury decided that there was no negligence or want of capacity on the part of Dr. Alton, and they peremptorily dismissed the case with costs.

We may ask ourselves whether the day is not approaching when the surgeon will find it necessary to obtain something in the way of a verbal or written indemnity against such attacks upon his reputation and his pocket, before he shall undertake to operate or to administer chloroform. If we are to look forward to such an undesirable state of affairs, we can only say that the present abominable state of the law, which leaves every professional man at the mercy of starving lawyers and reckless suitors, will be answerable for having introduced mutual suspicion of each other into the confidential relations which have hitherto existed between doctor and patient.

THE CONTAGIOUS DISEASES ACT.

[COMMUNICATED.]

As we have opened our columns pretty freely lately to the various questions discussed by advocates chiefly of the non-extension of these Acts, we think an opportunity has fairly arisen now for a few closing remarks. Several of our correspondents have urged that these Acts are impolitic, as interfering with the sacred rights of the liberty of the subject; others that they are inefficient, that they are needless, or immoral. The chief argument has been that of interfering with personal liberty; but when we read in our daily papers of the fines and punishments inflicted on food adulterators, sellers of diseased meat, or conveyers of diseased cattle—nay, more, of the punishment of those who do not take the trouble of reporting their diseased cattle,—we cannot see the injustice of applying the same plain principle to *any* trade which may be dangerous to the community at large, more especially where the speculator can at once retire, and has many inducements afforded to retire, from an unhallowed trade, or dealing in noxious wares. If traders choose to embark in such a business with its concomitant risks, they should abide the consequences and be subjected to State revision. Whether the public will continue to suffer the unchecked dissemination of a poison, and whether the British dread of infringing the liberty of the subject, will outweigh that of grappling with a disease which it is proved by an overwhelming weight of evidence, is capable of being dealt with, are questions for the public itself to determine, and for the State, undismayed by clamour, to deal with, once it is established that its strong arm can efficiently interfere.

Much mischief has, we think, been done by the starting of random theories, and the arraying of assertions in support of special views, but facts are stubborn things, and no matter how much our sympathies may be awakened, they alone must influence our judgment in this question.

Recent information on the relative extent of the Contagious Diseases in Dublin (a non-protected district) brings out in strong contrast the detestable influence which the unrestrained extension of these diseases exerts, owing to the vacillation of Government in not applying the Act in that city, when compared with the enormous benefit which has been obtained at the Curragh camp, where an efficient protective system is carried out by an efficient Medical officer.

On May 22nd a detachment of the 34th Regiment, consisting of 375 men, arrived in Dublin from the Curragh; they were *all free from any venereal affection.* From this date to July 17 there have been admitted into hospital as general patients 55

And of these there are suffering from contagious diseases :—		
From primary sores (chiefly indurated)...	13	30
From gonorrhœa	17	
		—
Leaving the admission to hospital for ordinary incidental affections but		25

The above figures have greater force from the fact that for one month previous to leaving the Curragh there was not a single case of venereal. Out of the whole detachment one only suffered from a secondary bubo, the result of an old infection. Thus, since the advent of this detachment from a protected to an unprotected district, the State and the public have lost the service of over nine per cent. of the expensive article, soldier, from a cause which the very fact of arriving with a clean bill of health proves to have been altogether preventable; and it will require at the same ratio but about ten months to have the whole detachment of 375 men infected.

So far the loss has been one chiefly of the loss of time and service, but who can calculate the future loss through the various constitutional affections of these individuals, or through the communication of the disease to others—the infection, perhaps, at a subsequent period of a wife, and the propagation of diseased or unhealthy children—which may ensue years after this infection? Who can calculate the loss of service from the various complications which may arise even from gonorrhœa itself? If this be the case with the military population, what the condition is of the working and lower orders in the city of Dublin, may be faintly conceived, and our dispensaries fully testify to the vast number who suffer from venereal affections.

That the disease which these soldiers have acquired, owing to a hesitating governmental policy, is likely to be potent and thoroughly infecting, we have tolerable reasons to premise, as we find that at the Westmoreland Lock Hospital, Dublin, which admits on the voluntary system, and has accommodation for from two to three hundred patients, the sequence of constitutional signs is undoubtedly the rule amongst the patients; and as very few of them seek admission till compelled to do so by sheer suffering, we may form some estimate of the preliminary mischief that has been done. And again, as many patients claim their discharge the moment absolute pain is alleviated, we may calculate on the further mischief that is completed before the cachexia accompanying the development of constitutional symptoms, has sufficiently broken down the patient's strength.

During the last six months it is proved by the hospital statistics that over 150 cases of genital sores and mucous patches have been admitted to the hospital, and between 90 and 100 of gonorrhœa. Over 70 of these cases suffered from mucous patches, which may be regarded as a sure sign of syphilitic infection, and proof of the capability of conveying the constitutionally infecting poison; 53 others suffered from secondary ulcerations and rashes, and as the important researches instituted some time since at the hospital, prove that the secretions of such constitutionally infected patients are capable of producing a primary sore (*a*), we have represented the alarming number of over 200 constitutionally infecting poison propagators as under observation within six months. As these were *voluntary* patients only, they

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(*a*) "Practical Lessons in the Nature and Treatment of the Contagious Disease" (p. 58). By J. Morgan, M.D. Dub., F.R.C.S. Published by Baillière, Tindall, and Cox.

represent, of course, but a tithe of those really engaged in the distribution of infection.

Such facts speak for themselves, and must carry conviction as to the efficacy of the Acts on the one hand, and the extreme amount of disease existing in a military and populous unprotected city like Dublin.

When the Utopian idea has been attained of enforcing or establishing continence in either sex, and when neither male nor female be insensible to a natural impulse, it will be time to discuss the disadvantage of applying such compulsory measures as will ensure the treatment and curtailment of so potent a disease; and when those who attribute the application of females to such a mode of life to the insufficiency of the means of livelihood, have established employment for them on a sufficiently large scale, they may then fairly contest the desirability of restraining the extension of the disease; but till then we should act according to our lights, leaving the solution of hypothetical questions to a future, and we fear also a hypothetical generation, and deal with such a subtle and potent disease actively and rationally, undismayed by the clamour of those practically unacquainted with its effects, or its influence on the community.

Notes on Current Topics.

Cause of Bishop Wilberforce's Death.

THE death of the Bishop of Winchester was mentioned in our last. Of course an inquest has been held, but we cannot say that it has shed any light on the immediate cause of death, and that is a point of some interest to Medical men. For a good horseman, as the *Times* assures us the late Bishop was, to fall suddenly from a horse never before known to stumble is somewhat surprising. To some it may suggest the question whether actual death preceded the fall.

It is not beyond the range of possibility, for a man to be the subject of a lesion giving rise to sudden death, when least expected. This might happen on horseback as well as anywhere else. It would be interesting to learn whether the Bishop had ever suffered from symptoms that might depend on such lesions. Why should not an autopsy have been made with reference to disease of the heart, rupture of aneurism, &c.?

Nay, it might even be that a cause not fatal in itself, such as syncope, terminated thus disastrously by rendering the Bishop insensible, and so bringing about the fall which broke his neck. However, no such speculations can restore the lost life of the Bishop.

A New Thermometer.

DR. HILLIARD has added another clinical thermometer to those in use, and a capital one it is. We have very little doubt it will prove a success. Its chief point is that it shuts up like an ordinary pencil case, and then goes into the vest pocket. Thus, there is no separation between the handle or case and the thermometer itself. The latter therefore cannot fall out, nor does it require so much trouble to put away after use. It has also the advantage of being increased to double its own length on opening it. The temperature consequently can be taken and read in positions in which it is not so easy to do it with the common pocket instrument. The case has fluted mounts, so that the instrument, whether open or shut, will not roll off the table.

We may add that the degrees are marked very distinctly, and the finish of the instrument is all that could be desired and does great credit to the manufacturers—Messrs. Maw, Son, & Thompson—who have carried out Dr. Hilliard's suggestion. Altogether we are very much pleased with this instrument.

Trade Adulterations and Misrepresentations.

WE cannot but express our satisfaction at the daily evidences afforded by the newspapers, that the new Adulteration Act has already worked wonders in checking the gross and abominable trade frauds which it has taken a decade to bring home to the comprehension of our legislators. The interpretation of this Act which fixed upon the immediate vendor a responsibility which was never intended by the framers of its provisions, has speedily—as we expected it would—brought manufacturers to their senses. A retail dealer has been all his life selling an article which he had every reason to suspect was not what it professed to be, and he had been brought up in the creed that it was no business of his, whether or not the customer got what he asked for or paid for. That, according to the trade theory, was the business of the manufacturer, and if the customer gave credence to the false representation set forth upon the label the greater fool he.

For the first time in his life, the shopkeeper has now been given to understand that this profitable arrangement cannot stand any longer.

If a customer asks for cocoa or mustard, he must not be served with any admixture, even although the concoction may be more wholesome and agreeable than the genuine article. Accordingly the retailer declines to give orders to the traveller for goods, unless the truth as to their composition be plainly stated on the label, and immediately the adulteration problem is solved. For the manufacturer is at once compelled by the exigencies of his trade to tell the truth whether he will or not.

We observe that a well-known firm of cocoa makers think it necessary to advertise that, in their opinion, "the addition of sugar and farina is *not in any sense* an "adulteration" or a "fraudulent addition," and that "they will not admit the term adulteration in connection with any of their manufactures."

Our idea of the interpretation of the word "adulteration" or "fraudulent addition" does not coincide with that entertained by these gentlemen.

It is quite possible that cocoa *plus* sugar and farina may be better than the unsophisticated article. If so, no doubt the public will discover the fact and give a preference to the mixture. But it is *not* cocoa and ought not to be sold as such, and as the consumer, when he buys an article, proceeds on the assumption that he gets the article and *not* some substitute, it is quite right, equitable, and plainly honest that, if he is expected to buy the mixture, he should be told what it is.

That some such information is necessary in the case of cocoa may be conceived, when we state that certain specimens sold under that name were found by us, on analysis, to contain more than one half their weight of common starch.

London Medical Charities.

The following remarks from an able article in the *Pall Mall Gazette* are worthy of thoughtful consideration :—

"Let us glance at the amount of the *stated* incomes of the existing Medical charities of the metropolis. We will specify separately the incomes of all those which are in receipt of more than £5,000 a year, and the aggregate incomes of the remainder we will state in one lump sum. The income of some of these charities, viz., that of Guy's, St. Bartholomew's, and St. Thomas's Hospitals, is derived almost entirely from real and funded property—the produce of endowments ; and many of the others possess invested funds, derived in most instances from annual subscriptions and donations in excess of the annual expenditure. The incomes stated in the following list are given on the authority of 'Low's Handbook to the Charities of London,' published this year :—

Name of Hospital.	Income.
Guy's	£45,000
St. Bartholomew's	40,000
St. Thomas's	39,000
The London	32,689
St. George's	22,788
Hospital for Diseases of the Chest, Brompton	21,860
Middlesex, say	18,000 (*a*)
Charing Cross	12,711
University College	12,284
Hospital for Incurables	11,857
St. Mary's	11,600
Children's Hospital, Great Ormond-Street	10,800
King's College	10,708
Hospital for Diseases of the Chest, Victoria Park	9,317
Cancer Hospital	9,086
Westminster	8,588
Metropolitan Convalescent Institution ...	8,427
German Hospital	7,195
Seaman's Hospital	7,080
Royal Free	7,077
Lock	6,300
Hospital for Diseases of Women ...	6,096
National Hospital for Consumption, Ventnor	5,700
Aggregate income of the above twenty-three Hospitals	£364,163
Aggregate income of smaller Hospitals and Dispensaries, ninety-two in number ...	123,783
	£487,946
Aggregate income of Asylums for Lunatics and Idiots, five in number	119,195
	£607,141

"This enormous sum does not include the income of the Hospital for the Paralyzed and Epileptic, the Metropolitan Free Hospital, the Fever Hospital, the York-road Lying-in Hospital, the Hospital for Diseases of the Skin (Stamford-Street), and the incomes of several dispensaries. We shall therefore be not far wrong in stating the present total income of the Metropolitan Medical Charities of London to be £650,000. We presume some small proportion of this amount has been contributed during the last year by means of the incipient efforts which have been made to establish a 'Hospital Sunday ;' but probably the results of those efforts have been so comparatively insignificant that we shall be justified in estimating the proceeds of "Hospital Sunday," as now inaugurated under the especial and powerful patronage of the Lord Mayor and the Prince and Princess of Wales, as at least £25,000 over and above what was raised in a similar way last year."

The Provident System at Manchester.

In our last issue we stated a series of resolutions that have been adopted at a meeting of Medical men held at Manchester, and which we consider of great importance. In the first place, they show that the Profession, after a certain trial, is by no means satisfied that the provident dispensaries, as hitherto conducted, tend to improve the position of Medical men or of their poor patients.

We may, indeed, look upon the resolutions as completely hostile to the system that has lately been so strongly urged in some quarters, and it seems to us that Medical journals should be slow to condemn the spirit manifested by the Profession in Manchester. Objection has been raised to the meeting on the ground that reporters were not admitted ; but it should be observed that the meeting was one of Medical men alone, for the purpose of conference. The town had, as it were, been taken by storm, by the advocates of the Provident Dispensaries, and large numbers of laymen were ready to swamp the opinion of the Profession. The feeling abroad that conference was first necessary, to prevent misunderstandings, was not unnatural. Now the meeting was called by a circular letter of invitation addressed to *every orthodox* practitioner in the city and neighbourhood. The meetings held by the advocates of the system were called in the same manner. Laymen formed a large proportion of those present, and at one of the two meetings laymen were allowed to *speak* but *not to* vote, and at the other meetings they were allowed *to do both*, which *they did*.

The meeting of the Profession was, perhaps, the largest meeting of Medical men ever assembling in Manchester for any purely professional object. The different resolutions were carried by very decided majorities. Many gentlemen who were unavoidably absent from the meeting, have since notified their firm adhesion to the spirit and purport of the resolutions.

We certainly are not disposed to deny that a meeting of Medical men is better able to discuss this question than one of the general public at which the professed advocates of a system take the leading part. Probably the measures resolved upon at Manchester will lead to a more thoughtful consideration of a difficult question—one that has been forced upon the world by the abuses of Medical charities which have attained such frightful proportions, and which it seems desirable at all cost to put down.

New Symptom Pathognomonic of Masturbation.

Dr. Baraduc (*Jour. d. Conn. M. Prat.*) asserts that he has discovered that there exist constantly special characters, as ulcerations and recent scars, in cases of nymphomania or masturbation.

The vesicular form at the commencement, and the aspect of the miliary granulation, as well as the constant seat of the symptomatic ulcer on the surface, centre, or side of a recent scar, do not permit of the ulcer ever being confounded with any ulcer caused by constitutional influences, not even with the Hunterian chancre, with which it has some distant and slight relation ; so that this kind of ulcer, which no one has described before M. Baraduc, is almost exclusive to adolescence in the two sexes.

After simple cutaneous wounds, or wounds complicated by burns, &c., upon the fresh scar, or that one in the course of formation, there arises a little vascular eruption, of the form and magnitude of a millet seed, containing a viscous material, which raises the epidermus, bursts in twenty-four hours, and exhibits an ulcer with yellowish-

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(*a*) This amount we have stated conjecturally, as Low's Handbook does not give the income of Middlesex Hospital.

grey base, and the edges of which are sharply cut. The surface of one of these ulcers does not exceed two centimetres, and the depth is not greater than a millimeter. These granulations, followed by ulcerations, are often multiple, but always upon recent scars.

These little ulcers usually fade away in forty-eight hours. But this delay has always sufficed to M. Baraduc to diagnosticate with certainty that the patient in whom they appear had been abandoning himself or herself to masturbation. And he has constantly, by intelligent questioning, obtained the avowal of the fault by asking the question directly when the patient is alone in the room; besides this, these ulcers are renewed with periods of intermittence, which indicate a new fault.

A large number of observations, carefully collected, and with all the circumstances detailed, corroborate the memoir published on the subject by Dr. Baraduc. The consequence is that when this vice has once been discovered, it may henceforward be combated and cured. We then see those pale, languishing adolescents completely recover their physical, moral, and intellectual health.

An Excellent Sanitary Precaution.

The parish of St. Pancras has become so notorious at various times, and for various reasons, that one is apt to apply the Pharisaical query, "Can any good thing come out of Nazareth?" thereto.

We have, however, a very sensible step to record, emanating from the much-abused guardians of this parish, which is eminently worthy of imitation. We are informed that, at their last meeting, orders were given for a supply of glass lids to cover the coffins in the parish mortuary, in order to prevent the escape of offensive and dangerous exhalations during decomposition, and to enable juries to view the bodies without danger. Only those whose duty it has been to attend *post-mortem* examinations know how dreadful is the stench when decomposition has set in; "viewing the body" becomes a farce, and even friends who have been called in for the purpose of identification are compelled to rush from the room in terror. We were present when such a scene occurred so recently as Saturday, and were forcibly struck with the excellence of the St. Pancras idea, and we unhesitatingly express an opinion, that this sensible precaution should be adopted by the vestry of every parish throughout the metropolis and other large towns.

The proposed affiliation of St. Andrew's University and the Dundee College has fallen through.

Dr. Langley has announced himself one of the candidates for the vacant seat in Parliament for Greenwich.

Mr. Harvey Leach has been elected by a large majority, Medical Officer of Health to the port of London.

The Medical Act Amendment (University of London) Bill has passed through the Committee of the House of Lords with amendment.

About a dozen fatal cases of sunstroke occurred last week, principally in and around London, the heat on one or two days being almost tropical.

We regret to hear that M. Littré, the celebrated French lexicographer, who has just completed his Dictionary of Medicine, Surgery, and the Allied Sciences, is suffering from a malady which it is feared will shortly prove fatal.

We understand that Dr. Dickson, Physician to the Shah of Persia, has reported favourably concerning the health of Vienna, and the decided decrease of cholera in that city.

Literature.

THE SOLDIER'S MANUAL OF SANITATION (a)

The importance of a correct knowledge and right understanding of the laws of health, as applied to camps, barracks, hospitals, and transports, by our soldiers and auxiliary forces is admitted. Familiarity with the use of simple remedies in cases of sudden sickness and emergency, and to know how to apply strapping, bandages, and the tourniquet, should form, in the English as it does in the continental armies, part of the education of the soldier, while, lastly, as the British soldier in the course of his services will be exposed to almost every variety of temperature and climate, ranging between the frigid cold of Canada, to the tropical heat of India, it is advisable that he should possess some ready manual to refer to as his guide on these topics.

Surgeon-General Gordon's varied experiences, both at home and abroad, together with his contributions to the Indian annals and other periodical literature, as well as his published list of works, would seem to well qualify him for writing a soldier's manual of sanitation. We shall now proceed to ascertain how far the present work contains the requirements we have named. The article "Camp" does not, in our opinion, deal with the subject fully enough, and the remark we are now going to make on this subject will equally apply to many other paragraphs, viz., the impossibility of adequately combining in the same manual, rules of health applicable both to England and India.

Had Dr. Gordon allowed his own experience in cholera and other camps in India to elaborate itself, many points of an important hygienic nature would have been detailed. Again, on the subject of "Barracks" the same paucity of description prevails, while the structure, management, and staff of an Indian hospital, which differ so entirely from those of an English, are not even alluded to. Under the heading "Ship, on board of," the rules and regulations for the comfort of soldiers on a long voyage are not as fully or precisely marshalled forth as they might have been, had reference been made to Dr. C. J. Kirwan's well-known monograph, "On the Despatch of Troops by Sea." Under the same heading the following sentence occurs:—"As preventives against scurvy, they (the soldiers), should use all the vinegar, pickles, and lime juice they can get." Setting aside for the moment the loose and unmilitary style of expression, we take exception to the sentence on these grounds; viz., that it would imply that our Government transports are not under that supervision they ought to be, and that they, like the merchant service, continue to furnish cases of this preventable disorder. Neither on board the Serapis, Simoom, or any other of H. M. transports, have we yet heard of a single case of scurvy. Turning, again, to the subjects of cholera, sun-stroke, water, march, dysentery and diarrhœa, the absence of that ability to set forth simple and useful rules for the guidance of the soldier in the tropics is to be regretted, in that the author has simply not done justice to himself, or given us the advantage of his Indian experience. There are a good many subjects which have been omitted, *e.g.*, boils, Canada, commissariat in India, mosquitoes, itch. Many subjects are introduced which are not required, such as field-kit, government rations, sea-kit, &c.; they occupy a deal of unnecessary space. These are subjects which all soldiers soon make themselves perfectly familiar with, and they have always got the quartermaster-sergeant and quartermaster to appeal to, as well as the Queen's regulations. While admitting that there are certain reformations required in the soldier's workshops, we are of opinion that their introduction by Lord Strathnairn has done more than anything else yet devised, to improve the *morale* of the British soldier in England, and especially in India; we are surprised, therefore, at finding Dr. Gordon attaching so little weight to their introduction into regiments.

(a) "The Soldier's Manual of Sanitation." By Deputy Surgeon-General C. A. Gordon, M.D., C.B. London: Baillière, Tindall, and Cox.

On the other hand, many of the subjects introduced will be read with pleasure and advantage, *e.g.*, animals, battle, cleanliness, drunkenness, and many others. They all bear the impress of an earnest desire on the part of the author to elevate the character of the soldier, and all written in language so simple and yet so earnest as not only to appeal to the intelligence of the soldier, but to impress him with the necessity of avoiding the errors pointed out.

We have no doubt that the book will meet with a large sale, and if Dr. Gordon will allow his varied experience of hygiene to display itself in the second edition, we feel confident that it will evidence his proficiency of the subject and practical experience in most quarters of the globe where the British soldier is stationed, as this edition convincingly proves the truth of his quotation from Turenne:—"*Mon bien le plus précieux, c'est la santé du soldat.*" The work is capitally got up, the paper and type are excellent, and the publishers may be congratulated on having brought out a manual for one shilling which will place it within reach of the privates of the active forces, as well as of the militia, yeomanry, and volunteers.

OLD MEDICINE AND NEW (*a*).

THIS is a very well written and interesting pamphlet on a subject which is naturally at the heart of every physician of this time. The author has been a very successful practitioner of hydropathy for many years at Sudbrook Park, near Richmond; and hence, all that he says on the subject of the hygienic treatment of disease will be listened to with interest. It is quite true that in medicine, as in theology and in ethics, there is a tendency at this moment to hear all sides, and the idea that silencing discussion is useful to truth may be now said to be considered as only held by inferior and less cultivated intelligences. Within the ranks of medicine of late years the writings of Forbes, Hughes Bennett, and a host of others we could name, have at length made it possible to discuss the treatment of any disease on its merits, and without overmuch of the *odium medicum* which existed almost universally some thirty years back.

Dr. Lane points out that the *Quarterly Review* has, perhaps, been bolder than any other periodical in its utterances concerning the present position of the Medical art; and that a recent article in that Conservative journal has shown, by contrasting together such works as the "Library of Practical Medicine," and the "Cyclopædia of Practical Medicine," now some thirty years old, with the recent work on "Medicine," edited by Dr. Russell Reynolds, how very great has been the change in practice which has insensibly taken place in the period of our generation. In Dr. Reynolds's System of Medicine, cholera, scarlatina, hooping-cough, erysipelas, and zymotic fevers are all treated in an entirely different manner from that which obtained thirty years ago. Grey powder is to be labelled *dangerous*, says Sir W. Jenner, in rickets. Inflammations, such as pericarditis, are to be treated carefully, but not too heroically.

Dr. Lane thinks that there is one radical difference to be noticed when we attempt to compare different classes of practitioners of medicine. "Shortly put, men either believe most in Nature or in art. One party considers that when disease is cured it is Nature herself that principally works the change; the other party practically acts on the belief that medicine, not Nature, cures. Set a routine practitioner, therefore, to cure a simple case of dyspepsia, and in too many cases very much the identical practice of thirty years ago will be adopted, with, of course, precisely the same unsatisfactory results, as though the Medical art had become crystallised in its original form while surrounded by progress on every side."

"Why is this?" he asks. "Simply because, as I hinted before, many of the practitioners of old medicine, adhering to prescriptive tradition and antiquated routine, without regard to physiological teaching, have chosen to pin their faith to the virtues of a well-nigh exclusive drug medication, to abide by the Pharmacopœia and the old rule of thumb, as though physiology had never come into the world. They fail entirely to see that the advent of physiology necessitated nothing less than a veritable *novum organum* of medicine, introduced a virtually new conception of the nature alike and the cure of disease, and really signed the death-warrant of the old empirical drugging practice."

After alluding to various systems of therapeutics which have sprung up of late years, he adverts at some length to the department which he has himself practised with great success, that of hydropathy or the "water cure." "Most persons," says Dr. Lane, "are probably aware that hydropathy had its birth in Germany, that fertile seed-land of so many great ideas; and that, somewhere about the year 1820, it was the singular destiny of the Silesian farmer, Vincent Priessnitz, with aid from no one, but amid the scorn and incredulity of many, including pretty nearly the whole Medical brotherhood as legal guardians of the public health, to establish the new system. What is the system called hydropathy in its reality and essence? On what scientific principles is it founded? What does it undertake to perform, and how does it proceed to do it? Briefly stated, then, it is an organised attempt, and, it must be boldly said, the very first in the long history of medicine, to cure diseases after a purely physiological fashion; not empirically, like allopathy, not after the doctrine of specifics like homœopathy, but by means of the *scientific* use of the very same agents in combination which are universally allowed to be necessary to maintain the body in health. What, then, it will be asked, is the difference between hydropathy and hygiene? The distinction is this. In the latter case, the natural agents referred to are used to preserve health; in the former they are employed, much more systematically, as we shall see, to cure disease."

"Starting with a theory of disease such as that I have mentioned, which assigns its origin to a violation of the laws of health, the hydropathic doctrine of cure is summed up in this:—If it be admitted that certain specified agencies are essential to the preservation of health (and this is allowed on all hands), it is no less true that the very same physiological agents, though infinitely varied in their application according to the special requirements of each case, and for the most part brought to bear in a much intensified degree, are not only the safest but the surest means of curing disease, or to put it more correctly, are the best means which can be brought to Nature's assistance for enabling her to cure herself, as, it never can be too much insisted upon, is constantly her effort."

„And here it must be explained what is meant by saying that the natural agents of health are generally intensified, when they are used not for the preservation of health but the cure of disease. Take, for example, the case of exercise, one of the most powerful of the hydropathic remedies. Ever one knows, though but few act systematically on the knowledge, that a certain amount of exercise is essential to maintain the body in health; the hydropathic doctrine accordingly is, that in the case of chronic diseases this

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(*a*) Old Medicine and New. By Edward W. Lane, M.A., M.D. London: Churchill. 1873. Pp. 72.

exercise must be intensified—increased to the fullest extent which the patient's strength, medically considered, will allow. In the same manner as to the use of water. A certain amount of pure water, used both internally and externally, is necessary to the maintenance of health; a much more liberal use of the same element, applied at different temperatures, and in a large variety of ways, to suit the corresponding variety of circumstances, is required for the cure of disease."

"In the treatment of chronic diseases water at different temperatures plays an important part, as one of the most powerful of tonics, but it does so in those cases in strict conjunction with the other great tonics, exercise and fresh air, with their adjuncts, nervous rest and regulated diet; whereas, in the treatment of acute disorders, water has the field so much more entirely to itself, that in such cases alone (and even in these not absolutely) could the epithet *water-cure* be assigned to it with regard to precision."

Dr. Lane remarks that, from the circumstance of hydropathy having been hitherto practised almost exclusively in the country, it has grown to be a kind of article of faith among many, that it cannot be employed successfully in towns. This notion he considers to a large extent erroneous; for, although he grants that the best cures will always be made in the best air, and hence, in the country, yet he asserts that the system is not only perfectly applicable to the treatment of disease in towns, but that it will not be thoroughly known until this is acted upon. Hydropathists, he adds, do not by any means repudiate the use of drugs; they thoroughly recognise the value of quinine, iodide and bromide of potassium, &c.; but these remedies they reserve for the cases where hygienic remedies are unavailing.

Dr. Lane thinks that the hydropathists of the future should find some new name, such as "Hygienic Medicine," for their department of the healing art; and looks forward with hope to a more united state of the "Medical Church" than has existed during the early part of the 19th century.

This pamphlet is worth the study of all physicians and Medical men who are impressed with the fervent desire of getting at a logical basis for therapeutics. We recommend, then, all who care for therapeutics to read Dr. Lane's views contained in "Old Medicine and New." For the art of medicine is co-extensive with the whole field of science. Wherever we find a hint as to the way in which we can alleviate suffering and cure disease, it is our duty o make inquiry.

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A MANUAL OF CHEMICAL ANALYSIS AS APPLIED TO THE EXAMINATION OF MEDICINAL CHEMICALS (*a*).

In a modest preface the author describes his work in the following manner. He says:—"It is the duty of the pharmaceutist and the dispensary practitioner, and also to a considerable extent of the druggist and the manufacturing chemist, to examine the medicinal chemicals of commerce as to their identity, quality, and purity. In the exercise of this duty they have frequent occasion to resort for information to references now widely scattered through chemical, pharmaceutical, and medicinal manuals and journals, since our literature, although of vast and increasing extent, and crystallizing (*sic*) more and more into distinct branches, is still wanting in a special guide for ready applications of chemical analysis to such examinations. In the present volumes I have endeavoured to supply this want, in a manner and to an extent which, it is hoped, will confine the work within the precise limits of requirements, without detracting from its general scope and its practical usefulness."

In the first part we have the usual routine (in rather an abridged form, however,) of the manual of analysis proper, viz., operations, re-agents, qualitative analysis, and volumetric analysis. This is the most unsatisfactory portion of the manual.

The second part, which is much the larger of the two, is the part *sui generis* in this work, and is therefore the most important in the eyes of the reviewer. It gives the characteristics and then the examination of the chemicals arranged alphabetically—the book being written in connection with the American, German, and British Pharmacopœias. It is rather startling to the inexperienced hand, to find under the head of *chloralum*, described that well-known and now universally used hypnotic, chloral hydrate. It was rather unfortunate that the proprietors of a nostrum introduced to the public some time since should have hit upon the Latin, nominative singular, of a well-known chemical substance discovered by Liebig in 1832, to express a solution of chloride of aluminium.

Of the book itself, suffice it to say that Dr. Hoffmann has done his work well, and that a few imperfections and typographical errors, to which the author refers himself in his preface, will no doubt be eradicated in the next edition (for the book is too good not to go through a renewal of its existence). We would prefer to see a little better microscopic engravings—woodcuts are not, as a rule, sharp enough in outlines for this kind of work. We should also like to see Dr. Hoffmann in a future edition go into the question of the adulteration of drugs. The adulteration of scammony is of as much importance, from the point of view from which the author writes, as is the sophistication of nitrate of potassium.

The adulteration of drugs and chemicals is a question which must become more momentous every day—or should become so—under the new Adulteration Act. So far this Act may be said to have been a dead letter, or nearly so, as regards drugs, owing, in a great measure, to the fact that the detection of such adulteration is not understood even by "professed analysists;" whilst it is well known that many of the appointments made do not even come under the classification of "professed analysts." No branch of analysis is more difficult than the detection of the adulteration of the compound preparations of the Pharmacopœia, such as pill masses, and yet these are the substances most open to adulteration, as they contain very valuable drugs.

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Gleanings.

On the Action of Digitalis upon the Circulation. By Dr. H. C. Wood, J.R.

The action of digitalis upon the heart of the frog was, I believe, first investigated by M. Vulpian, who has been followed by numerous observers, among whom may be mentioned W. Dybkowsky and E. Pelikan, A. B. Meyer, Legros and Legroux, Claude Bernard, Rudolf Boehm, Homolle, Gourvat, Fothergill, Fagge, and Stephenson.

The statements of these investigators agree in all essential points. One or two of them have occasionally noted a primary brief acceleration of the heart's action; but the rarity of its occurrence shows that it has been probably produced by some extraneous unnoted influence.

The first distinctive action of the drug is a marked lessening of the number of cardiac beats per minute, due to a prolongation of the diastole, which may be complete, but is more generally divided by an abortive attempt at ventricular contraction. The systole is abnormally energetic, so that the ventricles become white as the last drop of blood is squeezed out of them. As the action of the drug becomes more intense, the rhythm of the heart is very much affected, the ventricle and auricle no longer beating in accord. At the same time the diastole generally becomes imperfect, one portion of the ventricle maintaining its systolic spasm, while the rest dilates. Thus the extreme apex may remain hard and white during the diastole, and even hernial protrusions of the ventricle may occur. Finally, the heart is arrested in systole; and as the muscle so hardens, of course all its power of responding to electrical or other excitants is lost.

(*a*) "A Manual of Chemical Analysis as Applied to the Examination of Medicinal Chemicals." By Frederick Hoffmann, Ph.D. D. Appleton & Company, New York. 1873.

In some rare instances, instead of the above series of phenomena, the diastolic periods throughout are prolonged and quiet, and after several periods of relaxation, lasting for ten or twenty seconds, final diastolic arrest may occur.

As both Boehm (*op. cit.*, p. 163) and Dybkowsky and Pelikan (*loc. cit.*) have found that the slowing of the heart's beat, the increased energy of contraction, the irregularity and final systolic arrest, are produced by digitalis after division of the vagi and destruction of the spinal cord, and as both Ackerman and Boehm have found that the paralysing of the peripheral ends of the vagi by atropia does not prevent the phenomena just alluded to, it is evident that the drug acts directly upon the heart-muscle itself, a conclusion which is confirmed by Eulenberg and Ehrenhaus, who found that digitalis, when locally applied, acts at once upon the heart. On the other hand, the inhibitory activity of the peripheral ends of the pneumogastrics is without doubt increased by the drug. There is no stage in which stimulation of the vagi does not cause diastolic arrest. Indeed, Dybkowsky and Pelikan have seen galvanization of the nerves produce such relaxation in the auricles after the ventricles had already become permanently contracted. Further, Boehm has found that a stimulation of the pneumogastrics which is sufficient to make itself felt before poisoning will, after the exhibition of digitalis, cause diastolic arrest lasting for many minutes.

It appears, therefore, that the peripheral cardiac inhibitory apparatus shares in the stimulant action of digitalis; and as Boehm has found that diastolic arrest never takes place in frogs poisoned with the drug, after section of the vagi, it is probable that this rare mode of death is really due to super-excitation of the inhibitory cardiac nerves.

Rudolf Boehm (*op. cit.*, p. 170) has investigated the influence of digitalis upon the working power of the heart when freed from all connection with the central nervous system. By using the method of Ludwig and Coats, he obtained as a constant result that the amount of work done was increased by small doses of digitalis, that, after large doses, a similar increase was followed in a short time by very great diminution in the expenditure of power by the heart, a diminution apparently due to imperfect diastole and consequent non-admission of serum into the viscus.

The elaborate experiments of L. Traube upon warm-blooded animals showed that in dogs moderate doses of digitalis produce increased arterial pressure, with lowering of the rate of the cardiac pulsation. When toxic doses were used, these phenomena were followed by increase of the pulse-frequency, and fall of the arterial pressure, which did not commence at the same time, since the maximum pressure was not reached until the pulse had risen above the original, normal point.

Boehm (*loc. cit.*) has confirmed these results, and has also noticed a very marked dicrotic pulse evidently due to an abortive ventricular contraction during diastole, precisely as occurs in frogs.

The experiments of Brunton (*loc. cit.*) and of Gourvat (*loc. cit.*) also are in accord with those of Traube; so that it may be considered proven that in mammals moderate doses of digitalis produce rise of arterial pressure with diminished pulse-rate.

Prof. Traube has found that, after section of the vagi, digitalis is in warm-blooded animals, with rare exceptions, incapable of reducing the pulse-rate, and contrariwise, that when the pulse-frequency has been reduced by the drug, section of the nerves causes an immediate and very marked rise in the rate of pulsation. I believe Boehm has experimentally confirmed this; and in the single experiment of Gourvart a similar result was attained.

The conclusion would seem to be inevitable, that in mammals the reduction in the pulse produced by digitalis is directly or indirectly owing to an excitation of the peripheral inhibitory apparatus. The occasional reduction of the pulse-rate after section of the pneumo-gastric shows, however, either that the inhibitory nerves in some animals find another path than the pneumogastrics, or else that there is additional—sometimes inoperative, sometimes efficient—cause of the reduction of the pulse-rate. As it has been shown that digitalis is capable of slowing the beat of the isolated heart of the frog, it would appear probable that it may exert a similar influence at times, in mammals upon the cardiac muscle or its contained ganglia.

Although digitalis does increase the muscular energy of the heart, it seems scarcely possible that the enormous rise of pressure produced by it can be owing to this alone. This *à priori* reasoning has received experimental confirmation from Malan, Fothergill (*loc. cit.*), Gourvat (*loc. cit.*), and Ackerman. The first three of these investigators have found that arterioles of the frog's web undergo very decided contraction after the systemic use of digitalis; and Ackerman states that if the abdomen of a rabbit be opened so as to expose the arteries of the mesentery, a very marked contraction, even to the partial obliteration of the lumen of the vessels, can be readily seen to follow the exhibition of digitalis.

According to Boehm, Traube found that if the spine be divided, digitalis is powerless to increase the arterial pressure, although lessening, as usual, the pulse-rate. The same authority also states that Bezold has seen an excessive fall of the arterial pressure ensue immediately upon the division of the spinal cord in an animal under the influence of digitalis. Further, in his own experiments, Boehm has attained similar results, or, in other words, has found that after separation of the small vessels from the vaso-motor nerve-centre, digitalis does not increase arterial pressure.

These experiments would appear to prove that digitalis acts upon the vessels by stimulating the vaso-motor centres in the base of the brain; but they have been contradicted by Ackerman (*op. cit.*, p. 397), who states that he has many times cut the spinal cord, and without exception found a very marked rise of arterial pressure follow the injection of digitalis. Unfortunately, none of these experiments have, that I am aware of, been published in detail, and it is, therefore, impossible to analyse or reconcile them. It must be considered undetermined whether Professor Ackerman is or is not correct in asserting that digitalis acts directly upon the peripheral vessels themselves.

From the evidence which has been brought forward, it may be considered as definitely proven that in mammals digitalis in therapeutic doses is a powerful stimulant to the circulatory system.

The following proposition expresses our present knowledge, and probably is very close to the truth:—

Digitalis in moderate doses stimulates the musculo-motor portion of the heart (probably its contained ganglia), increases the activity of the inhibitory apparatus, and causes contraction of the arterioles. As a consequence of the first action, the cardiac beats become much stronger; as the result of the last, there is narrowing of the blood-paths, and to the passage of the vital fluid an increased resistance, which, acting on the already excited inhibitory system, aids in the slowing of the pulse. Toxic doses of digitalis paralyse or weaken, more or less completely, each of the three systems, and cause rapidity of the pulse and falling of the arterial pressure.

According to my own experience, decided therapeutic doses of digitalis, in man as in other mammals, produce great reduction and sometimes dicrotism of the pulse, and increase the size and force of the wave; at the same time the arterial tension is augmented. Poisonous doses induce, after a time, increase of the pulse-rate, with smallness and weakness of the wave and lowered arterial pressure.

Sphygmographic studies of the effect of digitalis upon persons suffering from various acute and chronic diseases have been made by M. Legroux, M. Bordier, Constantine Paul, and Paul Lorrain. The problems offered by these gentlemen are so complex as to render a detailed study almost impossible; but, as a whole, their tracings seem to confirm my personal experience. Paul Lorrain calls attention to the fact that when the drug has reduced the pulse-rate very greatly, a second abortive systole can, on auscultation, sometimes be heard occurring during the long diastole, and some of his sphygmographic tracings are markedly dicrotic. It is evident that in man the second systolic movement occurs precisely as in animals; and it seems very certain that the proposition framed for the lower mammals applies also to man.

When the pulse has been reduced by digitalis, to forty or fifty a minute, the change from the recumbent to the erect position will not infrequently suffice to alter at once its character, so that it will become feeble, small, and 150 per minute. The experiments of Traube, which have already been mentioned, afford an explanation of this phenomenon so simple that it can scarcely be else than true. The action of the drug in such a case is verging upon the point at which the pulse-rate increases, and the arterial pressure falls, owing to the partial paralysis due to over-stimulation. Whilst the patient is recumbent, the line is not passed over, but the additional stimulation of the erect position carries the circulatory system beyond the limit of simple stimulation, and the over-effects of the drug are at once manifested.

Treatment of Gonorrhœa by the Inhalation of Turpentine.

In a recent article on the "inhalation of balsams," Prof. Dittel, of Vienna, reported marked success for this method of treatment in pyelitis and renal catarrh. Prof. Zeisl has pursued the same method in two cases of gonorrhœa, and cured one in twenty-five and the other in eighteen days. He believes with Weikart that the anti-blenorrhagic action of these balsams is not due to the ethereal oils but rather to the resinous principles. These latter are always detected in the urine during treatment, while there is no trace of the former.

Glycerine of Borax in Facial Erysipelas.

Prof. D. M. Salazar, of the Hospital Nacional, Madrid, reports, *El Amfit. Anat. Espan.*, that he has cured eight cases of facial erysipelas in 48 hours by this remedy. He applied the solution to the diseased parts with a brush, and then covered them with a mask of raw cotton After 24 hours all the symptoms, local and general, were notably diminished, and the next day all the phlyctenulæ had disappeared and desquamation was commencing. All medication was then discontinued, except that a decoction of sambucus and althæa was used as a wash to favour the desquamation.

Variations in the Weight of the Body in Children's Diseases.

Thano's researches are thus summed up in *Schmidt's Jahrb.* :—

1. In typhus he found that during the first two days of the disease or of a new exacerbation, the weight increases, the reason of which being that more fluids are taken in than urine excreted. At the same time there is a determination of blood to the skin and various other organs, as Verneuil has shown, in all febrile diseases. After the third day the commencing diarrhœa and deficient supply of nutritive material causes loss of weight. When, however, the fever has become stationary the bodily weight frequently remains unchanged. At the time of the slow decadence of the fever the weight diminishes very quickly, because the body is relieved of the products of combustion by the kidneys, skin, and lungs. In abortive typhus the decrease in weight is still more rapid, and may in one day equal one-fifteenth the entire weight of the body.

When the normal temperature is restored the body continues to lose weight because the products of combustion will continue to be excreted for some further time. During convalescence the weight seldom remains stationary, but usually begins to increase, at first steadily and then more rapidly. The least new complication causes loss of weight. Thus the regular increase of weight is an important diagnostic symptom in normal convalescence.

2. In croupous pneumonia the weight of the body falls during the entire continuance of the fever, but notably when the fever breaks. Then it continues to diminish as long as there is induration of the lung. At the same time and after the fall of the temperature there is an excessive sediment in the urine. These facts have not been observed in catarrhal pneumonia.

3. In small-pox the increase in weight is closely related to the swelling of the skin. Thus it diminishes slowly until the sixth day, on the seventh increases rapidly, reaches its maximum on the twelfth day, and then falls again quickly.

4. In chronic diseases it is important to estimate the weight from time to time, so as to judge of the action of medicines, as cod-liver oil, &c.—*Archiv. de Physiol.*, *Schmidt's Jahrb.*, 2, 1873.

Reinfection in Constitutional Syphilis.

In a recent number of the *Berliner Klin. Wochenschrift* (46, 1872) Köbner has collected 45 cases of syphilitic reinfection, and has added to them eight others which have come under his own observation. He believes thoroughly that syphilitic persons may be liable to fresh infection, but thinks that the proof of it lies in fresh induration, with its proper characteristics, attended by an incubation of several weeks' duration. In several cases the diagnosis could be confirmed by confronting the infecting with the infected person. Among other conclusions the following are drawn from his investigations :—

1. Constitutional syphilis is entirely curable.

2. He does not agree with Diday that there is any definite period, as twenty-two months, at which time the disease may be eradicated from the system. Nor does he approve of inoculation with syphilitic virus to determine whether the original disease was cured or not.

3. Many of the inveterate or so-called tertiary affections, as sarcocele and exostoses, are only to be regarded as local products or the remains of a previously existing disease, and not as symptoms of a general infection, and their significance is not of so much importance for the general system as for the special parts affected. This may explain a fact which is frequently observed, viz., that sound children may be borne of parents who have tertiary syphilis.

4. In more than two-thirds of all these cases where the cure was so complete as to render them liable to a second infection, the treatment was mercurial, and internal preparations were employed rather than the inunction method. The author therefore concludes that mercury is one of the best curative agents in syphilis.—*Schmidt's Jahrb.*, 2, 1873.

Baron Liebig.

Prof. C. A. Joy furnishes to *Cap and Gown* the following interesting review of the career of this great man, which will interest our readers, and is worthy of permanent record.

The death of Baron Liebig will create a profound sensation throughout the civilized world. No chemist of the present century was better known, and not one has contributed more abundantly to our knowledge of natural phenomena, or has proved a greater benefactor to his race than this illustrious man, who, at the good old age of threescore years and ten, has just now been gathered to his fathers. The career of Liebig affords an apt illustration of the axiom that all great men are the architects of their own fortune. Born of very poor parents, at a time when science was not considered to be a career for any man to pursue as a profession, with no friends to encourage, no patron to sustain him ; with everything against him, and nothing for him, he rose superior to his adverse circumstances and overcame all the obstacles that to nearly any other man would have proved insurmountable, and lived to become the most renowned chemist of his age. When a mere boy, in his native city of Darmstadt, his family were anxious to apprentic him to a trade, as it was impossible for them to furnish the means requisite to pursue an university course; but fortunately Government had set aside a small stipend for the instruction of such youths as were commended for their industry, and were too poor to go to school. Young Liebig applied to be put upon one of these foundations, but he was so insignificant of stature, and so poorly clad, that the Minister of Education would not listen to him at first, and it was only by constant application that he fairly harassed that officer into granting him a subsidy. Thus by degrees, and under the most distressing cares of poverty, he was enabled to go through the high school and enter the University. While he was at the gymnasium of Darmstadt, the Director was in the habit of making the tour of the school and of asking the boys what they intended to be when they grew up. From young Liebig he received the invariable answer, "I intend to be a chemist," and the Director would always say, "You stupid boy, there is no such profession as chemist." It was really true ; and it was Liebig himself who was destined to found a school of chemistry, and make the science an avocation and a profession that any man might be proud to follow. In the spring of 1823, when just twenty years of age, Liebig went to Paris, where he hoped to obtain admission into the laboratory of the great French chemist Gay-Lussac. Without friends, without money, a mere stripling in age and appearance, the chances were of the most discouraging order. He did not despair, but found means to make an investigation into the true chemical constitution of Howard's Fulminates of Silver and Mercury, which research was deemed of sufficient importance to be read at a meeting of the French Institute. This event, which proved to be the turning point in the career of Liebig, occurred on the 28th of July, 1823. After the adjournment of the meeting, with cap in hand and with a longing desire for some word of approbation and some token of sympathy, the boy, for he was scarcely more, went forward to gather up the tubes in which were contained the specimens he had prepared to accompany the reading of the paper; and while thus engaged, a man of noble appearance and affable bearing approached the table and drew him into conversation. The ingenious student freely confided to the stranger his true condition and his wants. The stranger had just returned to Paris from a long journey, and few persons were aware of his presence in the city. He invited Liebig to dine with him on the following Thursday, but the bashful youth, ignorant of the customs of society, and too diffident to ask the name of his new friend, was unable to keep his appointment, as he did not know where to go. A few days subsequently he met a casual acquaintance who at once upbraided him for not appearing at the dinner which Baron Von Humboldt had prepared for him, and to which had been invited the leading chemist in Paris. Liebig did not wait to hear more, but hurried to Von Humboldt's residence, to offer such apologies as were in his power. Seventeen years afterwards, when dedicating his first great work on Agricultural chemistry to Von Humboldt, Liebig wrote :—"This interview was the foundation of my future prosperity. I had gained for my scientific purposes a most powerful patron and friend. Unknown, without recommendation, in a city where the influx of so many men from all parts of the world offers the greatest obstacle to a nearer personal contact with the distinguished scientific residents of the metropolis, I should have been unnoticed, like many another in the multitude, and perhaps have sunk out of sight; but now my success was assured." Von Humboldt at once took him under his protection, introduced him to the leading chemist of Paris, and through this recommendation he obtained admission into Gay-Lussac's laboratory, and there made the acquaintance of Dumas, who had also come as a poor boy from Switzerland, and who remained his life-long the friend, and now survives him as perpetual secretary of the French institute, of which Liebig also became one of eight foreign associates. Liebig's stay in Paris was not long, as he was invited to take a Professorship in the University of Giessen, and it was here that he laid the true foundation of his fame. There was at that time no school of chemistry in Europe. There were a few private laboratories where instruction could be obtained, but there was no school. It fell to Liebig's lot to be the real founder of laboratory practice. He built the first working laboratory in Germany, and established the first school of chemistry. If he had done no more his name would have been indissolubly connected with the revolution in modern science; for among his pupils are to be counted the most distinguished chemists of the world, and, as a teacher, his influence has been productive of untold advantage. But he did not stop here; he set the example of productive industry. One research after another was published in the journals, and by his popular writings he did more to disseminate a knowledge of agricultural chemistry, and of the laws of physiology, than any man who ever lived. The citizens of Giessen built and presented to him one of the handsomest residences in the town. The grand Duke, in recognition of his services, raised him to the rank of Baron, and from all parts of the world insignia of honour were conferred upon him.

In 1852, after he had devoted nearly 30 years to the building up of modern chemistry, he received a call to go to Munich, there to found a new school. It was with great reluctance that he severed the ties that had bound him to the University which had first adopted him; but he felt that he was entitled to some rest from the severe labours attending upon laboratory instruction, and this consideration induced him to accept a new position where he could devote all of his time to private research, or to the ordinary lectures of the University. At Munich he only accepted a few private pupils who were far enough advanced to aid him in his researches; but, as in the meantime schools of chemistry had sprung up in all parts of Europe, there was ample opportunity for students to pursue the path pointed out to them by the great master, and he could well be excused from the drudgery of teaching.

During the 20 years of his residence at Munich, Liebig has been like a husbandman gathering in the harvest of the crops, that many years of careful tilling had brought to perfection. The seeds of invention and discovery, sown broadcast over the world by this investigator, had taken root, and the harvest was greater than any man could have foreseen. Instead of gathering all this store into his own garners, to enrich himself, his chief anxiety has been to make the world share in the benefits, and the last years of his life have been devoted to ameliorating the condition of the poor, by the introduction of cheap food, or by a dissemination of correct scientific information on the common affairs of life. Liebig combined the rare talent of original research with that of an eloquent and fluent writer.

He was one of the most felicitous authors in Germany. His celebrated "Letters on Chemistry" have never been excelled in any language, and even in translations they gain access to many nations, and are everywhere a household word. In the Catalogue of Scientific Papers, compiled and published by the Royal Society of London, the mere list of Liebig's contributions to science covers nearly eleven large quarto pages of print, and embraces 317 titles. His first paper was on "A Peculiar Green Colour;" his last had reference to fermentation, or the formation of muscular tissue.

During the last few years Liebig's health has been far from good. He broke one of his legs, a few years since, and the bone was never well knit, so that he was obliged to use a cane while walking, and the difficulty of getting about prevented him from taking enough exercise to maintain a good physical condition. As he had formerly been a man of active habit this confinement wore upon him, and proved excessively irksome, and it seriously interfered with laboratory work. The most intimate friend and constant correspondent of Liebig in Germany was Professor Woehler of Gœttingen, who, although several years his senior, still survives him. Those who know Woehler well often say that he is a more profoundly scientific man than Liebig, but he is less known to popular fame, and it would be invidious now to institute any comparison.

Among the distinguished pupils of Liebig in the United States may be mentioned Professor Whitney, Professor Gibbs, and Professor Horsford, of Harvard; Professor Johnson and Professor Brewer, of Yale; and Professor Rood, of Columbia.

No scientific man has bequeathed a greater legacy of benefits conferred, of work accomplished, of obstacles overcome, of more cheering encouragement, of a purer life, and of a more sincere love for his fellow man than Liebig. He lived for mankind, and has left behind him a record that shall endure as long as the world stands.—*Med. and Surg. Reporter.*

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Correspondence.

THE ARMY MEDICAL EXAMINATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In addition to an examination for the Indian and Naval Services, one is advertised for the Army Medical Department. The Profession in and out of the service have with one accord condemned the recent Medical warrant, which practically amounts to this, that there being no guarantee for promotion after fifteen years' service, a candidate now entering cannot hope to attain a higher rank than surgeon, and if ultimately promoted, will gain his increased rank shorn of all its allowances and privileges.

There is every reason to hope that our united efforts will have the effect of restoring to the Profession its ancient privileges and honours, provided candidates will abstain from competing at the forthcoming examination. A little self-denial now will lead to great subsequent advantages, and for the honour of the Irish schools it is to be hoped professors and teachers will use their best endeavours to prevent men competing, until the rights and privileges of the Profession are placed upon an equitable footing in her Majesty's army.

The far more lucrative Indian and Naval Medical Services are open to candidates, and it will be ever remembered against them if they do not now support those who have tried so hard during the past few months to regain for the Medical Department its lost privileges and pecuniary emoluments.

We trust in having your powerful aid towards this most desirable object.
I am, yours, &c.,
A Dublin Surgeon.

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IRISH POOR-LAW MEDICAL ADVERTISEMENTS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I wish to draw your attention to an abuse which I hear is very widely spread in Ireland.

The guardians of the poor from time to time advertise for Medical officers. In general these advertisements state that certain appointments are vacant, and that *applications will be received up to a fixed date.* This is all as it should be, perfectly fair and straightforward; now I come to my grievance.

It is well known that in the great majority of cases the advertisement means nothing, and is addressed to no one, the appointment oftentimes having been given away long before it appeared.

A flagrant instance of this kind of thing has recently occurred in Limerick. The public journals report that when a proposal was made to issue advertisements for four visiting Medical officers for the workhouse, a guardian stated that "from the feeling of the Board as evinced on the last Board day, there would be no use in advertising, because if Sir Dominic Corrigan himself were to come down he would not get an appointment." (Supplement MEDICAL PRESS AND CIRCULAR, July 16, 1873.) Nevertheless the guardians did advertise, and so precise and so anxious to be accurate were they, as even to measure by half hours the time during which candidates might send in applications.

Now, Sir, I appeal to you as the leader of Medical opinion in this country, and I hope you will plainly tell us what you think of this mode of advertising.

To ask for tenders by public advertisement, and then, before the time allowed for sending in the tenders has elapsed, to proceed to promise the contract, is not in my opinion a fair way of doing business.

Yours sincerely,
G. DELANDRE.

[The expression of the outspoken guardian as to the reasonable chances of Sir Dominic Corrigan's candidature is a very proper indication of the truth as to the present poor-law election system. We are quite well aware that in many instances the desire of the guardians is not to publish, but to conceal the fact that an office is vacant, lest unwelcome candidates might present themselves. The story is trite of an unfortunate doctor who had been induced by one of these advertisements to come from a remote part of Ireland (guardians always insist on personal attendance). Of course he found the place had been given away before it had been advertised, and he regretted bitterly his folly in having allowed himself to be fooled, especially as he could not spare the money his journey cost. What other profession or trade even would stand this kind of thing? Only let us fancy what an agitation the grocers would make if a contract for tea were advertised, and if it were discovered that many of the guardians had promised their votes before all the tenders had been received and examined! This custom of giving away appointments before public notice of the vacancy, has been very demoralising to our own profession. As a rule, we disapprove of Medical canvassing, and especially of anticipatory canvassing. One of our number cannot now fall sick or get into trouble without a crowd of aspirants endeavouring to discount his death or disgrace, and thus secure the situation by promises given before the vacancy has occurred, and we all sit expecting, and like the beggars at the pool of Bethesda, fearing lest another may step in before us when the opportunity offers. As to the particular case to which our correspondent refers, we observe from the local paper that the question has resolved itself into a partisan religious squabble, and that the wranglers on both sides are battling over the relative number of opposite religionists who occupy Medical offices in the town. Is it not most discreditable to guardians as a class that but one in ten ever appears to give any consideration to the competency of a candidate? They will appoint a man because he is of their own religion, or because he is somebody's son-in-law, or because he will take five shilling fees, or because he has had a finger in some election, but not in one case out of ten because he is the best man.]

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Medical News.

The Result of Hospital Sunday in London.—Last Wednesday the Lord Mayor presided at a meeting of the Metropolitan Hospital Sunday Fund, held at the Mansion House. Most of the members of the committee were present, as were also the Baroness Burdett-Coutts and the Lady Mayoress. The report of the sub-committee stated the total amount received was £27,403, of which £25,511 was collected in 1,060 places of worship, the remaining £1,859 odd being composed of subscriptions among workmen, at schools, and of donations paid direct to the fund, at the Mansion House. They recommended that the sum should be distributed as follows:—

	£	s.	d.
Belgrave Hospital for Children	162	18	4
British Hospital ...	47	18	4
Charing-cross Hospital	958	6	3
St. Peter's Hospital	38	6	3
City Orthopædic Hospital	38	6	3
Dental Hospital ...	38	6	3
French Hospital ...	38	6	3
Bromley Cottage Hospital	38	6	3
British Lying-in Hospital	38	6	3
City of London Lying-in Hospital ...	76	13	4
Royal South London Ophthalmic Hospital	76	13	4
Convalescent Hospital (Seaford and Newhaven) ...	76	13	4
East London Hospital for Children ...	306	13	4
Evalina Hospital ...	287	10	0
German Hospital ...	287	10	0
Samaritan Free Hospital	287	10	0
West London Hospital	287	10	0
St. Mark's Hospital for Fistula ...	287	10	0
Great Northern Hospital	383	6	8
North London Hospital	383	6	8
Hospital for Chest Diseases	383	6	8
Royal London Ophthalmic Hospital	383	6	8
Poplar Hospital ...	383	6	8
National Hospital ...	383	6	8
General Lying-in Hospital	95	16	8
North-Eastern College Hospital	95	16	8
National Hospital for Consumption at Ventnor	95	16	8
Victoria Hospital for Children	95	16	8
Metropolitan Free Hospital	95	16	8
Male Lock Hospital	95	16	8
Female Lock Hospital	95	16	8
St. John and St. Elizabeth Hospital ...	115	0	0
Hospital for Skin Diseases	115	0	0
Hospital for Women and Children ...	19	3	4
Hospital for Hip Diseases	19	3	4
Hospital for Sick Children	575	0	0
London Hospital ...	3,833	6	8
Homœopathic Hospital	239	11	8
Cancer Hospital ...	239	11	8
University College Hospital	1,150	0	0
St. Mary's Hospital...	1,150	0	0
Westminster Hospital	1,150	0	0
King's College Hospital	1,150	0	0
Queen Charlotte's Lying-in Hospital	191	13	4
Royal Orthopædic Hospital	191	13	4
Middlesex Hospital...	2,300	0	0
St. George's Hospital	2,575	0	0
Seamen's Hospital ...	766	13	4
Royal Free Hospital	766	13	4
Wimbledon Cottage Hospital	28	15	0
Hospital for Women, Soho Square ...	143	15	0
Western Ophthalmic Hospital	57	10	0
City Dispensary ...	76	13	4
Chelsea Dispensary ...	19	3	4
Camberwell Dispensary	19	3	4
City of London Dispensary	19	3	4
Clapham General Dispensary	19	3	4
Eastern Dispensary...	19	3	4
Finsbury Dispensary	19	3	4
Metropolitan Dispensary	19	3	4
St. George's Dispensary	19	3	4
St. George's and St. James's Dispensary	19	3	4
Tower Hamlets Dispensary	19	3	4
Westbourne Dispensary	19	3	4
St. John's Wood Dispensary	19	3	4
Farringdon Dispensary	38	6	8
Holloway Dispensary	38	6	8
Islington Dispensary	38	6	8
Royal Kent Dispensary	38	6	8
Royal South London Dispensary ...	38	6	8
Royal Pimlico Dispensary	38	6	8
Royal General Dispensary	38	6	8
Surrey Dispensary ...	38	6	8
Western General Dispensary	38	6	8
Kensington Dispensary	28	15	0
Public Dispensary ...	28	15	0
Queen Adelaide's Dispensary	28	15	0
Western Dispensary	28	15	0
South Lambeth Dispensary	28	15	0
Westminster General Dispensary ...	28	15	0
North-West London Dispensary ...	9	11	8
Haverstock Hill Dispensary	9	11	8
Islington and North London Dispensary	9	11	8
Kilburn Dispensary...	9	11	8
London Dispensary...	9	11	8
Portland Town Dispensary	9	11	8
Paddington Dispensary	9	11	8
St. Marylebone Provident Dispensary	9	11	8
St. Marylebone General Dispensary	9	11	8
St. Pancras Dispensary	9	11	8
Stamford Hill Dispensary	9	11	
South London Dispensary	9	11	
Royal Maternity Charity	19	3	
London Diocesan Deaconesses' Institution	9	11	8
Evangelical Protestant Institution ...	9	11	8
St. Mary Magdalene Convalescent Home	9	11	8
Establishment for Gentlewomen ...	38	6	8
Infirmary for Epilepsy	38	6	8
Margaret-Street Infirmary	38	6	8
Guy's Hospital Samaritan Fund	38	6	8
Metropolitan Convalescent Home ...	479	3	4
Mrs. Gladstone's Convalescent Home	191	13	4
Royal Infirmary for Women and Children	28	15	0

To the hospitals £24,571 13s. 4d. had in all been distributed; to the dispensaries £967 18s. 4d.; and to other institutions, £881 13s. 4d.; making in the whole £26,421 5s.

Royal College of Surgeons of England.—The following gentlemen having undergone the necessary examinations for the diploma, were admitted members of the college at meetings of the Court of Examiners on the 22nd and 24th inst., viz:—

Gould, Alfred Pearce, Norwich, University College.
Bindley, Philip Henry, Birmingham, University College.
Skerritt, Edward Markham, Wokingham, University College.
Eales, Henry, Yealmpton, Devon, University College.
Parkinson, Richard Thomas, Manchester, Manchester School.
Booth, Philip Lancashire, Manchester, Manchester School.
Kershaw, Alfred, Bolton, Lancashire, Manchester School.
Stansfield, George Sutcliffe, Bacup, Lancashire, Manchester School.
Fenn, Charles Draper, L.S.A., Newmarket, Guy's Hospital.
Stericker, William, L.S.A., Brompton, Yorkshire, Guy's Hospital.
Paul, Frank Thomas, Pentney, Norfolk, Guy's Hospital.
Burn, George Wilson, L.S.A., Fleet Street, St. Bartholomew's Hospital.
Archer, Lewis, L.S.A., Highgate, St. Bartholomew's Hospital.
Smith, James, Newcastle, Newcastle School.
Wear, Arthur Taylor, Newcastle, Newcastle School.
Reckless, Alfred, Sheffield, Sheffield School.
Craven, Robert Musgrave, Southport, Liverpool and Edinburgh Schools.
Wilson, John Smith, Aberdeen, Aberdeen School.
Kershaw, Robert, Hampstead, London Hospital.
Balding, Mortimer, M.B. Cantab., Barkway, near Royston, Middlesex Hospital.
Hutchings, Arthur Carey, Alderbury, near Salisbury, King's College.
Vernon, Henry Walter, Eccles, near Manchester, St. Thomas's Hospital.
Wherry, George Edward, Bourne, Lincolnshire, St. Thomas's Hospital.
Greenwood, John William, Preston, Lancashire, St. Thomas's Hospital.
Johnson, Cottingham Greaves, L.S.A., Clapham, St. Thomas's Hospital.
Page, Herbert Maskant, Birmingham, Birmingham School.
Jennings, John Downes, Tamworth, Birmingham School,
Messiter, Matthew Ardem, Repton, near Burton-on-Trent, Birmingham School.
Pickles, John Jagger, Shelf, near Halifax, Leeds School.
Hewetson, Henry Bendelack, Leeds, Leeds School.
Wilson, William Seasdale, L.M., Durham, Newcastle, Newcastle School.
Wilson, Samuel, L.S.A., South Shields, Newcastle School.
Harricks, John Hugh, Liverpool, Liverpool School.
Riding, Edwin, Liverpool, Liverpool School.
Vawdrey, Theophilus Glascott, St. Austell, Cornwall, University College.
Torbock, William Hall, M.D. Philad., Darlington, University College.
Cassan, Theodore, Lewisham, King's College.
Sparrow, William Christopher, Dublin, Dublin School.
Howe, Lucien, M.D., New York, Louisville, Kentucky, New York School.
Wreford, Samuel, Exeter, London Hospital.
Baly, William, Exeter, St. Bartholomew's Hospital.
Keer, George Edwardes, L.S.A., Wickham Market, Suffolk, Guy's Hospital.

Twelve candidates having failed to acquit themselves to the satisfaction of the Court of Examiners were referred to their professional studies for six months.

False Alarm of Cholera.—At the meeting of the Poplar District Board of Works last week, Mr. J. S. Barth, the clerk, called attention to a letter which had appeared in the *Times* that morning headed "Cholera," in which a Medical gentleman, signing himself James J. M'Andrew, stated that he had attended a young man who had died after six hours' suffering from what he unhesitatingly pronounced to be "Asiatic cholera." The clerk stated that he had investigated the case, and singularly enough, the deceased man happened to be a brother of one of the messengers in attendance upon the offices of the board, and from him he learnt that the deceased received a kick in the abdomen a few days back while larking with his fellow-workmen at Mr. Samuda's shipbuilding yard. He pursued the inquiry further, and found that Dr. Buchanan, Medical officer of the Privy Council, had been to see the deceased, and had witnessed a *post-mortem* examination, which proved that death resulted from inflammation, no symptoms of cholera being discernible. Several members of the board expressed their indignation at the statement which had been made, and hoped the press would insert an immediate denial to it, as otherwise it would needlessly alarm the inhabitants of the metropolis. The thanks of the board were passed to the clerk for the promptitude with which he had investigated the circumstances.

THE ABOLITION OF THE IRISH MEDICAL POOR-LAW COMMISSIONERSHIP.

The following Memorial has been addressed by the King and Queen's College of Physicians in Ireland to the Marquis of Hartington, Chief Secretary for Ireland, &c.:—

My Lord,—The College having had under their consideration the Report of the Commissioners appointed to inquire into the Civil Service in Ireland, beg leave to represent most strongly to Her Majesty's Government that, in their opinion, the abolition of the office of Medical Commissioner of the Local Government Department in Ireland, as therein recommended, would be attended with serious detriment to the public service.

The duties of the department involve the supervision of more than 800 Medical officers, while the official returns show that the number of cases under treatment by them, annually ranges from 700,000 to 800,000.

The College are of opinion, that in times of epidemic visitation the loss of the special knowledge of a Medical Commissioner would be seriously felt when devising arrangements to check the spread of disease in Ireland.

The College are of opinion, that the proposal to consult one of the Medical Inspectors, in case of the abolition of the office of Medical Commissioner, would by no means meet the requirements of the public service in times of epidemic visitation, or other emergencies. An Inspector so consulted would have no deliberative voice, and no vote.

The College would further impress on Her Majesty's Government the necessity of retaining the office of Medical Commissioner, in view of the increased Medical work thrown upon the department by recent legislation, and of the probability that very much enlarged duties will devolve on the Local Government Department in Ireland, in connexion with contemplated sanitary legislation, so loudly called for in this country.

Alfred Hudson, M.D., *President.*
John Magee Finny., M.B., *Registrar.*

July 11th, 1873.

The following reply has been received to the petition drawn up by the Irish Medical Association, and forwarded by Dr. Hartigan on behalf of the County Limerick Medical officers:—

10 Downing Street, July 2, 1873.

I am desired by Mr. Gladstone to acknowledge the receipt of a letter dated June 24, from you and Messrs. White and Worrall conjointly, and to inform you in reply that he understands that the question of reorganising the office with which you are connected is under consideration, but that there is no desire to exclude the Medical element from the Local Government Board.

I am, Sir,
Your obedient servant,
J. A. Godley.

J. Hartigan, Esq.

WINE IN THE TREATMENT OF DISEASES OF THE INTESTINES.

Dr. M. E. Begin (*Courrier Med.*, 21st June) says that, forty years ago, when the doctrines of Broussais were in the ascendant, inflammations of the stomach were seen everywhere, not only when local pain pointed to the seat of the disease, but even several general affections were united to this pretended gastritis. And setting out from these data, therapeutics were limited to the employment of bleeding, low diet, and mucilaginous drinks.

Treated in this way, many patients became exhausted and languished for a long time. Tired of this, several of these had recourse to a doctor who professed to cure diseases, and who had acquired much vogue by prescribing to these worn-out patients a diet quite opposite to the low diet; such as cutlets, beefsteaks, with a bottle of cahors wine and thick soups, which the most vigorous mason might have coveted.

Amid these exaggerations, modern practice has found a happy mean. If we no longer meet with at each step these imaginary inflammations of the stomach, on the other hand, we often observe tenacious anorexia and chronic debility of the digestive organs, which, if not suitably treated, will not be long before they bring about the ruin of the economy. In these patients, the symptoms which commonly follow the injection of food, consist in sufferings of variable intensity, most commonly in obscure suffering, or simple malaise, hoarseness, with sensation of swelling, fulness, and oppression. Individuals who digest ill offer frequent changes in their exterior aspect, such as an expression of fatigue or malaise, and a kind of distaste to movement, and indifference to conversation; frequently we also notice headache, which occurs with all degrees of intensity, from that of simple weight up to violent hemicrania, accompanied with vomiting. Somnolence in the day-time after meals is frequently counted with derangements of the digestive organs. Agitation in sleep, painful dreams, nightmare, and complete want of sleep also frequently depend on it.

Nothing is better, in three different conditions, to re-establish harmony in the digestive functions and in the nutrition than exercise in proportion to the strength, moderate eating, and careful division of the food. It is right also to raise the energy of the functions of the stomach and to furnish food the most proper for the secretion of a gastric juice abundant and normal. To attain this double end the most efficacious remedy consists in the administration of an agreeable and generous wine; amongst those which we ought to use St. Raphael wine comes in the first rank. It contains, in fact, a notable proportion of tannin of a special kind, and whose influence on the gastric mucous membrane is most favourable. This is the tannin which naturally exists in the excellent grape which has served to prepare the wine, and which is dissolved by aid of a fermentation which, thanks to minute precautions, may be prolonged for a month.

These grapes, collected at their first ripeness, are carefully separated from all the parts which are decayed which might give a bad taste to the wine, and diminish the tannin contained in it, which only attains its maximum at the latter period of ripening. Nothing foreign to the grape is added to this chosen wine if it remain too sweet, a complete ripening and partial evaporation of the water, part has taken place.

In the varied chronic affections of the digestive organs, from a little glassful up to a good half glass is the quantity that should be taken at the termination of each meal. It is preferable to commence with smaller quantities, to spare the susceptibility of the stomach, and to augment the dose by degrees.

Authors who have treated specially diseases of the stomach, have long recognised the happy effects of a generous tannin wine in diseases of the digestive tract. Chomel, in his "Traité des Dyspepsies," assures us, according to his great experience, that in middle life, and especially in great age, a moderate proportion of a wine of this nature is of great power in favouring the digestive process. In cold climates, and in damp localities, this medication is, he thinks, still more pressing, in the double view of causing internal warmth, which may better resent the conditions of the atmosphere, and in order to aid the action of the digestion.

NOTICES TO CORRESPONDENTS.

Notice to Subscribers.—Gentlemen who have not paid their Subscriptions for the past year are respectfully reminded by the Publishers of the omission.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

Local Newspapers, &c.—When forwarding newspapers containing news or articles to which our attention is wished to be drawn, correspondents will oblige by marking the copy, as it is impossible for us to wade through all the country papers we receive.

British Association for the Advancement of Science.—We are requested to state that Dr. Joule, LL.D., F.R.S., president elect for the meeting at Bradford in September next, has, in consequence of severe illness, been compelled to resign the presidency, and that the council of the association, in the exercise of the powers vested in them, have designated Dr. Williamson, F.R.S., F.C.S., of University College, as president, in the place of Dr. Joule.

Indian Medical Service.—The next examination of candidates for appointments will be held in London on August 11th. Applicants must address the Military Department, Whitehall, S.W.

New Scholarships.—Two new entrance scholarships of the value of £30 and £20 respectively, tenable for one year, are announced in connection with Charing Cross Hospital Medical School, which will be awarded annually in October, after a competitive examination in the following subjects:—English, Latin, French or German, Mathematics There are also Chemistry and Mechanics as optional subjects. The examination will be held on the 2nd of October and the two following days. Those intending to compete must send in their names to the Dean not later than the 27th of September.

Communications, with Enclosures, &c., have been received from—Sir Henry Thompson, London. Dr. Butter, Norwood. Dr. Peter Rayle, Manchester. Dr. Basham, Belgravia. Dr. Chapman, London. Mr. George Leigh, Arnold. Mr. Jabez Hogg, London. Mr. Fox, Manchester. Mr. McClean, Norwood. The Secretary of the Royal College of Surgeons of England. Mr. Jones, London. Dr. Mitchell, Brompton. Mr. Morgan, Kensington. Dr. Francis Hogg, Meerut, India. Mr. J. Westmorland, Manchester. Dr. Holmes, Manchester. Dr. Thorowgood, London. Dr. H. W. Williams, Fulham. Dr. Peirson, Scarborough. Mr. Heather Bigg, London. Dr. Morgan, Dublin. Dr. Greene, London. Mr. Squire, London. Dr. Dalrymple, Leicester. Dr. Floyd, Kildare. Dr. Akerman, London. Dr. Wiseman, Ossett. Dr. Bell Taylor, Nottingham. Mr. Lunn, Birmingham. Mr. Gillingham, Chard. Dr. Handsel Griffiths, Dublin. Mr. Tichborne, Dublin. Dr. Ewing Whittle, Liverpool. Dr. Langley, London. Dr. Butler, Philadelphia. Dr. Murray, London. Dr. Eagleton, Bilston. Dr. Ellis, Netley Hospital. Mr. Campbell, Liverpool. Mr. Cowell, London. Sir William Furgusson, Bart., London. Dr. Wrigley Grimshaw, Dublin. Mr. Hempson Denham, Southsea.

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BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

On Megrim. By Edward Liveing, M.D. London: J. and A. Churchill.

Snake-Bite Curable, and Hydrophobia Preventable. By Dr. D. Butter. London: Smith and Co.

Annual Report of the Society for the Suppression of Vice.

A Manual of Midwifery. By Dr. Carl Schroeder. London: J. and A. Churchill.

Insanity in Its Relations to Crime. By W. A. Hammond, M.D., New York.

American Journal of Obstetrics. The Canada Lancet. L'Union Médicale du Canada. Medical Notes and Queries. Medical Record. Half-Yearly Abstract of the Medical Sciences. The New York Medical Journal. Journal de Médicine et de Chirurgie Pratiques. Indian Medical Gazette. Nature.

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VACANCIES.

Royal South Hants Infirmary, Southampton. House-Surgeon. Salary £70 per annum, with board, lodging, and washing. (See advt.)

Whitehaven Union. Medical Officer for the Harrington District, Salary £30, to include medicines.

Brighton Hospital for Sick Children. Medical Officer. Salary £75 per annum, with board and residence.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 6, 1873.

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RÉSUMÉ OF PARISIAN OPHTHALMOLOGY, 1872.—DR. DE WECKER'S CLINIQUE AND OPERATION FOR CATARACT.

By Jabez Hogg,

Surgeon to the Royal Westminster Ophthalmic Hospital.

Whether the hospital surgeons of the French metropolis generally cultivate ophthalmic surgery, and are as fully up to its theory and practice as those devoted to it as a speciality, I am unable to say. But it certainly does appear, on reading over the excellent report just issued by Dr. G. Martin, Dr. De Wecker's clinique neither diminishes in numbers nor languishes for want of interesting and valuable cases, and therefore it is more than probable that eye diseases are as much of a speciality in Paris as in London.

During the past year the large number of 630 important operations were performed, inclusive of 252 cataracts of various kinds, 157 iridectomies, &c. The extraction of 217 of the cataracts was effected by a small sclero-corneal section: the details of this method will be found in the *Annales d'Oculistique* for March and April, 1872. This operation differs somewhat from that known as Graëfe's, inasmuch as the section is smaller, a linear sclero-corneal one, and an iridectomy made at the same time; it has now been performed a sufficiently large number of times to enable Dr. Wecker to affirm that it possesses advantages over other operations, secures the patient from after dangers, and brings about a more perfect healing, while every particle of cortical substance can be deliberately removed, and all danger of secondary cataract avoided. Lens substance is best removed by using a double cystotome, and making slight pressure from below upwards by a sort of kneading method, and with less risk of losing the vitreous.

To prevent bruising and irritation of the ciliary body, Dr. Wecker says that abscision of the iris must be made further away than Graëfe recommended. If the iris is cut too close to the ciliary processes, bleeding may take place, or the vitreous may be lost should the lens not be easy of delivery. He finds a see-saw kind of motion the best for effecting the latter object, as anything like direct pressure will certainly injure the ciliary body or cause the vitreous to flow out, and a slight prolapse of the iris is very likely to follow. Should ever so small a portion of the iris protrude from beneath the flap it must be gently returned by Davil's spoon.

Professor Horner, writing to Dr. Wecker a short time since, says:—"Nothing seems better calculated to prevent closure of the pupil, iritis, or iridocyclitis, than your small peripheral section; and nothing so likely to ward off threatened attacks of the kind than repeated applications of a solution of atropine." Dr. Wecker, however, with an enlarged experience of his operation, finds the use of atropine may be dispensed with in the majority of cases, particularly as it is liable to produce a good deal of irritation of the conjunctiva, or conjunctivitis. He has, therefore, abandoned its use, except when the vitreous has been disturbed during operation, or a small portion of lens substance has escaped detection, and floats up into the pupil on the second or third day after the operation. Great stress is very properly laid upon the removal of every particle of cortical substance, for unless this is accomplished no operation can be attended with perfect success. To accomplish the removal of the lens in its capsule, although it may seem desirable enough, is attended with more danger than some operators care either to admit or fail to recognise. A certain number of failures is sure to occur in the most skilful hands without incurring needless risks, and even in Dr. Wecker's hands seven total failures occurred.

The cause of failure is difficult to explain, but he believes it to be due, in nearly every case, to an inflammatory predisposition, or a broken down state of health when the patient came into hospital. In three cases, suppuration or panophthalmitis supervened on the third day after the operation; this was ushered in by a certain amount of conjunctivitis, a tumefied state of the mucous membrane, with severe lachrymation. The cyclitis set up a kind of blennorrhœa with a migration of purulent cells towards the lips of the corneal section, thus arresting all attempts at healing by the first intention. In one instance a conjunctival chemosis followed soon after the operation, which seemed to partake of the nature of a traumatic injury, with an excessive escape of white-blood corpuscles, that completely arrested all natural efforts towards reparation. In Dr. Wecker's experience, if there is reason to apprehend danger of the kind just referred to, it is far better to meet it at once by active medical treatment, otherwise the rapid migration of leucocytes, and the proliferation of cells will certainly lead to inflammation of a destructive nature. To stop the suppurative process Professor Nagel strongly advises a frequent use of the chlorhydrate of quinine lotion.

If on removing the bandage on the second day after an operation, a plentiful secretion of tears appears about the edges of the eyelids, or has already saturated the pad and bandage, and the pupil is seen to present a greyish tint, or the flap is ever so slightly swollen, then without loss of time apply the quinine lotion of the following strength:—Chlorhydrate of quinine, 40 centigrammes; distilled water, 60 grammes. I have made trial of this lotion with very good results.

The eye must be first washed with warm water to remove all discharge, then allow a small quantity of the lotion to flow over the eyeball; after this apply a drop or two of a weak solution of atropine; close the eye and apply a compress saturated with the quinine lotion; and, lastly, a bandage. This should be repeated every six hours or oftener. To allay pain, give at bed-time two or three grammes of choral hydrate. If the discharge is not very profuse, then the wet compress may be dispensed with, and in its place use one made of dry cotton wool. This method of treatment allays excessive pain, which is succeeded by a comfortable sensation of heat, and much better results are obtained. Dr. Wecker succeeded in warding off an attack of panophthalmitis of a severe character, and partially saving sight by means of the quinine lotion.

In six cases an iritis followed soon after the operation; in two of them paracentesis, and in one iridectomy was resorted to, before the attack was subdued; nevertheless, vision was secured of two-fifth acuteness. Suppuration commenced about the edges of the corneal section in one or two instances, but this was quickly arrested by the application of the quinine lotion. The patients, as a rule, were able to leave their beds on the fourth day.

Diabetic complication showed itself in six cases, notwithstanding extraction was resorted to in all, and with the happiest results. The vitreous was also lost in a few instances, but no untoward result apparently followed, save that of a less acuity of vision; on the whole, therefore, the results may be regarded as very satisfactory.

Dr. Wecker does not scruple to operate upon both eyes at one sitting, fearing least he should keep old people too long confined to the wards, and so enfeeble their health, and in that way the best performed operation might prove unsuccessful.

By the sclera-corneal method of operating, the extraction of the lens is greatly facilitated; and more time and care can be bestowed upon its several steps, and every particle of cortical substance removed. The iris is less disturbed; healing takes place in a shorter time, and acute vision is secured in a very great number of patients. The results obtained were as follows:—

$$\text{In } 19\ S = \frac{20}{20}$$

$$,,\ 58\ S = \frac{2}{3}$$

$$,,\ 49\ S = \frac{1}{2}$$

$$,,\ 69\ S = \frac{2}{5}$$

$$\text{In } 17\ S = \frac{2}{7}$$

$$,,\ 10\ S = \frac{1}{10}$$

The above total apparently includes his cases of congenital cataract; it should be mentioned also that astigmatism in 40 necessitated the use of cylindrical glasses to correct this anomaly of vision.

No further information is afforded by the report on the value of neurotomy, section of the sheath of optic nerve, in inflammatory affections of the nerve, and in neuro-retinitis—an operation introduced by Dr. Wecker to the notice of the Ophthalmological Congress last year. It is, however, an operation somewhat difficult of execution, and for this reason will only be resorted to after other measures have failed.

In one or two instances in which it has been attempted in this country, the operation in no way appears to afford relief or arrest inflammatory action. Dr. Wecker's mode of operating in staphyloma cornea differs somewhat from that ordinarily practised. He first transfixes the eyeball with a very thin-bladed knife, at the junction of the cornea and sclerotic; and having passed four silken threads in an oblique direction through the sclerotic coat, and beneath the knife, leaves two loops, one at the inner and the other at the outer angle of the eye, forming a figure of ∞. The staphyloma is then sliced off, the lens removed with a curette, and the edges of the sclerotic brought together by tying. In this way he believes a more perfect stump is formed.

For the removal of a small portion of the cornea in cases of dense leucoma, preference is given to M. Mathieu's trepan, a miniature trephine, which enables the operator to remove the smallest section with mathematical precision. In three cases, in which Dr. Wecker has employed it, very excellent results were obtained. Iridectomy, it appears by the report, was performed 157 times. The classes of affections embraced were as follows: 31 for opacities of the cornea; 11 for leucoma, with adhesion of iris; 10 for occlusions of pupil; 2 for congenital cataracts; and 2 for posterior synechia. The larger part of iridectomies were for the relief of glaucomatous and other inflammatory affections of the internal eye.

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REPORTS ON SYPHILIS.

By Charles R. Drysdale, M.D., M.R.C.P.L., F.R.C.S.E.,

Senior Physician to the Metropolitan Free Hospital.

Dr. Petrow (*Imparziale*, June 1), having examined with care twelve cases of acquired constitutional syphilis, affirms that he has observed at one time lesions of the involuntary nerve cells, at others lesions of the interstitial substance. In the lesions of the nerve cells, the tissue interposed between the primitive fibres, or between the cells was perfectly healthy, as were also the nerve tubes of the great sympathetic. The cells, in cases of recent syphilis, presented small pigmentary granulations, sometimes disseminated, sometimes confluent, which augment in volume as the disease progresses, so as to fill the whole cell, whose nucleus is entirely hidden by them, and this nucleus disappears when the process has attained its complete development.

According to this author the pigment arises from hæmatine, and sometimes the envelope of the cell becomes the seat of an abundant proliferation of embryonic elements, and pretty frequently the cells, as well as their nuclei, undergo a colloid degeneration. If these cells thus degenerated be treated with acetic acid, we see them swell up and become opaque; if we place them in contact with an alkali, they are seen to dissolve. This goes on in the following manner: The protoplasm then presents a homogeneous and brilliant aspect, the nucleus disappears without the cell losing its form and normal dimensions.

The lesions of the interstitial tissue present a manifest hyperplasia, in which the cell elements which surround the nerve fibres take part.

When the alteration is older, we no longer meet with the elements mentioned within the nerve cells, but only with granular masses soluble in ether. The nerve cells diminish in volume, and become irregular and angular; the protoplasm becomes filled with more or less pigmentary granulations. These observations Dr. Petrow affirms to have collected from the cervical plexus, the solar and thoracic plexuses of the sympathetic 10, 20, or 24 hours after death. The parts were examined by the microscope after treating them with tincture of iodine, chromic acid, and chloride of gold.

M. Hardy (*Mouvement Méd.*, June 21) lately gave a clinical lecture on two cases of syphilis as follows: "This patient, No. 25, is attacked by an eruption which, at first sight, looks very slight; it exists on the trunk, on the lower limbs, and is characterised by small rounded stains without elevation of the skin; some, however, present a slightly raised appearance, and particularly a peculiar desquamation; and, lastly, we remark some superficial crusts which are formed on the raised stains. The patient complains neither of pain, itching, nor burning. The eruption has a red colour, rather yellowish in tinge. The cervical glands are enlarged; in the groin there exist painless enlarged glands, and on the penis there are two considerable indurations, remains of infecting chancres. We have then to do with a syphilis in its secondary period, or with a papulo-squamous skin eruption."

"Mercurial treatment is indicated in this: Sedillot's pills (a mixture of mercurial ointment three parts, soap two parts, and one part of powdered liquorice) form the remedy which seems to me to succeed best: it is well supported. I order also baths."

"In No. 31 we see a very well marked syphilitic skin disease, older than the preceding. The patient presents himself to us with a lip on which there is a greyish plate, resembling the surface of a wound touched with nitrate of silver; this is a *mucous plate* developed on the lower lip where this symptom of syphilis is always late in appearing. There is pain, a little heat, and, contrary to what is remarked in other syphilitic affections, there is notable itching, whence arise scratches and excoriation. Some such mucous plates are rebellious, on account of the irritating substances which come in contact with them, such as food and tobacco. The patient must, therefore, give up tobacco, if not he cannot be cured before 3, 4, 5, and even 6 years."

"In these cases local means alone succeed; cauterisation is made with nitrate of silver, or with chloride of zinc; if these cauterisations do not succeed, we make use of more powerful ones, such as the acid nitrate of mercury; of which one or two suffice."

General treatment does not suffice in such cases. We must know the fact; but we should associate both means.

Patient No. 29 is attacked with a papulo-pustular syphilitic skin affection, which may arise all over the body, in the groins, at the anus, in the axilla, sometimes on the breasts, or at the umbilicus. When the plates are numerous, they exhale an odour extremely fœtid, especially when seated between the toes.

Here I make use of nitrate of silver; and if this be not sufficient, I shall use acid nitrate of mercury, which will certainly succeed.

In the admirable work, by Dr. Alfred Fournier, lately published, and entitled, "La Syphilis Etudiée plus Particulièrement chez la Femme," which comprehends twenty-eight lectures, we find the learned author in the first lecture speaking of the laws which preside over the development of syphilis as follows:—

"Syphilis is not spontaneously generated, at any rate in modern days. It always results from a contagion, or an inoculation, and the material penetration of a poisonous substance of special nature into the organism. 2. The first phenomena, which are appreciable and which result from this contagion, do not appear until after a shorter or longer lapse of time, constituting an *incubation*. 3. The first phenomenon noticed which results from contagion or the artificial introduction of the virus into the organism, manifests itself always at the spot where this matter penetrates, *at this spot and not elsewhere*. 4. The primitive accident resulting *in situ* from contagion always remains isolated and solitary for a certain time, during which it constitutes, or seems to constitute, the sole expression which reveals the disease. 5. It is only after this time that there succeeds to this accident, which apparently is quite local, an explosion of other symptoms, multiple and varied, which differ essentially from the initial accident, in being no longer localised, as if connected with the point of contagion, but disseminated all over the body, and extended to all the systems, and having power to affect all the tissues and all the organs."

The first of these propositions, which we have just transcribed from Dr. Fournier's work, may now be considered unavailable, and it puts an end to these superstitions, which for many a year were believed in as to the origin of syphilis and its transmission.

The second, or idea of incubation, which was offered by Vidal de Cassis, is now the exact result of well-observed facts and experiments. All who have seriously studied, and without prejudice, the progress of syphilis, think, on this point, exactly with Dr. Fournier; but we must recognise that what we know to be true now required immense discussion to be proved thirty years back. The task was undertaken by Ricord, Bassereau, Fournier, Clerc, Diday, and Rollet.

Ricord first of all admitted that every chancre was followed by constitutional syphilis, and it was necessary then to differentiate the chancre. M. Fournier's work throws a flood of light on this abstruse point as regards women; and shows that the chancre is always seen at the very spot where the virus has entered the economy.

These lectures of Dr. A. Fournier comprehend the study of primary and secondary syphilis in both sexes; as to tertiary syphilis, it is to be treated of in another volume, although the volume before us contains 1,100 pages. It is certainly a great drawback, by the way, to the happiness of modern times, that we must read through so many ponderous works on one subject alone in medicine.

M. Fournier considers that the chancre is only the first symptom of confirmed syphilis, and that we do not destroy the syphilis by destroying the chancre; consequently cautery is useless, and not at all advantageous, and hygienic treatment usually suffices for the chancre.

After studying the bubo, which is not a complication of chancre, but a necessary accompaniment of it; after studying minutely the differential diagnosis of chancre, M. Fournier comes to the second period, or the silent epoch, which is a prelude to the appearance of the secondary symptoms. These symptoms are not the same in males as in females; for if in males roseola is the earliest eruption, there are in women a series of local and general symptoms, commencing in headache and going on to nervous disease, general loss of health, and syphilitic chloro-anæmia.

M. Fournier consecrates three lectures to the study of cutaneous syphilitic disease, which he divides into early, intermediate, and tardy. This part of the work is of considerable importance, because of the frequency of cutaneous syphilitic eruptions, and if the diagnosis of the species, the genus, and variety of a syphilitic skin disease has in practice only mediocre interest, the essential is to be able to recognise the syphilitic character of an eruption, and the author insists on the phenomena which aid us to make this diagnosis. These lectures are followed by one on alopecia, onyxis, and perionyxis, before the author proceeds to these mucous syphilitic eruptions, which are so frequent in women.

To all Medical writers of our day, mucous syphilitic skin diseases have been generally known under the name of *mucous plates* (*condylomata*), which, according to Fournier, is a bad term. He refers these to four types—

the erosive type, the papulo-erosive, the papulo-hypertrophic, and the ulcerating type. All that relates to mucous skin eruptions is full of new ideas and original views, whether they be seated on the vulva or on the vagina, or at the anus or around the anus. Next come syphilitic eruptions in the mouth, the pharynx, the larynx, on the eyelids, in the nostrils or ears, &c. This is one of the most interesting chapters in the book.

The author next comes to secondary indurations and transformations of the chancre, whether into mucous papule *in situ*, which all of us are accustomed to see, or by absorption, or by fusion of the chancre into some secondary lesion. The study of secondary glandular affections completes the chapter on cutaneous and mucous eruptions.

Side by side with the lesions of the skin come the secondary ophthalmiæ so varied in form, at one time localised in one membrane of the eye; at another on several of its membranes, alternately or conjointly; next the affections of the apparatus of locomotion, of the bones and tendons are spoken of, and then secondary affections of the nervous system are spoken of, and secondary visceral fevers.

After having described all the symptoms and all the varieties and all the forms of syphilis, Dr. Fournier speaks of diagnosis and the extreme practical difficulty occasionally met with when patients deny or seek to puzzle the practitioner, which they do every day.

The last lecture is devoted to the treatment of syphilis; and the author examines and compares the different doctrines, from the doctrine of expectation up to the different mercurial methods which he thinks should constitute the principal basis of all treatment of secondaries. He compares all of these, frictions, hypodermic injections, ingestion, &c., and finishes by recommending chronic treatment by green iodide of mercury for a period of nearly two years, with occasional intermissions.

Dr. Fournier is a physician, and it is as a physician especially that he studies syphilis; he does not only study its exterior aspects; he shows it to us as influencing the viscera, even in the secondary period, and giving rise to a crowd of evils properly in the domain of medicine. These clinical lectures on syphilis are the most complete we now possess.

◆

CASES IN COUNTRY PRACTICE.

By John Murdoch, M.B., Magherafelt.

Paracentesis Thoracis.

Mr. Thomas McKelvy, æt. 27, gold-digger, came to consult me about his health on the 7th July, 1871, shortly after his return from New Zealand.

History.—He stated that he returned to his native country to get Medical advice and treatment. His account of the disease is as follows. Ten months before he came to me, while in New Zealand, he had heated himself very much while at his work, and cooled down quickly, being exposed for some time after. During the following ten days he was sick, feverish, had headache, thirst, loss of appetite, sharp or acute pain in the left side. A doctor saw him once and gave him a bottle of medicine, but did not tell him what was the disease—from that time till the present his health was not good, and he had difficulty of breathing. He had no more Medical treatment till he came to me.

Symptoms and Physical Signs.—Dyspnœa, quick and intermittent pulse; side very much enlarged, and motionless, dull on percussion; the intercostal spaces protruded and tense; heart beating to right of sternum; respiration inaudible on the left side, puerile on the right, left side two inches more in measurement than the right. As he had not been medically treated for the disease before, I was inclined to give medicine a fair trial, though I thought the disease had existed too long before I saw him. As I had been successful in the treatment of several cases of chronic pleurisy with infusion by medicine before, I was inclined to try it again.

I put him under a course of treatment, at the same time giving him to understand that it would require time, and that if it did not succeed after a fair trial had been given to the medicine, it would then be advisable to have paracentesis performed. I first touched his gums with mercury, then followed it with the following prescription:

℞ Potass. Iod., ʒiss.;
Potass. Acet., ʒij.;
Tr. Scillæ., ʒij.;
Infusi. Cinch., ad ℥viij.

Mist. A tablespoonful three times a day.

At the same time using counter-irritation with "linimentum iodi," and put him on a generous diet. The treatment was continued several weeks, and he felt slightly better, but not so much as to warrant following up the medicine. Eventually, I advised him to consult another physician.

Dr. Smith, of Glengall Place, Belfast, and I, examined him in consultation, and we agreed to continue the treatment for two or three weeks longer, as the patient expressed himself somewhat relieved, and the physical signs were somewhat improved. But in the event of there not being marked improvement in that time, we advised him to have paracentesis thoracis performed. The continuance of the treatment not having produced marked improvement, I discontinued it, and told him that the fluid should be drawn off. He elected "to wait upon nature," as he termed it; I did not try to persuade him against following his own idea. After the lapse of a few months he returned feeling much worse. All the original symptoms being greatly exaggerated, he decided on having his chest tapped. I asked Dr. Smith to assist me in the operation. Having tapped the chest, in the seventh intercostal space beneath the angle of the scapula, and drawn off seven pints of whey-like fluid, with Dr. Dieulafoy's vacuum syringe, it still flowed freely, but as he was complaining of a constricting pain in that side of the chest, it was arrested, a few pieces of adhesive plaster being applied and a roller passed round the chest. Perfect rest was enjoined for a few days. He was afterwards put on ol. morrhuæ, quinine, and iron. The operation was performed on the 26th March, 1872. The following harvest, on speaking to him, he told me that he was "mowing and shearing every day." On account of the result of this very remarkable case I have great confidence in recommending the practice of this operation on a larger scale than it is usually had recourse to, as I am of opinion that many useful lives would be saved, which are too often lost in the rural districts, from want of its being performed.

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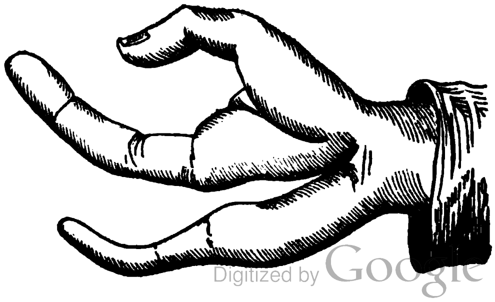
CURIOUS ARREST OF DEVELOPMENT OF THE HAND.

By W. N. Chipperfield,

Late Superintendent to the Eye Infirmary.

A boy, æt. 7, came under observation in the Eye Infirmary having a congenital deformity of the right hand, the ring and middle fingers being wanting. The appearance is pretty well shown in the accompanying sketch.



There is a well-marked fissure extending through the palm and wrist, almost to the lower articular surface of the radius, due to the absence of the semilunar, scaphoid, and third and fourth metacarpal bones. The second metacarpal bone and its phalanges are very well developed, but the phalanges of the little finger are comparatively small. In flexion and extension movements of the hand, the two parts into which it is divided move symmetrically; adduction influences only the inner fragment, and abduction only the outer. In closing the hand, the little finger is not flexed but twisted in under the grasp of the thumb and index finger.—*Madras Medical Journal.*

◆

ATHETOSIS (a).

By William A. Hammond, M.D.,

Professor of Diseases of the Mind and Nervous System, and of Clinical Medicine, in the Bellevue Hospital Medical College, &c.

There are several diseases, one of the chief manifestations of which is involuntary movement—the consciousness of the patient remaining intact. But that which I am about to bring to the notice of the Association had certainly never been recognised or discriminated from others somewhat similar till the publication of my treatise on "Diseases of the Nervous System," in which work I described it under the name of athetosis, and gave the details of two cases, one of which had come under my personal observation. Since then other cases have been noticed, both in this country and in Europe, and the affection has been generally regarded as being entitled to a separate place, and as being distinct from any hitherto known to exist as a pathological entity.

The name athetosis is derived from the Greek Αθετος (without fixed position), and is specially applied to designate the chief phenomena of the disease, which consists in an inability to keep the fingers and toes from continued motion. The movements are not disorderly, like those of hysteria and chorea, nor so tremulous as those of paralysis agitans, and the various forms of sclerosis hitherto described. They are regular, and are to some extent under the control of the will—that is, by a strong effort of volition the patient can for a short time prevent them, but they soon reassert themselves, notwithstanding his most strenuous endeavours to keep the muscles quiet. Even during sleep the movements continue.

In two of the cases which have come under my notice, and of which I have complete histories, there were, in the first instance, paroxysms of epileptiform character. In a case which I exhibited to the class of the Bellevue Hospital Medical College last winter, there had been no such attacks. They were not observed in Dr. Allbutt's case, nor in two which are now under my care.

The involuntary movements which occur in the fingers and toes are not simple oscillations such as are present in paralysis agitans and sclerosis of the brain and spinal cord, but are slow, and are apparently performed with deliberation. The thumb and little finger are more affected than the other fingers. Owing to the constant exercise, the muscles of the forearm become greatly enlarged and hard, like those of an athlete.

Pain is very generally complained of in the contracting muscles, and in one case caused very great distress.

The sensibility of the skin over the affected parts is lessened, and a feeling of numbness prevails more or less extensively over the side of the body corresponding to the disordered motility. In all other parts it is normal.

The causes of the disease have not been clearly made out as yet. In two of my cases the patients were intemperate, as was Dr. Hubbard's case, but Dr. Allbutt speaks of his patient as a "temperate woman." Thus far, of the six cases known to me, two have been women.

Relative to the prognosis, no case that has come to my knowledge has been materially benefited by treatment, but death has not yet ensued in any instance. I am disposed to regard the disease as being slow in its progress, but as not being amenable to the action of remedial measures. In each of my own cases there has been a steady advance in the severity of the peculiar symptoms, but the general strength of the patient has not been materially impaired.

If attention be paid to the situation in which the disease is manifested, and to the character of the movements, no difficulty will ordinarily be experienced in arriving at a correct diagnosis. Still, it will probably not be considered out of place if I briefly recall the main features of those diseases with which athetosis may possibly be confounded. I am, I must confess, more desirous of doing so, for the reason that such a comparison will show that the disease now under consideration is in reality a distinct affection.

DIFFUSED CEREBRAL SCLEROSIS.

In this disease there are muscular contractions, but they are tonic and permanent, and the affection almost invariably begins in infancy and leads to atrophy or arrest of development of some part of the brain.

MULTIPLE CEREBRAL SCLEROSIS.

Tremor is one of the principal symptoms of this affection, but tremor, though the result of muscular action, differs very essentially from the apparently deliberate and obviously regular movements of athetosis. Besides, tremor never leads to the hypertrophy of muscle so characteristic of athetosis. Moreover, another marked phenomenon of multiple cerebral sclerosis, festination, is absent in athetosis.

CEREBRAL HÆMORRHAGE.

In cases of secondary degeneration of the spinal cord, resulting from cerebral hæmorrhage, there are often involuntary movements, but they are always the consequence of attempts at voluntary motions, and, in addition, the history of the case will prevent any mistake being made in the diagnosis.

MULTIPLE CEREBRO-SPINAL SCLEROSIS.

In this disease the involuntary movements which are in the nature of tremor make their appearance after paralysis, and are only manifested when voluntary movements are made. There is usually festination. These points are sufficient for diagnosis from athetosis.

CHOREA.

Chorea is generally a disease of childhood. The involuntary movements are irregular, and the disease ordinarily yields readily to treatment. There is no pain, and sensation is not disturbed. The movements in chorea cease during sleep, while those of athetosis continue.

PARALYSIS AGITANS.

In this affection there is tremor, and not entire muscular contraction. There is no pain, no anæsthesia. The tremor usually ceases during sleep, and there are often intermissions, during which the patient is comparatively quiet. There is no tendency to the tonic contractions which seem to ensue late in the course of athetosis.

EPILEPSY.

I should never have thought of mentioning this disease in contradistinction to athetosis, were it not that M. Garnier (a) imagines that athetosis is nothing more than the unilateral epileptiform convulsions, which almost every one has seen, and which are well described by Dr. Hughlings Jackson. Certainly if M. Garnier had ever seen a case of athetosis, or had even carefully read my description of it, he could not possibly have made the mistake of confounding it with any form of epilepsy. To be sure, athetosis often begins with epileptiform convulsions, but so do many other cerebral diseases. The spasms to which he refers are paroxysmal and temporary, while the movements of athetosis are continuous.

(a) This paper was read before the Medical Library and Journal Association, New York, and is reported in the new number of the *New York Medical Record.*

(a) "Dictionnaire Annuel des Progrès des Sciences Médicales." Paris, 1873. P. 42, Art. *Athetose.*

Relative to the morbid anatomy and pathology, nothing is known, as no *post-mortem* examination has yet been made in any case of athetosis. Physiology would, however, indicate the corpus striatum, and perhaps also the optic thalamus, as the seats of morbid process, and the diseased condition is probably sclerosis, which in its turn is the result of slow inflammation.

As regards the treatment, nothing has yet been efficacious in arresting the onward march of the disease, though galvanism has apparently exercised a slight controlling power.

Two cases of this interesting disease are described in my work on "Diseases of the Nervous System." One of them occurred in the practice of Dr. Hubbard, of Ashtabula, Ohio, and one in my own practice. This latter patient is here this evening for examination by the members of the Association.

One other was before my class at the Bellevue Hospital Medical College last winter, and formed the subject of a clinical lecture.

Two others are now private patients of mine. All these cases present the same general features, and are undoubtedly instances of the same disease.

Oen case (a) has been reported by Dr. Clifford Allbutt, as occurring in the Leeds General Infirmary, and which this able physician at once recognised as a case of athetosis.

There are thus six cases positively known to me, though my friends, Prof. Gross, of Philadelphia, and Barker, of this city, have informed me that similar cases have occurred in their practice.

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Reports

ON

DISEASES OF THE THROAT.

Edited for the "Medical Press and Circular."

By Prosser James, M.D., M.R.C.P.,

Lecturer on Materia Medica and Therapeutics at the London Hospital.

LARYNGOSCOPAL THERAPEUTICS.

Principles of General Therapeutics Applicable to the Treatment of Diseases of the Throat. Laryngoscopal Therapeutics, or use of the Mirror as a Guide to the Hand in making Topical Applications to the Larynx, &c. Liquid Applications—Laryngeal Brushes—Probangs. Sizes and Forms of Brushes—Their Use—Effects of their Introduction—Occasional Distressing Symptoms, and their Relief. The Liquids used—Astringent, Sedative, and other Solutions. Vehicles. Laryngeal Syringes—Comparison between them and Brushes—Effects Dependent on the Force employed—Laryngeal Shower Bath or Douche. The Drop-Tube. The Pipette. Solid Applications. Powders. Insufflators. Effects and Uses of Powders—Astringent, Sedative, &c.

It is obvious that an instrument capable of bringing the interior of the larynx within the range of vision must serve as a sure guide to the treatment of its diseases. In the laryngoscope not only can we study the physiology of the larynx and detect deviations from its normal form, colour, or movements, but we may also watch the development and progress of such changes, that is to say, the natural course of disease, and bring to bear on the part affected such remedies as may restore it to health. By the mirror we can guide the hand so as to enable us to make topical applications and perform operations within the larynx, and it is to such local treatment that the term laryngoscopal therapeutics is mostly restricted. There are, however, certain other remedies which cannot be omitted from even a brief sketch like this, as they are most valuable adjuvants to the other procedures, may, indeed, often be substituted for them, and are of still greater value in cases in which other parts than the larynx are involved. Such are gargles, fumigations, inhalations, &c. Moreover, local measures must not be allowed entirely to supersede general treatment. In the pre-laryngoscopic period physicians were deprived of the opportunity of applying to the larynx remedies they were accustomed to use in diseases of other organs, and thus their treatment was naturally as defective as their diagnosis was obscure and difficult. Now, however, the reverse condition obtains, and the principles of general therapeutics are apt to be forgotten, while the larynx is often subjected to an amount of local treatment that would be considered excessive in other organs.

Although I was the first to resort to laryngoscopal medication, I have always deprecated excessive topical applications to the delicate organ of voice, and urged the necessity of availing ourselves of constitutional remedies. Success as a laryngoscopist is not to be attained by devoting exclusive attention to a single organ, as though that were not after all but a small part of the body. The whole aim of the physician is to cure, or if that be impossible, to relieve his patients, and this can only be attained by a careful study of all the conditions, many of which relate to the general health rather than to slight deviations from the natural condition of a single part.

Having put in this plea for general therapeutics, it will be unnecessary to dwell upon the application of their principles, and I pass to a consideration of remedies of a more special character.

Laryngoscopal therapeutics may be said to comprise the application of remedies to the larynx or other parts by the aid of the mirror. We thus include the topical treatment of the fauces, posterior nares, &c. The hand being guided by the mirror, we may apply to any part either liquids or solids, or we may use instruments for the performance of operations. As the larynx is the most important organ, giving the name to the mirror, and at the same time the most difficult of access, we begin with it, and will first consider the methods of applying to its cavity liquid remedies.

The student who has learned the use of the mirror and educated both his hands in the manner previously described, will not find much difficulty in introducing into the larynx an ordinary laryngeal brush (Fig. 39).

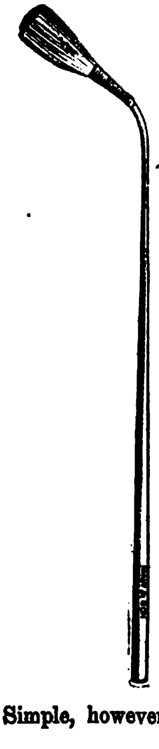

Fig. 39.

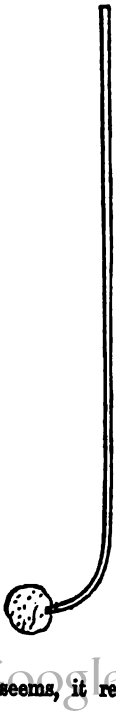

Fig. 40.

Simple, however, as this operation seems, it requires care and dexterity and gives rise to disagreeable effects. As a preparation for performing it the beginner may pencil the fauces in cases requiring it. For faucial application a probang is sometimes employed (Fig. 40), and there are cases in which this instrument may be preferred, though the brush may be made to serve almost all purposes. Brushes should be well made and of assorted sizes, and the physician will require a number in proportion to the extent of his practice in the department. The best are mounted on aluminium wire, which has the double advantage of being easily bent, and not readily affected by the liquids usually employed. The angle in Fig. 39 is constantly sold, but is not so often useful as a right angle, which I mostly employ and strongly recommend. It is well for the handles to be of the same size, and not less than 8 inches in length. When the aluminium wire is employed, 1 or 2 inches of that substance may be included in this measurement, which is taken from the end to the angle; thus the horizontal part of the instrument is 8 inches in length—6 or 7 for the handle—wood· or ebony, and 1 or 2, as the case may be, for the wire. The length of the perpendicular part is of more importance. For an adult it should never be less than 2 inches from the angle to the end of the camel-hair brush. Two and a-half and three inches are more frequently required.

(a) *Medical Times and Gazette*, January 27, 1872.

The use of these brushes is to apply fluids to the diseased mucous membrane, a mode of treatment which the laryngoscope enables us to carry out with precision and than which none is more efficacious.

The readiness with which the larynx resists the intrusion of foreign bodies is so well known that surprise is often expressed at the little distress occasioned by this mode of treatment when skilfully carried out. Unpleasant symptoms are, in fact, the exception rather than the rule. Indeed, visitors to the hospital sometimes remark that after watching several persons during the whole afternoon, making applications to the larynx by the brushes, they have not seen a case in which disagreeable effects followed. This may depend on several circumstances. Thus, in a hospital many of the cases have been under treatment for some time and become accustomed to it; and it is one of the most important facts that we may train very sensitive persons until the larynx easily tolerates the constant use of instruments. It is to such training that we sometime resort to prepare for operative proceedings within the larynx. In some diseases the sensibility of the larynx appears diminished. Besides these circumstances there can be no doubt that to take the larynx by surprise as it were, and brush it with that degree of firmness which characterises the skilled hand, is far less likely to cause spasm or distress, than is the sudden intrusion of a small body, like a crumb or a drop of water, which so frequently, when they "go the wrong way," give rise to spasmodic efforts to eject them.

Still, even in the most skilled hands the brush may occasionally set up a choking sensation, a degree of irritation or pain, a contraction of the vestibule, and even a true spasm of the glottis. Such symptoms are, however, very transient, as is also the change in the voice, that may surprise the patient. They give rise to alarm in the mind of the sufferer ,who, if not forewarned, should be at once assured that there is no danger, and, if possible, induced to speak. The utterance of a single word gives complete relief. This, however, may be difficult, and Voltolini's advice is perhaps the most efficacious—viz., to hold the breath a moment, when the spasm will at once subside. The effects of the mechanical contact of the instrument being temporary, we have next to consider those of the liquid with which the brush is charged. These differ with the nature of the liquid, which may be astringent, stimulant, sedative, &c. The selection of the liquid will be made in accordance with the principles that guide us in the local treatment of other diseased mucous surfaces, modified only by the conditions that are special to the organ under consideration.

Solutions of silver nitrate were among the earliest employed, and in suitable cases were of great value. Some writers think this substance the most liable of all to give rise to spasm, and for that reason have nearly discarded it. Others do not accept this doctrine. The fact is, that the effects of this remedy differ much with the strength of the solution. I have used it from 5 grs. in the oz. to 120, and though other remedies may often be advantageously preferred, I cannot look upon it as a simple astringent, or consent to altogether deprive my patients of the benefit of its remarkable properties.

Solution of perchloride of iron is an invaluable astringent, and may be used in various proportions, from a few grains up to one or two drachms to the ounce. Iron alum and

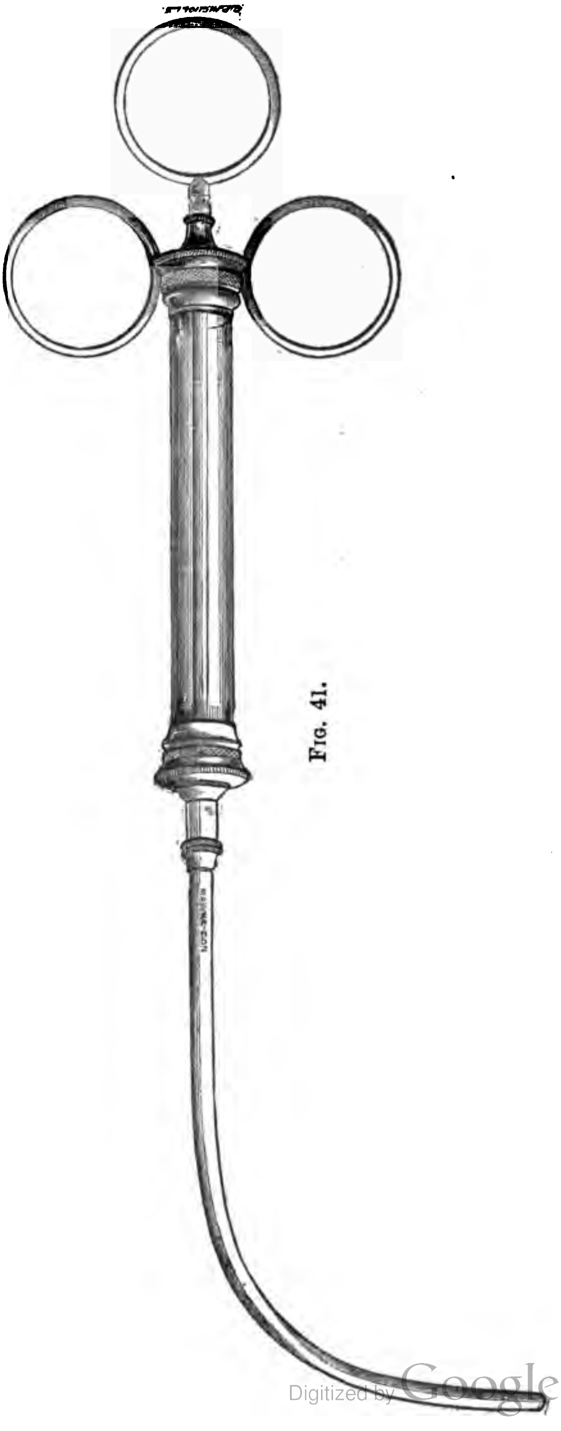

FIG. 41.

ordinary alum may likewise be used in a solution of 20 to 60 grains per ounce. Of zinc the chloride is the most efficient salt, and its strength may vary from 10 to 30 grains. The sulphate is, however, also useful, 40 to 60 grains being dissolved per ounce. Chloride of aluminium is a powerful astringent, and may be used in this way as well as by other modes. Pure sulphurous acid can be used in the larynx, as also can many other substances, including tannin and most astringents. Iodine is much relied on by some, but I do not often use it in this way. Lastly, I may mention carbolic acid, of which from 10 to 30 grains of the crystals per oz. may be employed.

The solutions may be made in simple distilled water, or a portion of glycerine may be added. It has been proposed to use the latter only as a solvent, but this is not desirable, as it is an irritating fluid, glycerine being far from the bland liquid it is frequently called. When mixed with water, however, it loses much of its irritant quality, and the consistence of the liquid is increased. Its slowness to evaporate may also be regarded as some advantage.

For making applications to the interior of the larynx the superiority of well-made brushes to probangs is incontestable. There may occasionally be reasons for preferring the sponge, but then the probang must be prepared on purpose ; those usually sold being only fit for application to the fauces and pharynx. It is the unsuitable form of these probangs that has led to their disuse.

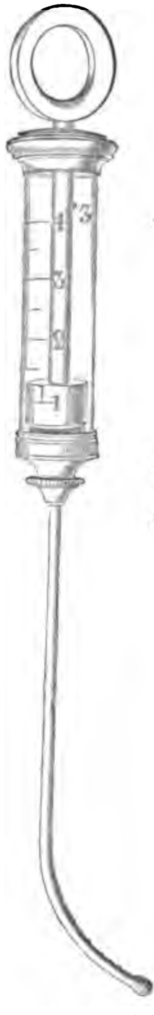

Fig. 42.

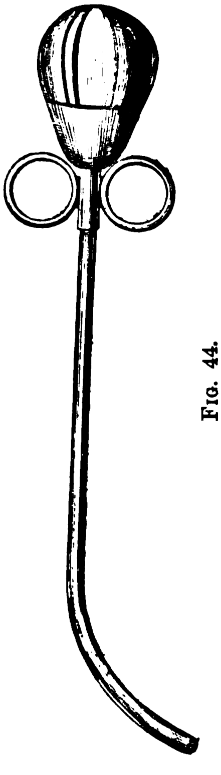

Fig. 44.

Medicated liquids are sometimes injected into the larynx by means of a syringe. It is obvious that with the aid of the mirror there could be no more difficulty about this than about other instruments, provided the pipe of the syringe be of sufficient length and of a proper curve.

Fig. 41 shows a syringe of the kind usually sold, and the only inconvenience of which is, that the barrel is, in my opinion, too large. It is not necessary for it to hold much. A piece of sponge may be introduced into a syringe of this description in order to diminish its capacity and modify the force with which its contents are ejected on pressing the piston.

A smaller syringe is figured in the next engraving, and moreover, the nozzle of this is perforated with a number of small holes, in order that the liquid may be distributed in the laryngeal cavity in several streams. This is nearly the form first used by Tobold, but the curve is rather too slight. It should not be less than that of Fig. 41, and usually I prefer it to be nearly or quite at a right angle. Mr. Erichsen has adopted the same form of termination to the elegant syringe he recommends (*a*) for injecting solutions of nitrate of silver into the larynx. His instrument holds less than the preceding ones, and so far is preferable. A further improvement would be to make the angle more acute and to increase the length from the angle to the perforated extremity.

In Gibb's laryngeal douche the same form of pipe is furnished with a caoutchouc ball. By compressing this the air is expelled, and any liquid into which the end is dipped will enter on the pressure being removed. When thus charged it can be used for the same purposes as a syringe. This instrument is much improved by the addition of a pair of rings, as shown in Fig. 44, and the use of which in facilitating the application is apparent from the engraving.

The mode of injecting fluids into the larynx by any of the preceding instruments requires no detailed observations. The only requirements on the part of the operator are steadiness and dexterity. The laryngoscope must always be employed. Holding the mirror in his left hand, the operator, guided by sight, introduces the end of the syringe into the larynx in just the same way as a brush, sound, or other instrument, completing the operation by pressing his thumb on the piston with that degree of force he desires to employ.

This brings us to consider the special action of injections. Sudden and forcible pressure evidently projects a douche on the walls of the larynx, while the feeblest possible compression will only cause a few drops to exude from the tiny apertures, and collect into one, which falls into the cavity. Between these two extremes there are many degrees of pressure, and the effects will vary accordingly. Unless we intend to use sufficient force to drive the fluid as far as the walls of the larynx, there is no advantage in having the end of the syringe furnished with numerous tiny perforations to break up the stream. If we use sufficient force to project the fluid on the membrane, clearly we administer a sort of shower bath to the larynx, and the influence of this ought not to be overlooked. There is another difference between the use of syringes and brushes. In using the latter we touch the mucous membrane with a foreign body, and this has been urged against their employment. I have, however, shown that very little irritation is caused by the skilful use of well-made brushes. On the other hand, injections are in reality far more distressing. Whether a powerful douche be projected into the larynx or only a drop or two slowly injected, violent spasm is very liable to be caused. In the former case many would naturally anticipate this result ; but in the latter it is quite as frequent, and sometimes more severe. Part of the effect may be due to the shock of the stream on the walls of the larynx ; but when only a drop or two is injected, we have just the inconvenience that is set up when in drinking or gargling, liquid is drawn into the air tube by inspiration. Everyone knows that if a single drop "go the wrong way," the dyspnœa, cough, and spasm may be extremely distressing. The best way to

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(*a*) Science and Art of Surgery, Sixth Edition, Vol. vii, Pp. 459.

relieve these symptoms is to "hold the breath" resolutely for a few seconds. Patting on the back, drinking a drop of water, and speaking are also advised. Drinking is a relief when the spasm abates, but cannot be tried until then. The utterance of a single word will often suffice to restore respiration.

A consideration of the little accidents alluded to seems to show that the smallest drop of liquid approaching the cords immediately provokes them to close the glottis; and the tendency of this orifice is to remain shut until the fluid has disappeared from the surface of the cords by becoming diffused throughout the cavity. If the respiration could be easily suspended, this would soon be accomplished in the case of a small quantity; hence the use of the direction to hold the breath. Moreover, the disposition to spasm is exhausted by the contact of the fluid. When the liquid passes by surprise below the glottis, the cough set up is more violent still. Hence it is a common plan to direct a patient to expire during the injection, or better still, to utter a falsetto note.

From what I have stated, the reader will be able to draw his own conclusions as to the relative value of brushes and syringes. In making his estimate he must not forget that by means of the former it is possible to localise the application to a portion of the larynx. This cannot be done so well with the syringe, though it may with care be accomplished when only just enough pressure is used to let a drop of the contents ooze through, and collect at the end. For such a purpose, however, the drop-tube made by Leiter, of Vienna, (Fig. 45,) is more appropriate. In this instrument, at a convenient position to apply the forefinger, there is a reservoir (*a*), which is covered by a thin elastic plate. By pressure on this when the point of the tube is submerged in the liquid, the reservoir is easily charged. The tube being introduced by the aid of the mirror, and the finger gently pressed on the elastic plate, the liquid is exuded drop by drop, the operator all the time retaining complete control over the quantity thus instilled into the larynx. I have adopted the principle of the pipette for instilling fluids, drop by drop, into the larynx, and this is a more simple plan than even the drop-tube. The patient should emit a high note during the operation. If through a sudden inspiration, or from the cords being allowed to remain open, and being taken by surprise, a drop of liquid should pass the glottis, a violent paroxysm of cough and dyspnœa will at once supervene, just as in the other cases in which the same symptoms have been mentioned as likely to occur. For this and other reasons I employ brushes much more frequently than syringes, the drop-tube, or the pipette.

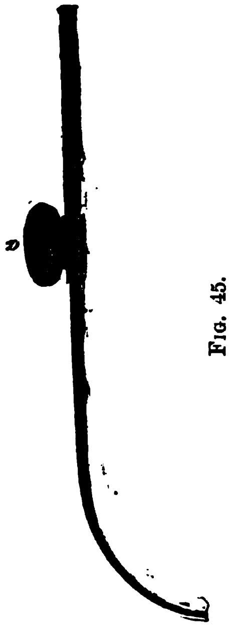

Fig. 45.

Instead of liquids we may apply solid remedies within the larynx. The use of caustics will be considered further on. Here I desire to point out that solid remedies reduced to the form of an impalpable powder may be introduced into the larynx with as much benefit as frequently follows their use in the pharynx. Such applications have been made in various ways. Thus patients have been placed in an atmosphere in which the powder was diffused, others have been taught to draw the remedy into the larynx by a deep sudden inspiration. These processes, however, belong to another branch of the inquiry. At present we are concerned with laryngoscopal therapeutics, or the art of applying remedies by the aid of the laryngoscope. For the purpose of thus applying powders we employ an insufflator, which is an instrument for projecting the fine powder by a puff of air. In the ordinary insufflator of Rauchfuss this is accomplished by means of an india-rubber ball, pressure on which forces out the powder. It is, in fact, only an adaptation of the douche. The difficulty of holding the tube in position while suddenly compressing the ball has led some to resort to other means of blowing out the powder. They have accordingly substituted for the elastic ball used by Rauchfuss a long piece of india-rubber tube, with an ivory mouth-piece (Fig. 46). This enables the operator to project the powder at the right moment by a puff from his own mouth; for it is to be observed that both his hands are engaged, one holding the mirror, the other the insufflator. Many naturally object to blow from their own mouth in this manner. They employ, therefore, a longer tube and a larger hand-ball, which they entrust to an assistant, who compresses at a signal from the operator. The objection to this method is manifest. The tube may be attached to a pair of bellows, which may be placed between the operator's knees, or better still under one foot, which soon becomes educated to the work. In hospital practice this is a convenient plan.

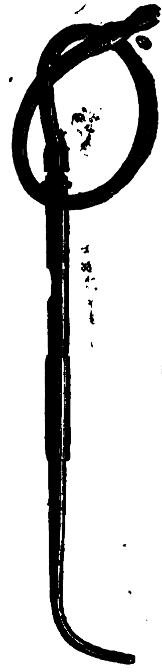

Fig. 46

The engraving of the insufflator given shows the opening for introducing the powder, and the slide which covers the aperture when the instrument is charged.

Schroetter uses a glass tube of the shape of the insufflator already depicted, as far as the junction of the elastic tube, but there he prolongs the glass and turns it to the side at an obtuse angle. This gives it as it were a handle, and keeps the hand while holding it quite out of the way. An elastic tube completes the apparatus. I have had tubes of this shape made of vulcanite instead of glass. I have also had the openings so arranged as to enable the operator to localise the application to any part of the larynx. This I accomplished by having several tubes, each of which differs from its fellow in the position and shape of the opening. The most useful forms are three—one with the usual termination, one with a slit on the right side, and a third with a slit on the left side.

The idea of projecting a cloud of fine powder into the larynx will to some persons suggest a violent paroxysm of cough as the immediate result. They imagine, perhaps, that a solid, however finely powdered, must be more irritating than a liquid, and it may be that this notion has tended to restrict the use of these remedies. In this country they do not seem to have been as fairly tried as they deserve. In suitable cases powders are not more irritating than many solutions in common use, and I venture to put in a plea for their more extended use.

The effects produced by a cloud of dust falling on the mucous membrane will differ with the nature of the particles of which the dust is composed. An insoluble powder thus applied to healthy membrane provokes some irritation and an increase of secretion. The mucus thus thrown out envelops it, and the whole is soon expectorated. If the powder falls on the cords more irritation and spasmodic cough is caused. Soluble powders will dissolve in the secretion, and running down the walls of the cavity, may cause cough at a later period, that is, on arriving at the glottis. Whether soluble or not, the powders may be astringent, sedative, stimulant, &c. And some influence is in every case to be attributed to the shock caused by the impact of the particles on the parts. The powders most frequently employed are sedative, narcotic or anodyne, and the salts of morphine are usually selected for the purpose. Among astringents are tannin, gallic acid, acetate of lead, sulphate of zinc, &c. Nitrate of bismuth, oxide of zinc, and other powders have also been employed. Nitrate of silver has sometimes been used in this way, but I do not recommend it.

To regulate the strength of these remedies, we mix them with indifferent powders. Loaf sugar has been freely used, but sugar of milk is better. Phosphate of lime has been also used. Talc is an excellent substance. In regard to astringents, their action may be diminished to any extent by increasing the quantity of the sugar of milk or talc. Morphine may become to some extent absorbed, and so act as a general narcotic. The quantity used is generally small. From one to four grains in the ounce may be required. The use of this powder with the insufflator may prove a source of great comfort in advanced laryngeal phthisis and other diseases. Moreover, we may combine astringents with morphia in any proportion. Evidently, then, there is a considerable sphere in which powders may be employed in the larynx, and it seems needless to add that this sphere is rendered much greater by the admirable results obtained from these remedies in diseases of the fauces, in which they can be applied without the laryngoscope.

◆

CLINICAL LECTURES ON DISEASES OF CHILDREN.

Dr. M. Bouchut, in a lecture delivered at the Hôpital des Enfants Malades de Paris, and reported in *Le Mouvement Médical*, speaks as follows :—

Gentlemen,—First of all let me say a few words concerning two or three little patients who have left hospital quite cured.

In the first place, there was a child attacked with St. Vitus's Dance in a very severe form; she could not stand upright, and was obliged to remain in a reclining posture, and her movements were so sudden and exaggerated, that the bed was watched so that the child should not fall out of it. To avoid these incessant convulsions, and to prevent the ulcers which they caused, I have given the hydrate of chloral in doses of one, two, three, and four grammes. The patient slept three-fourths of the day, and thus did not damage her skin. The end was attained, and this most violent chorea was cured by chloral very quickly.

In the second place, we had a pneumonia of acute form, which was cured in three days by leeches and tartarised antimony. In No. 2 there was a case of croup, cured by ipecacuanha, and which presented a peculiarity important enough to notice; after an albuminuria cured by gallic acid, there supervened a palsy of the lower limbs, without paralysis of the velum palate, a very rare case, since it is the first time I have met with such an one.

Essential Contraction of the Extremities in Children.—Besides cerebral contractions, and besides those produced by meningitis, there is *tetanic*, an essential contraction of the extremities. This affection is well called on account of its likeness at first sight to tetanus. (Thus, Dance called it intermittent tetanus.) It comes on in children or in adults either in the hands or in the feet, and is called essential, because the lesion causing it is not understood. It is, according to M. Buchut, a spinal hyperæmia; but let us leave alone the question of its nature, and occupy ourselves only with the phenomena.

We meet with this affection in the course of certain acute diseases, in the course of lactation in nurses, at the end of lactation, when the women become nervous; during convalescence in cholera, whilst we notice the stiffness of the feet and hands, against which the experimental use of metallic cloth has been made. This tetanic is also noticed in typhoid fever, and at this moment there is in the ward, No. 22, a case of typhoid fever with this contraction.

Lastly, we have a contraction which is connected with no acute affection, and it is of this last that I desire to speak at present.

On Saturday this child, whom you all saw washing its hands, was seized all at once with contraction. The hands became closed, red, and swollen. Note that this is the first time that the patient has exhibited this phenomenon. She does not present any appearance of approaching puberty, and the mammæ are rudimentary. She has no loss of consciousness, no epileptiform or epileptic, or hysterical seizures. Sometimes she mentions feeling stifled, but there is no sensation of œsophagisme (globus); she neither cries nor laughs without cause, so that there is nothing hysterical. Thus the contraction is seen in a child who has had no diseases.

Insensibility is partial, and does not mount higher than the wrists; besides which, we must notice that this contraction or tetanic, does not present its habitual form. In fact, in this case we have the fingers strongly flexed; besides which only one first is attacked, and then there is anæsthesia. These three exceptions also prove the difference which exists between the different kinds of contraction.

We have then to do with a species of hysteria commencing at the age of ten, and which further on takes more or less remarkable appearances.

Against this affection practitioners have employed all the anti-spasmodics of the pharmacopœia, all the narcotics, chloroform, chloral, belladonna, musc, &c., and then suddenly a remedy succeeds, of which the mechanism is rather marvellous, but which I explain by physical considerations. This remedy consists in an alloy of brass, which we place on the patient in the form of a chain, or made into stays, rings, and bracelets.

This remedy is not my own, it is due to Dr. Franck. When I was, in 1849, head of Rostau's Clinique, in our cholera ward, we made some experiments on an Alsacian woman; we put bracelets on her arms and her hands opened, but when these were removed, the contraction reappeared; we again replaced them, and the hands again opened.

The sceptics, and those who turn away their head from all new remedies, or those who do not wish to see clearly, have amused themselves, and without reason, with this, which they did not understand nor desire to understand; as to myself, wherever anything good appears, I take it, I make no noise about it, and do not call it miraculous; we had to do with a physical cure.

M. Brunck was despised at one time, was laughed at for curing anæsthesia by iron and copper, and hysteria by iron. For myself, at that time, I wished to see and try, and one day anæsthesia of the elbow supervening in a Medical student after erysipelas, I took a key, and ran it over the fingers from the wrist to the nails, when sensation returned. Since then I have made a trial with iron, but obtained few results. I have also tried copper on convulsive attacks. Thus, at Comberois, being sent for to see the daughter of a rich bleacher of that town, I made them place on her abdomen the lid ot a copper saucepan, with the copper side to her, and she recovered.

A physician ought not to be too sceptical, and ought to believe in such things, and not only in tartarine antimony or ipecacuanha. There is a moral remedy as well as a physical one sometimes. We ought not to reject the part of an influence which certain agents possess, although they seem miraculous.

I sum up by saying that this affection, which I have been lecturing on, is a nervous one, curable by all kinds of medicines, and sometimes without any. What I have done this morning I have done for some twenty years, and we have to do simply with an electric current; as to its miraculous action, I have never believed in it, nor do I now. We have to do with the action of a metal on the skin, which disengages electricity.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 6, 1873.

THE BEARINGS OF THE RECENT TRIAL ON THE ANÆSTHETIC QUESTION.

WHY deaths from chloroform are now more frequent than formerly, or, at all events, more frequently reported, is a matter for thought; for it seems that the estimate made in England of one death per week is not excessive. We noticed one last week, and we find this week recorded an alarming case of syncope following chloroform, where the report (a) is that "the patient emerged from the most dangerous position the surgeon had ever seen a human being get out of." The same author had also seen in his own practice "four cases where the most imminent danger arose from the exhibition of chloroform, and three or four others where the recovery was marvellous." How many surgeons must coincide in this expression of experience, and how few undertake an operation free from anxiety as to the effect of chloroform on the patient, and the peril that is involved! The admission at the recent trial that chloroform seems to kill in three ways—by a peculiar sudden influence, which, as yet, we cannot explain—by a gradual influence on the heart, and by an interference more directly with the respiratory function—cannot tend either to increase public confidence, or to render the surgeon less anxious about the effect of the anæsthetic, as the unascertainable danger or death by "idiosyncrasy," which is now admitted as an additional chloroform difficulty, may, it appears, be any patient's lot. It may be possible that the system which we have heard of as being adopted elsewhere, will gradually be introduced, of requiring the patient to declare before witnesses his being desirous of an anæsthetic, and probably his determining what that anæsthetic will be—ether, chloroform, methylene, &c.; and where this cannot be done, the resorting to operation without the aid of any anæsthetic whatever.

In the recent investigation the words of Mr. Erichsen were quoted as to the comparative safety of ether and chloroform, and his enunciation no doubt would have carried overwhelming weight with it had the question been one where the patient had asked for ether and got chloroform, or where the surgeon had been called in question for not explaining the comparative danger of the two anæsthetics, and submitting the choice to the patient. This latter is indeed a matter for serious consideration, as it might arise at any time, and the quotation referred to is impressive; he says (b), "Ether is certainly a safer agent than chloroform, but few deaths having resulted from its administration; and the only argument in favour of chloroform rather than ether, is, that chloroform is the more convenient agent." The mere fact of "convenience" would hardly suffice as an explanation for so grave a circumstance as "imminent danger," much less for a death; and to this question Medical men must now, we apprehend, apply themselves. Let us not be too "wise in our own conceit," and because we are in the habit of using an anæsthetic (which we acknowledge now may kill, in some inscrutable way, by its immediate influence, as in this instance on a healthy man æt. 32) persevere in the use of so sharp-edged a tool without fairly and fully testing other means, and more particularly the rival anæsthetic, ether, which has so long and so potently held its sway in America and elsewhere, and which, so far as statistics—and many think they alone are valuable—are entitled to credit, proves to be incomparably superior to chloroform in the proportion of 1 to 8, 1 death being attributable to ether in 23,204 cases of its use, while to chloroform 1 in 2,873 had been enrolled two years ago, and we must suppose from the much more frequent reports of chloroform deaths lately, that the proportion has much increased.

(a) Mr. Smith, Surgeon to King's College Hospital.—*Lancet*, July 23

(b) Erichsen, "Principles and Practice of Surgery.', We believe that already at Steevens' Hospital, the Mater Misericordiæ, City of Dublin, Adelaide, and the Westmoreland, ether alone is now used. In other hospitals it is making way; at the Dublin Eye Infirmary it is exclusively used; and in ages varying from that of eighty-nine to three years, we can testify never to have witnessed a difficulty or a scintilla of alarm.

Notes on Current Topics.

A Fatal Case from Chloroform Inhalation.

In the Army Blue Book from which we have already taken several extracts, Surgeon J. L. Erskine, M.D., of the Royal Engineers, relates a fatal case of chloroform inhalation. In turning over the blue book it appeared to us that this case would be of interest to our readers at a time when anæsthesia is being so much discussed, and we accordingly extract it :—

> The attention of the Medical Profession having been lately much directed to the administration of anæsthetics, from several deaths having followed the inhalation of chloroform, it may not be out of place to record the loss of a patient from the use of that drug.
>
> Sapper M., Royal Engineers, 30 years of age, 3 years' service, a strong muscular man, was admitted into the Royal Engineer Hospital at Aldershot on 5th June, 1872, with a compound comminuted fracture of both bones of the right leg, about the lower part of the middle third, the result of an accident. It would prove of no interest to give a minute account of the progress of the case; suffice it to say that the bones united after the usual interval, and the lacerated soft textures almost healed, sinuses however remaining, communicating with diseased bone at the seat of fracture. As it was evident that the wound could not heal till the diseased bone was removed, it was decided to attempt this.
>
> On the 23rd September, the general health being very good, and after a careful examination of the cardiac and respiratory organs, the patient was placed on a bed near an open window, and chloroform given by Dr. Don, R.E., to the extent of about one drachm, sprinkled on a piece of lint, which was held over but not close to the nose and mouth, to allow a free admixture of the vapour with the air.
>
> The amount stated was sufficient to bring the patient under the influence of the chloroform, the usual excitement, only to a small extent, being manifested. The inhalation having been discontinued, and the pulse remaining good, an incision over the diseased bone was commenced, when Dr. Don, who was watching the patient's condition, called out that the pulse had suddenly failed, and the man fainted; stertorous breathing succeeded.
>
> Cold water dashed in the face, and ammonia applied to the nostrils, roused him from this condition for about a minute, and the respiration became easy, when syncope again occurred, from which he never rallied.
>
> Endeavours to restore animation were persisted in for about half an hour, in which Dr. Don and I were assisted by several Medical officers.
>
> The means employed were ammonia to the nostrils, turpentine stupes to cardiac region, artificial respiration by Sylvester's method, and a powerful galvanic current to respiratory muscles, region of heart, and to spine, the tongue being carefully kept well forward.
>
> The patient was not under the influence of the chloroform above one minute, when the first failure of the heart's action occurred.
>
> The chloroform was taken from a bottle, some of the contents of which had been previously used, on the last occasion about a month before, when it was necessary to administer upwards of an ounce to a rather debilitated young man before he was placed under its influence.
>
> *Post-mortem Appearances Twenty-four Hours after Death.*
>
> *Lungs*, anteriorly, natural in appearance; posteriorly, portions were infarcted, and the bronchial tubes leading to these portions were injected; there was no loss of consistency in the infarcted portions. The trachea was congested.
>
> The *heart* was somewhat larger than natural, and the muscular substance a little flabby; the valves were perfectly healthy. In the right ventricle there was a small patch of organised lymph, about the size of a fourpenny piece. The heart was empty. Weight 12¾ ozs.
>
> The *aorta* was abnormally elastic and small; circumference at valves 3 inches, at arch 2 inches.
>
> *Liver* healthy, with the exception of two capsular nodules.
>
> *Spleen* and *kidneys* healthy; the latter slightly congested.
>
> The pharynx was slightly congested, and patches of congestion were seen in the intestines. There was an unusual amount of fat in the abdomen.
>
> At the seat of fracture, callus had been thrown out posteriorly, firmly uniting the broken ends of the tibia, and retaining them in good apposition. Anteriorly, the bones had not united, several sequestræ lying between the ends of the bones having prevented their union. The tibia below the seat of fracture, as far as the ankle-joint, was inflamed and softened; a thin strip of necrosed bone, covered by new, extended its entire length. About two inches from the ankle-joint an abscess had formed in the bone. It was thus apparent that the proposed operation could not have been successful.
>
> The *post-mortem* examination threw little light on the cause of death, the internal organs being healthy, with the exception of the heart, the amount of disease in which was, however, quite insufficient to account for death.
>
> Dr. Thomas Jones, in the *British Medical Journal*, of November 23, 1872, states that, after studying the recorded deaths from chloroform, he considers they may be classed as *avoidable* and *unavoidable*. In the avoidable, death takes place by suspension of the respiration, or by the gradually paralysing influence of the vapour on the heart. In both these modes of death, timely warning is given, such as stertorous breathing, or partial or complete cessation of respiration, with lividity, &c. Should the paralysing influence of the chloroform be gradually exerted on the heart, the condition of the pulse must be noted, and no more chloroform given, if the pulse become intermittent or irregular or decidedly fail in power, after unconsciousness has taken place.
>
> "The unavoidable deaths are those which happen very rarely, in which, owing to some inexplicable cause (generally attributed to idiosyncracy), the agent kills almost instantaneously, by its paralysing influence on the heart through the cardiac ganglia."
>
> The opinion formed was that death occurred in this case from paralysis of the heart. Every possible precaution to avert danger having been taken, it can therefore only be concluded that death, however much to be deplored, was "unavoidable."

Army Medical Department.

It is disheartening to be continually dwelling upon grievances without relief, but our Army brethren must not be left without the full support of the press. It is encouraging to think that journals connected with the Army but not with the Profession are ready to speak in favour of justice and good faith to those on whom so much depends.

The complaints of Medical officers were lately well summarised in the *Naval and Military Gazette* thus :—

> The objections raised by the officers of the Army Medical Staff against the recent Warrant, may be succinctly summed up as follows. They allege that it not only places the Medical officers in no better position as regards probable promotion, but that by the new regulations they are positively deprived of many of the advantages they possessed under the old rules. For instance, they are very sore at the abolition of the regimental system. To say nothing of the tacitly permitted arrangement between officers, by which money passed from one man to another for the supposed advantages of belonging to a regiment, it is indubitable that an *esprit du corps* was created by allowing a Medical officer to be permanently attached to the regiment to which he was appointed, and we have never heard it alleged that this feeling acted to the detriment of the Service or to the injury of any individual. This is one grievance, and to us it appears by no means unreasonable. Another, and probably a more serious one, is that the new Warrant withdraws the forage allowance from Medical officers who, being entitled to receive it under previous Warrants, feel that an absolute breach of faith has been com-

mitted in this respect, and say that no sufficient compensation has been offered for its loss. Into the many minor causes of dissatisfaction with the new *regime*, such as the extremely severe restrictions upon the exchanges between officers, the proposed employment of Medical men in the capacity of clerks, and the like, we need not now enter. The great heartburning is the absence of any scheme for ensuring promotion after a lengthened period of service. All men naturally hope for adequate remuneration for services honestly rendered, and it is felt that increasing experience demands progressive pay. The Medical officers at present employed by the Government say that when they entered the Service they had a reasonable expectation of receiving promotion after the lapse of a certain —or uncertain—number of years. This expectation, they allege, has diminished year after year, and had almost vanished when their hopes were once more raised by the report that Government had taken the matter under their consideration, and were prepared to deal out a measure of justice to those who had so patiently waited for it. Instead of the measure they had anticipated the now famous Warrant was promulgated, and the consequence has been, not the allaying of discontent, but an outburst of outspoken remonstrance, the like of which has not been witnessed since the Medical Department was first established.

Peritonitis from Perforation.

L'Union Médicale reports the following :—A child, æt. 6, of healthy parents, suffered from all the symptoms of chronic peritonitis, with night sweats and general signs of tuberculosis. The abdomen was swollen and tense, containing some liquid. She was treated by quinine, good diet, &c., and the health was improving, when suddenly severe pain occurred over the belly, vomiting, and dyspnœa, with increase of size of the abdomen, and frequent calls to urinate. Death ensued within a few hours, and on *post-mortem* examination semi-purulent fluid was abundantly found, and a perforation of the intestine had taken place. In addition to the intestinal contents, ten lumbrici had escaped into the abdominal cavity, and four more were found in the intestine itself. This observation is interesting as bearing on the question of perforation and the existence of a number of the ascaris lumbricoïdes.

Management of Irish Lunatic Asylums.

LORD HARTINGTON'S reply on Thursday night to Sir Dominic Corrigan, in reference to public interest in the management of lunatic asylums, was far from satisfactory. It will be remembered that, so far back as January last, a very influential deputation waited upon the Viceroy and his Secretary, with reference to the necessity of amending the system whereby people are taxed for the maintenance of lunatic asylums and other institutions, in the management of which they have no influence whatever. For instance, the citizens of Dublin pay £1,400 a year to the Richmond Lunatic Asylum, and they have not a single person at the board to represent them ; they know nothing of the necessity of spending the money, and they contribute far more relatively than other districts which have equal privileges. Dublin is but a sample of many cases of like injustice. On that occasion Lord Spencer and Lord Hartington intimated pretty confidently, that a measure would be introduced during the session, which would deal with the subject in a comprehensive fashion. Sir Dominic Corrigan asked on Thursday what the Government meant to do, and the Chief Secretary replied that it was impossible to do anything. When his Excellency received the deputation it was hoped that means would be found to introduce a Bill ; but the matter must lie over now until next session. In plain language, this means that because Lord Hartington had not time to look into the whole subject, he would not look into a portion of it. A three-clause Bill as to lunatic asylums would have been welcomely received and left less trouble for next session, which, if a Gladstonian session, will certainly have sufficient troubles of its own. But we must wait.

Vaccine Injections in Variola.

AMONGST the abundant propositions to which the last small-pox epidemic gave birth, was one from a Dr. Furley, to cure the disease by inoculating vaccine lymph after the variola was developed. That suggestion was pushed by the author into notice through the newspapers, but was speedily relegated to obscurity on the test of experience having been applied.

Dr. Smith, a contributor to the *Madras Medical Journal*, however, has given his experience of the hypodermic injection of the lymph in four cases. He publishes charts of the progress of the fever, and says that the hypodermic injection of vaccine virus was followed, in all the cases but one, by a remission of the primary fever ; that in the injected cases the suppurative fever, which appeared on the ninth day, remitted in a marked manner ; and that the recurring febrile action, due to local complications and visible in the typical tracing, is entirely absent in all, thereby reducing, by nearly one-half, the whole duration of the disease.

It may be said that possibly the cases might have run a similar course had no hypodermic injection of lymph been made. The author admits that the instances are too few in number for confidence to be placed in their results, but this much may be said, that the results, such as they are, all look in one direction, that is, they all favour the view that the vaccine virus has the power of influencing for good the progress of variolous action.

The Extension of the Provident Dispensary System.

As our readers are aware, it has recently been proposed to establish provident dispensaries in Manchester and Salford, not, indeed, as in Dublin, for "persons of respectability" of "limited means," who are unable to afford "the customary fee," but for poor artizans and their families. No less than eighty-three of the Medical men of Manchester were present at a meeting held to consider the subject, and they resolved, with unanimity, "That the scheme would hardly be consistent with the dignity of the Profession ;" "would be ruinous to the best interest, of the great majority of the Medical men of this country ; that the necessity for such dispensaries does not exist, and that the meeting is therefore opposed to their establishment."

What have the Medical practitioners of Dublin to say on the subject ?

Medico-Journalistic Rations.

THE *Indian Medical Gazette* finds itself bound to let it be understood, that its independence of opinion on Indian Medical affairs is not bought up by the subscriptions for a part of its issue by the Government. Journalists and Medical officers at home will be astonished to learn that the Indian Government supplies its subordinate Medical *employés* with a Medical periodical.

The *Gazette* thus explains this arrangement :—

"The object of Government in subscribing to this journal is not only that they may circulate a periodical among their subordinate Medical officers, who cannot afford to pay for a Medical journal, but further, the Government would thus endeavour to stimulate subordinate officers to distinguish themselves, giving them the means not only of studying the work of the leading Medical authorities practising in this part of India, but inviting them to record their own experience, and by writing to keep themselves up to the standards of the science of the day."

If we say that we highly admire this arrangement we may get credit for not being entirely disinterested in our views. We therefore restrict ourselves to the observation, that it might be no harm if the home Government would "stimulate subordinate officers to distinguish themselves, and by writing to keep themselves up to the standard of the science of the day." From the hundreds of Army Medical officers, whose duties are certainly not so engrossing that they have no leisure to record cases, and who are in the most favourable position for accurate observation, how many pages of readable Medical or surgical essay emanate in the year? Excepting the annual "Army Blue Book," probably not a hundred.

Tapping and Injection of an Ovarian Cyst.

M. PANNASIER treated a patient, a mother of ten children, æt. 50. Her last child, born at seven months, was treated some time previously for enlarged spleen and ague. The abdominal swelling had existed for two months. At the end of three months the tumour was tapped; no injection was performed on this occasion. Three months after a fresh tapping was made, and an injection of tr. iodi. and water was made into the emptied cyst, and manipulation practised over the tumour, and the wound closed. She suffered from profuse sweating, but in a short time made a good recovery.

Intra-vaginal Auscultation in the Diagnosis of Pregnancy.

AT the Academy of Medicine of Bologna, Dr. Verardini lately (*Gaz. Med. Ital.*) read a paper concluding—

1. Internal or intra-vaginal auscultation is of the greatest importance for detecting pregnancy during the first months. A characteristic bruit may then be heard, if the instrument be pressed against the cervix uteri.

2. This method was first announced by Meygrier in 1825, and four years later was employed by Nauke, but latterly has been brought into frequent use, in England, by Routh, who, in conjunction with the author, found that he was possessed of the means of recognizing both early pregnancy and placenta prævia.

3. If it be impossible to make a satisfactory diagnosis of placenta prævia during the early months of pregnancy, it can always be determined during the later stages, from the continuous bruit.

4. The utero-placental bruit, the indication that the fœtus is pressing against the uterus, is soft and prolonged, similar to that heard in aneurismal tumours when the stethoscope is pressed upon arteries. When once heard it can always be detected a second time.

5. It is important always to be sure that there is no pulsating tumour or artery in the neighbourhood of the cervix.

6. The prolonged utero-placental bruit, which is distinctly appreciated during the first months, ceases at the commencement of the sixth or seventh month.

7. If other symptoms of pregnancy are present, and this characteristic is absent, the diagnosis will remain in doubt. It is, then, most probable that there is uterine disease; certainly, if there have been symptoms that pregnancy has at some time taken place, there must have been disease of the ovum, followed by death of the embryo or fœtus.

8. In making the examination the patient may lie upon the back or the side; but if in this position the accoucheur fails to hear any bruit, then let him place the patient in the knee-elbow position, and he will succeed without difficulty.

9. Internal auscultation is of great importance in practical and forensic medicine and in surgery. Early pregnancy can thus be diagnosticated, and many possible errors avoided.

10. The name given to the instrument employed is the vagina-uteroscope. It can be made of various shapes, and is usually of gutta-percha, to render it as light as possible.

The Use of Raw Meat in Phthisis.

THE following formula is found useful:—Take beef reduced to pulp, mix this with rum, brandy, or whiskey, enough to make into a soft mass, to which may be added according to the patient's taste, either salt or sugar; several spoonfuls to be taken during the day.

Phosphorus Poisoning.

A CHILD, æt. 2, the daughter of a labourer residing at Townsend-street, Dublin, was admitted into Sir Patrick Dun's Hospital, suffering apparently from poisoning. It appeared she had eaten the heads off a number of matches on the same day. She, however, died, and Dr. Barton, who attended her, states that death resulted from poisoning by phosphorus.

Adulteration of Saffron.

THE *Chemist and Druggist* reports that a quantity what was sold for "German saffron" by a wholesale druggist, upon examination proved to be shreds of Campeachy logwood and fustic, ingeniously blended or matted together, and moistened with a little heavy syrup. The deception was so perfect that an experienced druggist purchased the article and sold it for genuine saffron.

Substitutes for Tea.

THE Agricultural Bureau of the United States by comparative analysis, proves that yupon, matè, tea, and coffee all contain thein. Matè is a Peruvian weed, largely indulged in by Indians and half-breeds. It is concocted in a small silver porringer, with a tight lid and a small spout, which spout goes the rounds of the blackened mouths of the matè-sucking circle. It is a great breach of etiquette in Peru to refuse to take matè on such conditions.

The last proposition is to supplant tea and coffee by "yupon," and the proposition also comes from the National Department of Agriculture. "Yupon" is an Indian word, and the plant itself is the cassine yupon, the *Ilex cassina*, a diuretic, and in large quantities emetic. It was used by the aborigines and also by the "poor white folks" in former days.

The Potencies of Homœopathy.

A HOMŒOPATHIC JOURNAL was not long since made very angry by a gibe of ours at their "billionths of nothing and snuffs of starch." The *Practitioner* has relieved us of any apprehension that we had done an injustice to the homœopathic "potencies," for it has instituted an elaborate chemical analysis of various homœopathic pilules, and has not been able to find, even in some hundreds of them, the faintest trace of the medicine they professed to contain. Each pilule, the average weight of which was 0·6 grain, should accordingly contain 0·00006 grain of the drug. This quantity, in the drugs chosen, is fairly within the reach of analysis.

Sulphate of Copper Pilules.—First sample, no copper could be detected in 100 pilules; second sample, no copper could be detected in 200 pilules. If even as little as 0·0001 grain of the sulphate had been present it would have been detected. These samples therefore contain much less of the drug than they should have done (120 times less in the second sample), and in all probability no copper at all was present.

Corrosive Sublimate Pilules.—It was just possible to detect mercury in 200 of the pilules. The amount was, however, less than corresponds to 0·0005 grain of corrosive sublimate.

Nux Vomica Pilules.—No strychnine could be detected, even when 300 pilules were employed. Three hundred pilules should have contained about $\frac{1}{10000}$ grain of strychnia. Now, so small a quantity as $\frac{1}{70000}$ grain of strychnia is well known to give distinct reactions to chemical tests, but no reaction could be obtained in the present case.

Aconitum Napellus Pilules.—First sample: no aconite could be detected in 100 of the pilules (weight, 80·85 grains). Second sample: same result (weight of the 100 pilules, 96·40 grains). Comparative experiments showed that had these pilules contained as small a quantity even as $\frac{1}{8000}$ of a grain of aconite, it would have been detected with certainty.

And so on for various other medicaments. It is amusing to conceive the satisfaction with which the patient traces the indubitable amelioration of his symptoms, after he has taken half-a-dozen of these potent granules, and it would be a cruel undeceiving of him to make him aware that after he had swallowed half-a-thousand of these pilules, he would still not have consumed even the seventieth-thousandth of a grain of strychnia.

Quarantine Regulations against Cholera in Dublin.

ON the 21st ult. a small vessel appeared off Dublin harbour with the yellow quarantine flag displayed. She was immediately boarded by the Custom House officials, and it was ascertained that she was a Norwegian timber ship, called the Siddriam, with twelve men on board, hailing from Dantzic, which is said to be infected with Asiatic holera. The vessel was put in quarantine till Dr. Mapother went on board and reported that there was no symptoms of the disease amongst the crew, when she was permitted to enter port.

We understand that the Port and Dock's Board have received notice that all vessels entering from Russian, Norwegian, Danish, and German ports are to be kept in quarantine until they have been examined and reported clear of disease.

A Dilemma for Teetotallers.

IN the *Chemical News* for May 30th, Mr. Bolus says that he has detected a small percentage of alcohol in six samples of new bread purchased at different shops in London. He says, "It is probable that the amount of alcohol contained in bread is too small to be of any dietetic importance, but it may perhaps be worth while to notice that forty 2-lb. loaves are about equal in alcoholic strength to an ordinary bottle of port."

New Method of Prescribing.

M. JEAN PAUL BONSIEUR, in Cincinatti, in the *Clinic*, suggests what may be called the one dose prescription plan, *i.e.*, to write only as much of each constituent as shall be required in each dose; these can then be left to be multiplied by a common multiple, place on the margin; for instance:—

$$\text{℞.}\quad \left.\begin{array}{l}\text{Ferri redacti, gr. j.}\\ \text{Quin. sulph., gr. ss.}\\ \text{Ext. gentian. gr. j.}\end{array}\right\}\ \text{X. 12.}$$

The prescription will always be understood to be a dose, the only directions required will be the intervals between each dose.

I will enumerate a few of the advantages of this method over the old plan:—

It is the safest. The menstruum may be left out with perfect impunity; conceive such a *lapsus mentis* with the present mode; and yet such an error is by no means rare. Again, circumstances often render almost impossible the elaborate computation of a compound prescription. What is the consequence? Mistakes are continually being made, and were it not for the vigilance of the druggist the most disastrous results would sometimes follow.

Small-pox Inoculation in Ireland.

THE proceedings at the Skibbereen Petty Sessions make it manifest, that the mania for small-pox inoculation in preference to vaccination, has not yet become extinct in the least civilised parts of Ireland. None of the inoculators were made amenable, and it was pleaded for the defence, that under the Act of Parliament the persons who allowed the inoculation of their children could not be punished.

Cholera Order for Dover.

THE Corporation of Dover have, under the order of the Local Government Board of the 17th July last, directed that all ships arriving at that port infected with cholera shall be so moored in the specified place, that no ship shall approach to within 250 yards of the shore, or of any of the piers of the port. Persons on board or visiting such ships are warned not to leave them prior to medical examination.

The Alexandra Prize.

THE Alexandra prize for the best essay on "the nature of destructive lung disease, included under the head of pulmonary consumption, as seen among soldiers, and the hygienic conditions under which they occur," has been awarded to Surgeon Welch, F.R.C.S., Assistant-Professor of Pathology at Netley, the second place having been accorded by the assessors to the essay by Surgeon-Major Gore.

Prof. Pancoast.

The *Philadelphia Times* announces that Prof. Pancoast has resigned the chair of anatomy at the Jefferson Medical College. Dr. William Thomson, well known as the author of some highly original contributions to eye-surgery, has been elected to the position of clinical lecturer on diseases of the eye in the same institution.

A Polo match was played last week at the Lillie-bridge grounds, in aid of the funds of the West London Hospital.

In the House of Commons Sir D. Wedderburn has given notice that next session he will ask leave to bring in a Bill to admit women in Scotland to Medical degrees, and with power to confer such degrees.

At a meeting of the managing board of the Leeds Infirmary, a portrait in oil of Dr. Chadwick, the consulting physician, was presented to the institution, it having been subscribed for by the friends of Dr. Chadwick. It will be hung in the board-room of the infirmary.

We regret to announce the sudden death, from a ruptured blood-vessel, of Mr. H. W. Price, surgeon to the Leeds Police, and Chairman of the Sanitary Committee of the Town Corporation. He was only fifty-two years of age.

No Fellow or Member of the College of Surgeons can be admitted to the *soirée* at the College on the evening of August 6th, unless provided with a ticket of admission, to be obtained by application to the secretary previous to that day.

In consequence of the severe illness of Dr. Joule, F.R.S., President elect of the British Association for the Advancement of Science, Dr. Williamson, F.R.S., of University College, has been appointed President, and will officiate at the meeting of the Association at Bradford in September next.

The publication of the *Madras Monthly Medical Journal* ceased with its last number. This was an excellent periodical, well edited, and containing many contributions of interest and value, but as it depended principally on Indian Army Medical officers—who are not, as a rule, bookworms—it could not sustain life.

A complaint was last week made at Bow-street of the condition of the carts in which fruit is sent to Covent Garden. Sewage is said to be conveyed in these vehicles on their return, and no care taken to cleanse them before reloading them with fruit. The magistrate intimated that on the production of proper evidence the Act of Parliament could be enforced.

A meeting of Poor-law Medical Officers of England and Wales, will be held on Thursday, Aug. 7th, at 3.30 p.m., in one of the lecture-rooms of King's College, in connection with the approaching Annual Meeting of the British Medical Association, under the auspices of the Poor-law Medical Officers' Association, and under the presidency of Dr. Lush, M.P., President of that Association. The attendance of Poor-law Medical Officers is invited to discuss the objects at which the Association should aim, and the best mode of furthering the same in the next Parliament.

At the last meeting of the Executive Committee of the Dublin Sanitary Association, the following resolution was adopted:—"That this committee desire again to express their opinion that the construction of a cholera hospital near the mouth of the river is imperatively called for, because the object of such an hospital would be to prevent the introduction of cholera into the city by providing for the immediate reception not merely of seamen, but of any person who may unfortunately arrive in the port affected with the disease, and the conveyance of whom to any existing hospital would be the source of much danger to the citizens."

An errand boy to a chemist in Hereford went home and complained of feeling sick and ill, but as it was thought that the lad had been smoking, no notice was taken of him. He became much worse during the night, and all that could be got from him was, "It's all the fly powder!" He became delirious, and died in great pain. The surgeon who saw him before death, and who made a *post-mortem* examination, stated at the inquest that he found arsenic in large quantities in the stomach and intestines. The chemist said he had cautioned the boy to cover his mouth when mixing fly-powder, but he disregarded the warning; he added that it was impossible that the boy could have inhaled sufficient poison to occasion death. The surgeon also supported this view. The jury returned an open verdict, "That the deceased had died from the effects of arsenical poisoning, but under what circumstances there was no evidence to show."

New Preparations.

GIRARD'S PROTOXALATE OF IRON.

From a report presented last year to the Paris Academy of Medicine, we take the following paragraph:—"This preparation, being almost tasteless, is readily taken by patients, and never disagrees with the stomach. In doses of 10 or 12 centigrammes a day it gives new strength, and cures chloro-anæmia, like other good preparations of iron; but what chiefly distinguishes this new salt of iron is, that it never brings on constipation; on the contrary, when the doses are increased to 30, 40, or 50 centigrammes a day, it is an effectual cure for that complaint." The protoxalate of iron is a lemon yellow powder, almost tasteless, and very stable.

The favourable verdict of the Paris Academy has already secured a full trial for this new chalybeate, and M. Girard, of Paris, prepares it and sells it in small square bottles under the name "Fer Girard," with a tiny spoon holding the dose. We have tried M. Girard's preparation of the protoxalate of iron, which is a convenient form of using the remedy.

DR. AUGUST. ALMEUS' MEDICATED GELATINE.

Dr. Somershield, M.D., of Christiania, has forwarded for our inspection a number of preparations of the various medicines contained in the British Pharmacopœia, in the form of little gelatine squares, each containing one dose of the drug. Among those gelatines we see those of extract of calabar bean, of atropia, of sulphate of zinc, of opium, of morphia, of extract of belladonna, of infusion of ipecacuanha, of quinine, of calomel and biniodide of mercury, of tartarized antimony, of lactate of iron and carbonate of iron, of acetate of lead, and of sulphate of copper.

These useful preparations are all contained in a little pocket book; and the practitioner can thus carry about with him, in his visits in the country or elsewhere, enough medicine to answer the requirements of most cases.

Some of the preparations, such as quinine, and carbonate of iron, are of rather difficult solubility; but others dissolve readily in water; and thus a bottle of medicine can be made up with great facility where no druggist's shop is at hand, by merely cutting off a certain number of squares or doses of the drug with a pair of scissors.

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Literature.

BLACKLEY ON HAY FEVER (*a*).

Dr. Blackley has for many years suffered from hay asthma, and has thereby been induced to make a series of experimental researches on its nature. He concludes against the theory of benzoic acid, or any other odoriferous vegetable principle giving rise to the disease. He traced attacks to exposure to dust, collected and examined the dust under the microscope, and thus discovered the pollen of various plants. Experimenting with these, he brought on an attack by snuffing them. The pollen of oats is particularly active in this way.

We looked, with some curiosity, to see how such instances as *cat asthma* would be explained by the author.

In the work of the late Dr. Salter, numerous cases of asthma, caused by the smell of a cat or of a hare, are recorded. These Dr. Blackley believes to be explained from the circumstances of these animals being often among hay, or flowering grasses, and so the pollen gets deposited on their furry skins, and the animal is at once constituted a moving cause of hay asthma.

Dr. Blackley appears to doubt if heat alone, apart from the presence of pollen in the air, can cause hay asthma. He says heat has never been proved to be capable of acting as the sole exciting cause of the complaint. However this may be, there does nevertheless seem to exist a kind of congestive feverish state that has been recognised by Dr. Pirrie, and also by Dr. Thorowgood (*b*), as distinct in some of its characters from typical hay asthma, and that may come on in conditions hardly likely to induce this last named-complaint. The explanations given by Dr. Blackley of the intense and alarming dyspnœa at times present in the subjects of hay asthma (p. 182) is, t the submucous cellular tissue of the larynx, trachea, and bronchial tubes is in a state of œdema; hence the obstruction to the free passage of air. That œdema is present to a greater or less extent seems evident from the experiments made with pollen when introduced into the nasal passages; but while we fully concur with a recent very able reviewer of Dr. Blackley's work, that it is bronchial spasm that is the most important cause of the dyspnœa, we believe that the condition of mucous œdema is one not to be forgotten.

From what we have observed of the complaint called asthma, it appears that after a while there is a more or less relaxed condition of the mucous membrane lining the air passages consequent on the disordered action which the frequent attacks of spasm tend to induce.

This condition of mucous surface causes the appearance of some scanty secretion, and tends to maintain the tendency to dyspnœa. Ordinary antispasmodics and expectorants are of small value as curative agents, while the inhalation of atomised spray, from Clark's or Prosser James's atomiser, often has a decided effect in altering the condition of the mucous surfaces.

"Hay fever is said to be made up of two principal forms of derangement of healthy action, namely, catarrh and spasm; the former affecting all the mucous surfaces with which pollen comes in contact, the latter only the muscular apparatus of the bronchial tubes." So quotes Dr. Blackley at page 189; "but," says he, "as regards spasm in the asthmatic form, I think I shall be able to show that this is very doubtful, if not impossible."

Passing on to page 195, it seems that Dr. Blackley is so occupied with the question of submucous œdema as the cause of the dyspnœa in hay asthma that he hardly allows enough active function to the circular bronchial muscles. "Whatever may be the end these circular muscular fibres are destined to serve in the economy of respiration, I am satisfied they have nothing to do with the dyspnœa of hay asthma." Cellular œdema is the "true cause of the dyspnœa of hay asthma, and I am inclined to think that when all the phenomena of ordinary asthma have been thoroughly investigated, a similar condition will be found to be the cause of the dyspnœa in the latter disease also." That, in ordinary asthma, the recognition of a certain amount of submucous œdema is a matter of great importance as affecting our method of treatment, is a fact continually forced upon our notice; but we certainly do not give up the bronchial spasm part of the business. Our own belief is, that spasm comes first as the cause of capillary stasis and subsequent œdema and mucous effusion.

It is on the theory of spasm that we would seek to explain the sudden invasion of the attack of dyspnœa, rather than by assuming that the position and quantity of the fluid in the submucous tissue suddenly varies, as Dr. Blackley suggests. Only yesterday the following case was brought to our notice by the father of the patient, a well-known and distinguished physician.

The patient, a youth undergoing a series of daily examinations, had long been subject to severe asthma. Delay in the arrival of the carriage to take him for his last day's work so disturbed him as to cause severe dyspnœa, which vanished at once as soon as he got into the carriage, and found himself in good time for his examiners.

Is it possible for events to have taken such a course had submucous œdema been the cause of this young man's dyspnœa?

We must not occupy further space with our notice of this really valuable and highly interesting work. We trust Dr. Blackley will continue his well-planned researches. Careful and repeated auscultations of the chest during the paroxysms of the asthma might give some more light on the bronchial spasm question. We would also suggest further experiments in a therapeutical point of view by means of various medicated snuffs and spray inhalations.

Foreign Medical Literature.

WOUND OF THE SPINAL MARROW IN THE DORSAL REGION;

Paralysis of Movement more pronounced upon the Left; Anæsthesia upon the Right; Hyperæsthesia upon the Left; Unilateral Eschar of the Right Buttock; Disease of the Left Knee caused by the Spinal Lesion.

(Translated from the *Gazette Médicale de Paris*, by
Francis M. Luther, M.D.)

On the 4th of February, 1850, A. C., æt. 28, was admitted into ward St. Augustine, Hospital St. Louis, under

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(*a*) "Experimental Researches on the Causes and Nature of Catarrhus Æstivus (Hay Fever or Hay Asthma). By Charles H. Blackley, M.R.C.S.Eng. London: Baillière, Tindall, and Cox. 1878. Pp. 202.

(*b*) "Notes on Asthma." By Dr. Thorowgood. 2nd Edition. 1873.

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Nelaton. The patient had received a sword thrust in the back of the thorax, on the right side between the ninth and tenth dorsal vertebra, thirty-four centimetres outside the line of the spinous processes. The weapon had penetrated more than six centimetres upwards and inwards towards the medullary canal. The wounded man could not rise up.

This is the state in which we find him next day: he experiences acute pain in the lower limbs, the left leg exhibits almost complete paralysis of movement, save a little motion in the toes; but the sensibility is exaggerated; the slightest touch causes intense pain. This hyperæsthesia stops, almost at the level of the iliac crest, reaching, however, in a few hours afterwards, the hypochondrium and the left part of the hypogastrium.

On this side the thermic sensibility is equally perverted. A substance heated to thirty degrees caused the patient to experience a sensation of burning, while a compress steeped in water at the temperature of the ward produces a sensation of extreme cold. Tickling is very painful.

In the right leg the symptoms are quite different. Motion, which yesterday was absolutely impossible, has returned in some degree; sensibility to touch exists, though a little blunted; sensibility to pain has disappeared. Thermic sensibility is equally abolished; the patient is conscious that a body is touching him; but he cannot judge either of the temperature or the moisture or dryness of the body. Tickling only gives a sensation of simple contact. Since receiving the wound the patient has complete retention of urine and fæces.

From the 6th of February out the same symptoms went on improving. Motion was still less pronounced upon the left than on the right; hyperæsthesia disappeared from the left gluteal and lumbar region. On the right the patient perceives pricking without being able to particularise the spot pierced. Soon he recovers the power of urinating. Retention of fæces is succeeded by incontinence.

But towards the 17th of February we remark that the left limb is still more sensitive than in the normal state, and *has increased in volume*; the skin is dry and wrinkled. In the knee-joint *a quantity of liquid has accumulated, so considerable* as to separate the patella from the condyles by more than a centimetre.

On the 20th of February a bed-sore is noticed upon the right half of the sacrum and on the buttock of that side. The patient had not made any complaint of, or felt it at all. In a space of seven or eight centimetres the epidermis alone is raised, leaving the cutis bare and ulcerated in several places.

On the 25th of February the eschar had not spread; motion and sensibility gradually return. On the 20th of March the stools for the first time are under the control of the will. Soon the patient is able to sit up, rise and go on crutches. He leaves the hospital on the 15th of June, after a sojourn of four months and a half. Sensibility in the right lower limb has not yet returned to its normal state; the improvement of the left side has persisted. The patient, seen again two years after, preserved no trace of the injury.

It is to be remarked that in this case, as in ours (*a*), there was incomplete section of the spinal marrow interesting in particular the left half; paralysis of movement in the two lower limbs, but especially affecting the left; disturbances of sensibility in the two lower limbs, consisting principally in anæsthesia of the right and hyperæsthesia of the left side; finally simultaneous development in the third week of a unilateral eschar of the right nates, and synovial effusion into the left knee-joint. Such a likeness in every detail of the two cases of this class is undoubtedly a powerful argument in favour of the influence exercised by the spinal lesion on the development of the eschar and the arthritis. We may remember, too, that M. Charcot has established the existence in a certain number of cases of an arthritis of this nature in sclerosis of the posterior columns, and that in one of those cases where the left shoulder-joint was the seat of this complication, the autopsy showed an alteration in the anterior corner of the grey substance corresponding to the cervical region. (Charcot et Joffroy, "Archives de Physiologie, 1870.")

Lastly, there exist a certain number of observations demonstrating that other diseases of the spinal marrow besides sclerosis of the posterior columns may present the same complication.

It is so in the present case. Disappearance of electro-muscular excitability in the left lower limb. This symptom belongs to incipient muscular degeneration, which is a phenomenon of the same order as the two preceding. It depends, like them, not on the cessation of nervous action, but on a special morbid activity of the diseased portion of the cord. We have seen that the rapidity of the development of the eschar on the nates in certain cases did not permit us to attribute it to pressure; in like manner we may conclude that the alteration of the muscle and the disappearance of electro-muscular excitability are so rapid that we can only attribute them to morbid activity of the cord. This symptom has been transient. In fact, when the wound of the cord cicatrised, and when the distal irritation it produced gradually disappeared, muscular nutrition, perverted for a time, became normal again; as the muscular degeneration was not very pronounced, and as, moreover, it had not lasted long, the muscle rapidly recovered its contractility under the local administration of electricity.

Appreciable inco-ordination of movement in the left lower limb, after return of motor power. In symmetrical sclerosis of the posterior columns the most striking symptom is inco-ordination of movements, and very numerous pathological facts show that the co-ordination of movement is under the control of the posterior columns of the spinal marrow. This being the case, it results that one must admit in our patient the existence of an alteration, more or less extensive, of the substance of the left posterior column, resulting either from the wound or the secondary inflammation set up.

Such are the considerations that we would present you; they group together, as you see, a number of apparently dissimilar symptoms.

The paralysis of movement, the anæsthesia, the hyperæsthesia, the gluteal eschar, the arthritis of the knee-joint, the loss of electro-muscular irritability, and lastly, the inco-ordination of movement, all those symptoms result from injury to the spinal marrow. As to the gluteal eschar, the arthritis, and the degeneration of muscular fibre, those are three symptoms of the same class appertaining to disturbances of nutrition resulting from morbid activity of the spinal marrow.

M. Charcot, President of the Séance, remarked that the merit was due to Brown-Séquard of discovering those cases of hemiplegia or hemiparaplegia, resulting from lesion of a unilateral half of the cord. The cases are not so exceptional as might be supposed. In England it has been proposed to designate this *ensemble* of symptoms under the name of Brown-Séquard's disease; but it is not a disease, but a syndrôma, which may be produced under the influence of very different lesions. I have for my part met a case of tumour compressing one-half of the cord, with motor paralysis and hyperæsthesia on one side, whilst there was anæsthesia on the other side without loss of motor power. Brown-Séquard has many times reproduced this symptomatic *ensemble* in his physiological experiments.

But what is particularly worthy of note in the report of Messrs. Joffroy and Solmon is the disturbance of nutrition ending in eschar and anthritis. Brown-Séquard had taken note of the eschars, but the arthritis was less remarked by him. The eschars, strange to say, generally occur on the side of the anæsthesia, the arthritis, on the contrary, on the paralysed side.

Arthritis of spinal origin is of two kinds; the one of slow evolution—those of locomotor ataxy are of this class, and seem to originate in a lesion of the grey substance of the corresponding side; the other, due also to similar lesion of the cord, have a rapid evolution, reminding one of acute rheumatism. This arthritis may be mistaken for the latter

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(*a*) Referring to a case read at a previous *séance*.

malady. Thus Trousseau relates that in the course of an acute myelitis with paraplegia, an arthritis of the two knees manifested itself, from which he concluded the paraplegia to be rheumatic; but his patient presented, moreover, a sacral eschar occurring simultaneously with the arthritis, the muscles of both limbs losing their electric contractility in a parallel degree. Clearly in this case the eschar and the arthritis were developed under the influence of the spinal disease.

In Potts' curvature arthritis of spinal origin is also observed. It was, perhaps, in that disease that they were for the first time described about the year 1840 by an American author, Mitchell. Likely one should refer them to the myelitis of Potts' disease.

M. Carville thinks that one must attribute to the action of the vaso-motor nerves the two peculiarities noticed in M. Joffroy's case; on the one hand, the eschar might be referred to a lowering of the circulation of the anæsthetised parts; on the other hand, the arthritis might be ascribed to an augmentation in the circulation, shown to exist by the elevation of the temperature.

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Correspondence.

THE RELATION OF THE FELLOWS TO THE COUNCIL. PROCEEDINGS OF THE IRISH COLLEGE OF SURGEONS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Dear Sir,—As changes of an important nature affecting the constitution of the Royal College of Surgeons in Ireland are at present in agitation, I think it is the duty of the Council to publish in your journal a full detail of the proposed alterations, in order to give the Fellows and Licentiates an opportunity of expressing their opinion on the same. Furthermore, I think the time has come for publishing in the Press each week an abstract of the proceedings of the Council. Thus the Fellows and Licentiates would become cognisant of the labours of their representatives.

I am, Sir, your obedient servant,

An F.R.C.S.I.

[It is due to the Council to say that the proceedings of the Council in reference to the conjoint scheme and the new system of Examination have been—so far as they became known to this journal—recorded from time to time in its columns. After its adoption by the Council, the new scheme of Examination was published *in extenso* in the journal, and afterwards in our Students' Number, and was, both it and the conjoint Examination scheme, sent to each Fellow of the College, and referred to in the Annual Reports of the Council.

We need hardly say—in regard to the second suggestion of our correspondent—that we regard it as an intrinsic right in the Fellows of the College to be informed, not only of the proceedings of the Council, but of the opinions of each of their representatives, and we believe that the administration of the College and the interests of the Surgical Profession in Ireland would be materially enhanced by such publication, and should be glad to afford a position in the columns of the Medical Press and Circular for such purpose, if at any time such a course should be decided on.]

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LONDON HOSPITAL SUNDAY FUND.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Your remarks on the Hospital Sunday Fund appear to be extremely judicious and pertinent. A mere glance at the list must convince every one that a certain class of institutions scarcely receive fair play. There are, however, one or two points not touched upon in your excellent article which, with your permission, I should like to bring more prominently to the notice of your readers, especially of those engaged in hospital work.

The Lord Mayor is reported to have said, in answer to an objection taken by those who thought the amount awarded to dispensaries as far too small in comparison to what might have been obtained in the ordinary way from local churches, &c.—"That in the case of large collections ordinarily obtained by local dispensaries, the great mass of institutions, the hospitals proper, derived very little from church collections." This statement is scarcely consistent with facts, as could easily be shown in reference to many of the hospital balance sheets in the Lord Mayor's possession. I will, however, particularise two only, St. George's and St. Mary's. It will be well remembered that these hospitals persistently stood aloof from the Hospital Sunday movement, alleging as a reason (a rather selfish one it must be owned), that heretofore the sums obtained from sermons were large (between four and five hundred a year, if I remember rightly), and this sum might be considerably reduced in the general scramble of a Hospital Sunday. Nevertheless, both hospitals have been awarded a very large sum by the Distribution Committee.

Another point of greater importance to the Medical officers of hospitals and dispensaries, arises out of an apparent discrepancy of opinion between the Lord Mayor and Sir Charles Trevelyan, as to whether it is a prudent and conscientious outlay on the part of the managers of dispensaries to remunerate their Medical officers for services rendered, and if so, whether by bringing forward these payments among the salaries and wages, it should have been permitted to operate to their disadvantage? Sir Charles very properly says: "That while everybody has been doing what is right in his own eyes in the administration of our Medical charities, it is a great public evil that the Medical Profession should not receive the due reward of its pains." Every member of the Profession, whether an officer of a public institution or not, will cordially endorse so just a view of the question. It would be manifestly impossible to carry on the work of these charities without the Medical officer, nevertheless, he is to discharge an onerous and important duty without remuneration, at least so certain members of the Distribution Committee seem to think. Otherwise the payment made by the managers of the Holloway and other dispensaries would not have been made an excuse for doling out a smaller sum, under the plea that the item for salaries and wages is extravagantly high. Other questions of importance suggest themselves, but I must refrain from intruding upon your valuable space, and beg to subscribe myself,

Yours truly,

Justitia.

August 1st, 1873.

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Medical News.

The Recent Army Medical Warrant.—Mr D. Dalrymple asked the Secretary of State for War whether he had been able to give the attentive consideration he promised to the representations made to him by the Parliamentary Bills Committee of the British Medical Association and other bodies on behalf of the army Medical officers affected by the recent Army Medical Warrant, and what the result of that consideration was. Mr. Cardwell said, the subject, which was one of much detail, had undergone careful consideration in the department, but he had not yet been able so far to consider it as to submit the result to the Treasury, which is a necessary preliminary to the submission of any modifications of the Warrant for the sanction of the Queen. No time should be lost in taking the necessary steps, and an answer should be returned without any unnecessary delay.

Assistant Navy Surgeons.—In answer to D. Corrigan, Mr. Goschen said the Admiralty had full power to retain the services of assistant-surgeons in the Royal Navy, but exercised that power with a certain amount of discretion. When a young man had gone through a course of instruction at the Netley Hospital he could not be permitted to retire until he had rendered an adequate amount of public service.

Royal College of Physicians of London.—The following list of officers nominated by the Council, were elected on Thursday:—*Censors*: Dr. Basham, Dr. Fincham, Dr. J. W. Ogle, and Dr. Habershon. *Treasurer*: Dr. J. Farre. *Librarian*: Dr. Munk. *Examiners—Anatomy and Physiology*: Dr. Burdon-Sanderson and Dr. George Harley. *Chemistry, Materia Medica, and Practical Chemistry*: Dr. W. H.

Dickinson, and Dr. Thomas Stevenson. *Medical Anatomy and the Principles and Practice of Medicine:* Dr. George Johnson and Dr. A. W. Barclay. *Midwifery and the Diseases peculiar to Women:* Dr. John Clarke and Dr. W. S. Playfair. *Surgical Anatomy and the Principles and Practice of Surgery:* Mr. Callender and Mr. Jonathan Hutchinson. *Curators of the Museum:* Dr. J. F. Farre, Dr. B. T. Peacock, Dr. W. Wegg, Dr. F. Sibson.

Names of members elected to the Fellowship :—

William Wilson, M.D. Gott., Florence.
Henry Moon, M.D. St. And., 9, Old Steyne, Brighton.
Francis Cornelius Webb, M.D. Edin., 22 Woburn Place, W.C.
Alfred Hall, M.D. Edin., 30 Old Steyne, Brighton.
Sigismund Sutro, M.D. Munich, 37A, Finsbury Square, E.C.
John Cameron, M.D. Glasg., 17 Rodney Street, Liverpool.
Sir Joseph Ritchie Lyon Dickson, M.D. Malta, Teheran, Persia.
Robert Elliot, M.D. Edin., 35 Lowther Street, Carlisle.
Charles Coates, M.D. Aberd., 10 Circus, Bath.
Alfred Meadows, M.D. Lond., 27 George Street, Hanover Square.
Thomas Beath Christie, M.D. St. And., Royal India Asylum, Ealing.
Alfred Baynard Duffin, M.D. Edin., 18 Devonshire Street, W.
Christopher Mercer Durrant, M.D. Ipswich.
William White Williams, M.D. St. And., Hayes Lodge, Cheltenham.
John Beddoe, M.D. Edin., 2 Lansdowne place, Clifton.
William Coverdale Beaty Eatwell, M.D. Glasg., Oriental Club, Hanover Square, W.
Peter Eade, M.D. Lond., Upper St. Giles' Street, Norwich.
George Hare Philipson, M.D. Cantab., Newcastle-on Tyne.
Balthazar Walter Foster, M.D. Erlang., 16 Temple Row, Birmingham.
Thomas Tillyer Whipman, M.B. Oxon., 37 Green Street, W.
Thomas Buzzard, M.D. Lond., 56 Grosvenor Street, W.
Richard Douglas Powell, M.D., 15 Henrietta Street, W.
Joseph Frank Payne, M.B. Oxon., 6 Savile Row, W.

The following Gentleman, having passed the required examinations, will be proposed for admission as a member :—

John Curnow, M.D. Lond., 12 Mitre Court Chambers, E.C.

The following Gentlemen were admitted Licentiates of the College :—

Charles Edward Barnard, 5 Tamworth Road, Croydon.
Robert Bedford, 85 Hereford Road, W.
Gerald Bomford, King's College Hospital, W.C.
Arthur Curtis, Alton, Hampshire.
Harry Davis, Callington, Cornwall.
Charles Washington Shirley Deakin, Kingston Grange, Hereford.
Alexander Russell Dodd, 8 Westbourne Terrace Road, W.
Arthur John Drake, Stratford, E.
John Edward Dyer, 21, Guildford Street, W.C.
Maurice Clifford Eskell, 8 Grosvenor Street, W.
Breame Weston Fowler, 46 Castle Street East, W.
Alfred Gillingham, Guy's Hospital, S.E.
Alfred Godrich, 140 Fulham Road, S.W.
John Arthur Goodchild, Heathfield House, Ealing, W.
Frederick Archibald Gray, 5 Charrington Street, N.W.
James Green, Landport, Portsmouth.
Percy de Haga Haig, 10 Gilstone Road, S.W.
Charles William Harvey, University Hospital, W.C.
Gustavus Hartridge, Shrewsbury.
Charles Robert Bell Keetley, St. Bartholomew's Hospital E.C.
Charles Frederick Hewick Kitchen, 38 Ogilvie Street, Manchester.
George Edgar Lawrence, 31 Claverton Street, Bath.
William Baltimore Lindsay, 44 Camden Road, N.W.
William Millar, 28 Cathcart Road S.W.
Sydney Morris, Hayes, Kent.
John Francis Murphy, Ardravinia, St. John's Hill, Wandsworth, S.W.
William Osler, 155 Stanhope Street, N.W.
Alexander Reid, Towlaw, Darlington.
George Owen Risdon, 24 Charlwood Street, S.W.
Arthur Lyne Sobey, West London Hospital, W.
John Symons, 4 Manor Villas, Hackney, E.

The Bishop of Lincoln has just sent a donation of £500 to the fund for the erection of a new hospital in that city.

Drs. Bell Fletcher and **Balthazar Foster**, of Birmingham, have been appointed Honorary Consulting Physicians to the West Bromwich District Hospital.

Several Deaths from Sunstroke are reported to have taken place in the North Riding of Yorkshire, in Liverpool, and in some other places.

Dr. Eliza Walker was lately appointed resident surgeon at the Bristol Hospital for Sick Women and Children. In consequence of this election the honorary Medical and surgical staff have in a body resigned their appointments as physicians and surgeons. We are not surprised.

Cholera.—In Konigsberg, in the middle of July, there were scattered cases in the town and various parts of the provinces. In Warsaw, from May 30th to July 11th, there were in the city 298 cases, and 103 deaths. In Jassy, there were two deaths on July 14th. In Rutschuk, on July 10th, the town free ; the disease was present in the neighbouring villages. At Shumla, from July 5th to 7th inclusive, there were 143 cases. At Galatz, from July 12th to 16th, there were 22 deaths. In Crajova and Turna-Severin, there was a good deal of cholera in the middle of July. In Silistria and Widdin there were scattered cases. The disease has broken out in Sofia (Bulgaria) and is extending over the neighbouring district. In Pesth, from July 1st to 8th, there were 70 cases and 46 deaths ; from July 9th to 15th, 190 cases and 80 deaths. Cholera is widely prevalent in Hungary. In Italy, in the province of Treviso, from July 1st to 6th, there were 20 new cases, and 10 deaths, and 16 cases under treatment on July 6th. In the province of Venice, in the same period, there were 37 new cases and 23 deaths ; 35 patients remained under treatment.

A Hospital or *maison de santé*, was opened in Lisbon on July 1st, for the reception of patients and Convalescents who can afford to pay for their treatment and maintenance. The Medical officers are, Dr. de Bettencourt Pitta, lecturer on public hygiene and legal Medicine in the Lisbon Medical school, and physician to the S. José hospital ; D. Vianna, lecturer on operative surgery, and surgeon to the S. José hospital ; Dr. da Silva, lecturer on general pathology, and surgeon to the S. José hospital ; and Brigade-surgeon Dr. Marques. Surgeon-major Dr. Franco is resident Medical officer and superintendent.

Lady Medical Students.—Miss Jex Blake and others, although defeated by the recent decision in the Court of Session, are not yet discouraged. Edinburgh being no longer open in order to qualify for the Medical Profession, they have resolved to see what the Senatus Academicus of the University of St. Andrew's can do for them. In appeals addressed to that body, they request sanction for the admission of women as students of medicine in the University, and submit the following grounds among others on which they rest the application. In reason 8, they say "The most general objection to the admission of women to an University lies in the supposed difficulty of educating them jointly with male students of medicine." This argument, they remark, may be applicable to every University in the kingdom, with the exception of St. Andrew's, where there are no male students of medicine. In reason 10, they say, "If a supplementary charter should be needed, this could be obtained without delay." They further intimate they are "willing to be responsible for all contingent expenses." Reason 12 is, "We are in a position to state that at least fifteen ladies would at once avail themselves of the permission, if given, to matriculate at the University of St. Andrew's." Reason 13, "We may further state that we, with the assistance of the committee formed in our favour, are prepared at once to hire or build suitable premises for a Medical school, and are also in a position to arrange for a complete course of lectures on all the required subjects of Medical education which are not taught at St. Andrew's, if the University authorities will sanction such an arrangement, and will subsequently admit us to examination and graduation." It is rumoured that the application is favourably viewed by the majority of the members of the Senatus.—*Times.*

The British Provident Life and Guarantee Association, Limited.—We have to call the attention of our readers to the prospectus of this association which appears in our advertising columns. This company has introduced an entirely new feature into the business of life insurance. Special tables have been prepared by the actuary of the society to assure to Medical men a temporary allowance per week during sickness, and a deferred annuity from sixty years of age until death. The proposals of the society on this matter are well worthy the attention of all Medical men, whose profession exposes them to sickness and disease. The usual operation of a life assurance contract is to provide for the payment of a specific sum to the family or representatives of the person whose life is insured at his death. No doubt this is the most important object of life assurance—the securing to one's family a certain provision on death which would not otherwise be available to them. Still it often happens that the head of a family is laid up by temporary sickness without the means of support, and it is therefore a most desirable thing that special provision should be made for such a contingency in the case of Medical men, who mostly have nothing beyond the bare means of supporting themselves and their families. We have little doubt that the proposals of this society will be gladly entertained by the Medical profession. We certainly do not see why the principle should be applied only to Medical men. There are other professions which yield only a bare subsistence to many engaged in them, and it would be most desirable that this society should develop the principle and embrace a wider circle than the Medical profession. This society, apart from this special feature, transacts all ordinary life assurance business on equally favourable conditions as regards rates, distribution of bonuses, residence abroad, &c., as those of other offices. Of course it is essential in a life assurance business that it be conducted on thoroughly sound principles, and measures are taken by this society to secure the adoption of these. The affairs of the association are investigated by the actuary every year, and the value of each policy ascertained and invested in the names of trustees in undoubted securities.—*Monetary and Commercial Record and Banking Review.*

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Gleanings.

A Certain Sign in the Recognition of Cholera, by Primararzt Dr. Adolf Hermann (Pest).

(An Abstract from *the Allgem. Wien. Med. Zeit.*, June, 1873.

A perusal of the boundless literature of cholera in the form of books, monographs, brochures, &c., would convey the impression that the diagnosis of cholera was an easy matter. Yet it is generally admitted that when the disease is not yet pronounced, the diagnosis from simple diarrhœa or cholera morbus has been hitherto almost impossible. Cholera is marked by diarrhœa, vomiting, cramps, collapse, diminution or suppression of urine, pulselessness, algor and cyanosis, yet all these symptoms, as will be admitted, are encountered in other conditions than true cholera.

In the course of the following investigations it will become manifest that *I have succeeded in discovering a symptom which will decide with certainty whether a given case be cholera or not and will enable the physician to make a positive diagnosis even though the disease be only in the stage of the precursory diarrhœa.*

The author now enters into the symptomatology of cholera, exhibiting at great length and in full detail the opinions of all the more recent authorities.

Having passed in review all the symptoms considered characteristic by different authors but absolutely pathognomonic by none, the author returns to the urinary secretion and considers the suppression of this secretion is noted by all writers. This suppressoin is not due so much to the abstraction of water by the disease as to the change in the circulation, for with a healthy circulation a free secretion of urine necessarily follows. In cholera as many as six to eight days elapse without the passage of a single drop of urine, nor can it be drawn with the catheter. When the collapse symptoms begin to subside the first attention is directed to the urine to observe if this secretion he restored.

All authors are agreed that the first urine after the collapse differs markedly from normal urine in *containing albumen cylinders, hyaline, and granular*, in abundance, and writers are tolerably unanimous in the opinion that the danger of the typhoid stage is due to the kidney disease which is thus developed.

The discovery of the author consists in *the detection of albumen cylinders and epithelium in the urine during the time of the precursory diarrhœa.* If the examination of the urine show negative results, *cholera will not ensue.* The author has had now 48 cases in which to establish his discovery as a fact. In no one of these cases has he been deceived in his prognosis. It is very true that in *stadium asphycticum* little or no urine at all can be obtained for testing purposes, yet if catheterization be regularly practised (and it should never be omitted in cholera) enough may be obtained at sometime for chemical and microscopical examination. The author does not claim priority in the discovery of albumen in the urine of cholera collapse. Simon and Hermann called attention to this fact in the third decade of the present century. The author's claim consists in the discovery of albumen in greater or less quantity during the stage of the "*diarrhœa premonitoria.*"

"Should an individual in health be suddenly attacked with diarrhœa, even during a cholera epidemic, *and should on examination no albumen be found in the urine, cholera will not develop,* not even if the individual be in such a position that he cannot protect himself in any way. Such a diarrhœa may even be maltreated and still it will not lead to cholera, but will resolve itself in time even though it may have reached such a grade as to have been called cholerine or even cholera.

But if albumen be found in the urine of an individual suffering with diarrhœa—with cylinders and kidney epithelium under the microscope—still the diagnosis of cholera is not absolute of course, as other affections may bring about this condition; yet as this manifestation is constant and never failing in cholera, as the collapse and typhoid condition is only observed in this condition, such a diarrhœa is to be diagnosticated as cholera when the other affections productive of albuminuria are excluded.

"It matters not whether the symptoms be light or severe, when albumen presents in the urine, it establishes the existence of true cholera, and the graver symptoms will manifest in a short time."

The author concludes his paper as follows: New observations have only confirmed me in the opinion before expressed that "*however severe and apparently choleraic the symptoms may be, the disease is not to be considered as true cholera if albumen be absent in the urine; on the other hand, the most anxious attention is to be directed to a case even in the earliest diarrhœa when the urine is albuminous.*"

"I believe that in the future there will be added to the well-known symptoms of cholera; diarrhœa, vomiting, cramps, diminution or absence of pulse, algor, cyanosis, diminution or suppression of urine—also the symptom, the presence of albumen in the urine—with its constant attendant cylinders and kidney epithelium. When these symptoms present without any demonstrable elevation of the temperature (thermometer in the axilla) the diagnosis of cholera is made a matter of scientific precision.

"Now that this terrible disease threatens on every side I believe I should no longer hesitate to publish my experience. I conclude with a request to my professional brethren to devote to this new symptom the attention which it merits."—*Clinic.*

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NOTICES TO CORRESPONDENTS.

F.R.S.—Sir Dominic Corrigan has the conduct of the matter to which you refer, in the House of Commons.

A Junior Physician.—For constant bilious vomiting we venture to suggest the following, not, however, carried to salivation. With this the diet should be extremely moderate, and not oftener than three times in the day:—

℞ Sub-chlorid. hyd., gr. iv.
Ex. opii. aquosi, gr. iv.
Pulv. colomb., gr. xxiv.
Theriac., q. s. ut. ft. pil. xvi.

One three times a day.

We are requested by the Editors of the "Irish Medical Directory" to inform our readers that the circulars for the correction of the information as to qualification, &c., which appeared in its last issue will be in the hands of every member of the Profession in Ireland in a few days.

Quackery.—Our readers will remember our animadversions a week or two since upon the worse than unprofessional conduct of a certain Medical man, whose name unfortunately appears upon the *Medical Register*, whose practice has been, and is, that of distributing to private families broadcast through the post, and by other means, a pamphlet which is not only objectionable, but bordering upon obscene in character.

A correspondent, who appears to know this individual and his doings, forwards the following particulars, for the truth of which he vouches. He writes :—

"I am quite amused with ——. You seem to have forgotten that knavery and imposture are the order of the day, and that quackery has assumed a legitimate source of obtaining wealth! And if a man, whether professional or not, does not keep his name constantly before the public in either publishing worthless books, with matter borrowed from some previous authors, or advertising quack medicines, cosmetics, hair dyes, &c., &c., he has but little chance of making a living at this time, as the most unblushing assertions are made daily by impudent knaves, to catch the fools, who number about nine out of every ten persons. By spending so much in advertisements they can now reduce it almost to a certainty what the returns will be; they are often so large they put honest men to the blush, and are laughed at by the quacks, who say 'Give me the nine simpletons, and you may take the tenth, and welcome to him.' The late —— had a degree sent him by post from some German University, as was usual at that time, not asking whether the applicant had any knowledge of medicine or not (this was very common at that time, some ordered the LL.D.; one preacher I well remember got the degree of D.D. for the sum of £10 10s. !) But to return to the first ——, the notorious but successful quack doctor at —— had not 2s. 6d. in the world when he first made his appearance. He knew nothing of medicine, and the less the better for a successful quack; instead of which he began to study a little astrology, casting nativities, &c., &c., and in this way he discovered the ignorance and credulity of the people in putting implicit confidence in all he told them; he professed also to rule the planets, &c., and his belief in the efficacy of his pills, and other secret nostrums, &c. He then began to advertise in all the Lancashire newspapers, in the colliery districts in the North of Yorkshire, where so much ignorance is still so prevalent; had abundance of small bills printed to distribute with each package, and to furnish the same to the druggists in those districts who sold his stuffs! The present —— still follows the same notorious business, but is now pushing it more in London and other large places. The old —— when he died left behind him property value between £20,000 and £30,000, chiefly in land. This is very humiliating to those who have all the toil, and when —— can sit in his easy chair, inspect his *employes*, concoct advertisements for the different newspapers throughout England and the colonies, and make a sure but despicable fortune. It is the fault of the law which encourages such a state of things, and which is never likely to be altered to prevent it; at least I see no prospect at present, though we must all thank you for your very praiseworthy attempt to put down homœopathy and every other species of quackery, which is so rampant everywhere at present. You will now be able to answer your correspondents."

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VACANCIES.

Royal Free Hospital, London. Junior House-Surgeon. Board and residence, but no salary given. (See advt.)

Wolverhampton General Hospital. Physician's Assistant. Salary £100 per annum, with board and residence. Address The Secretary.

Bournemouth Dispensary. Resident Surgeon. Salary £100 per annum. Address Dr. J. G. Douglas.

Royal South Hants Infirmary, Southampton. House-Surgeon. Salary £70 per annum, with board, lodging, and washing. (See advt.)

Liverpool Royal Infirmary. School of Medicine. Demonstratorship of Anatomy. Salary £100 per annum. Address the Registrar.

Greenwich Board of Works. Analyst under the Adulteration Act.

Newton-Abbot. Medical Officer of Health to the Sanitary Authorities. Salary £400 per annum. Applicants must address John Alsop, Esq., Newton-Abbot.

Hereford Rural Sanitary Authorities are prepared to receive applications for the appointment of Medical Officer of Health. Salary £500 per annum.

Essex and Colchester Hospital. House-Surgeon and Apothecary. Salary £80 per annum, with board and residence. Address the Secretary.

Derby Friendly Societies. Assistant Surgeon to the Association, out-door. Salary £130. Address, Mr. Bullivant, Abbey Street, Derby.

Cork Street Fever Hospital, Dublin. Two Resident Pupils. (See advt.)

Edenderry Union. Ballyboggan Dispensary District. Medical Officer. (See advt.)

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APPOINTMENTS.

Bruce, W., M.D., Medical Officer for the Parish of Reay, Caithness-shire.

Davies, W., M.R.C.S.E., Assistant Medical Officer to the Northumberland Lunatic Asylum, Morpeth.

Douglas, M., M.R.C.S.E., L.R.C.P.Ed., Medical Officer of Health for the Port of Sunderland.

Ellery, Dr. R., Medical Officer of Health for No. 1 District, Plympton St. Mary Union.

Finzi, L. M., M.R.C.S.E., L.R.C.P.L., L.S.A., Surgeon to the Westminster General Dispensary, Soho.

Garrard, W. A., M.R.C.S.E., L.S.A.Lond., Resident House-Surgeon to the Rotherham Hospital and Dispensary.

Lee, E. S., M.R.C.S.E., Medical Officer to the St. George Dispensary, Mount Street, Grosvenor Square, London.

Moore, S. W., L.R.C.P. and L.R.C.S.Ed., L.S.A.Lond., Visiting Surgeon to the London Temperance Infirmary, Gower Street.

Morgan, W. L., L.R.C.P.L., M.R.C.S., House-Surgeon to the London Hospital.

Nicholl, D. C., L.R.C.P.Ed., M.R.C.S.E., Medical Officer for District No. 7 of the Wisbeach Union.

Pletts, J. M., M.R.C.S.E., House Surgeon and Secretary to the Royal Isle of Wight Infirmary, Ryde.

Ridge, J. J., M.D.Lond., Visiting Physician to the London Temperance Infirmary, Gower Street.

Rutherford, R. A., L.R.C.P.Ed., L.R.C.S.Ed., Medical Officer, &c., for the Manorhamilton Dispensary District of the Manorhamilton Union, Co. Leitrim.

Shearman, W. M., L.R.C.P.Ed., M.R.C.S.E., Certifying Factory Surgeon for Swinton, Manchester.

Sutcliff, J. H., M.R.C.S.E., Medical Officer and Public Vaccinator for the Horsley District of the Guildford Union, Surrey.

Webb, W., M.D., F.R.C.S.Eng. and Edin., Certifying Surgeon under the Factories Act for the Factories at Wirksworth, Cromford, Matlock Bath, Lea, and Bonsall, in the county of Derby.

Yeld, H. I., M.D., M.R.C.S.E., Medical Officer of Health for the Port of Sunderland.

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OPERATION DAYS AT THE LONDON HOSPITALS.

Wednesday, August 6.

Middlesex Hospital.—Operations, 1 P.M.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ P.M.
St. Bartholomew's Hospital.—Operations, 1½ P.M.
St. Thomas's Hospital.—Operations, 2 P.M.
St. Mary's Hospital.—Operations, 1¼ P.M.
King's College Hospital.—Operations, 2 P.M.
Great Northern Hospital.—Operations, 2 P.M.
University College Hospital.—Operations, 2 P.M.
St. George's Hospital.—Ophthalmic Operations, 1¼ P.M.
London Hospital.—Operations, 2 P.M.
Throat Hospital.—Demonstration, 2½ P.M.
Cancer Hospital.—Operations, 3 P.M.

Thursday, August 7.

St. George's Hospital.—Operations, 1 P.M.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ P.M.
University College Hospital.—Operations, 2 P.M.
Throat Hospital.—Demonstration, 2½ P.M.
Royal Orthopædic Hospital.—Operations, 2 P.M.
Central London Ophthalmic Hospital.—Operations, 2 P.M.

Friday, August 8.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ P.M.
Royal South London Ophthalmic Hospital.—Operations, 2 P.M.
Central London Ophthalmic Hospital.—Operations, 2 P.M.

Saturday, August 9.

Hospital for Women, Soho square.—Operations, 9½ P.M.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ P.M.
Royal Free Hospital.—Operations, 9 A.M. and 2 P.M.

Monday, August 11.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ P.M.
St. Mark's Hospital.—Operations, 2 P.M.
Metropolitan Free Hospital.—Operations, 2 P.M.
St. Bartholomew's Hospital.—Operations, 1½ P.M.
King's College Hospital.—Operations, 1½ P.M.
Charing-cross Hospital.—Operations, 2 P.M.

Tuesday, August 12.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ P.M.
Guy's Hospital.—Operations, 1½ P.M.
Westminster Hospital.—Operations, 2 P.M.
Throat Hospital.—Demonstration, 2½ P.M.
National Orthopædic Hospital.—Operations, 2 P.M.
West London Hospital.—Operations, 2 P.M.

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Birth.

Jacob.—On the 24th ult., at Harcourt Street, Dublin, the wife of Archibald Hamilton Jacob, M.D., F.R.C.S.I., of a daughter.

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Marriages.

Field—White.—On 31st ult., at St. James's, Paddington, G. Purdey Field, M.R.C.S., to Pauline, daughter of R. F. White, Esq., 35 Sussex Gardens, London.

Tindall—Simson.—On the 5th inst., at St. John's Church, Upper Lewisham, by the Rev. F. S. Money, M.A., rector, assisted by the Rev. Donald McLean, M.A., rector of Norwood, Surrey, Albert Alfred Tindall (*Medical Press and Circular*), to Sophia, daughter of John Simson, Esq., the most worshipful the Master of the Drapers' Company.

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Deaths.

Christie.—On the 18th of July, at Perth, Johnstone Christie, M.D., retired Surgeon R.N., of Huntly, Aberdeenshire, aged 51.

Cooke.—On the 22nd of July, at his residence, Pontypridd, Wm. Walter Cooke, M.R.C.S. and L.R.C.P., aged 58.

Fuller.—On the 28th of July, Hugh Pitter Fuller, M.R.C.S.E., of Abbey Road, St. John's Wood, aged 60.

Johnstone.—On the 23rd of July, at Brighthouse, George Johnstone, M.D., aged 33.

Price.—On the 22nd of July, Henry W. Price, M.R.C.S., of Park Square, Leeds, aged 52.

Sinclair.—On the 23rd of July, Donald Sinclair, M.D., of Lyndhurst Road, Peckham, aged 58.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 13, 1873.

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OBSERVATIONS ON FEVER.

Being abstract of Lectures delivered in Dr. Steevens' Hospital.

BY THOMAS WRIGLEY GRIMSHAW, M.D.DUBL.,

Fellow and Censor of the King and Queen's College of Physicians; Physician to the Hospital, and Senior Physician to the Fever Hospital, Cork Street, &c.

Reported and Edited by HENRY J. TWEEDY, M.B.DUBL.,

Fellow and Examiner in Arts in the Royal College of Surgeons in Ireland.

WE have now arrived at what is perhaps the most important part of our subject, viz., the treatment of the continued fevers. Having examined your patient, and satisfied yourself as to what form of fever he is labouring under, you next consider what means are to be adopted for overcoming the disease, or at least mitigating its violence.

It was at one time believed that a fever could be cut short by the early use of emetics, cold baths, &c. In the present state of our knowledge, however, this practice is no longer tenable. Emetics, instead of being beneficial, may do positive injury; and in spite of them, or any other means that may have been adopted for arresting its progress, a fever will run its usual course, its duration being almost entirely regulated by the presence or absence of complications, and their severity when present.

Treatment by drugs is, on the whole, unsatisfactory. Diaphoretics and cooling drinks, however, may be regarded as valuable aids to the physician in dealing with fevers, tending in no small degree to alleviate the distress of the patient. Though the duration of a fever cannot be shortened, it is believed by some that its course may be modified, viz., by endeavouring to neutralize the fever poison or ferment by antiseptics. This involves two points—first, the preventing of the multiplication of the poison in the system; and secondly, the guarding of the system against its ingress. In dealing with this subject we are in a great measure groping in the dark, as it remains *sub judice* whether it be the ferment itself or its products that exist after the development of the disease. Carbolic acid is one of the antiseptics proposed, but we have not as yet tried it in this hospital for the treatment of these forms of disease. I have had, however, considerable experience of sulphurous acid—the sulphites and hyposulphites—used as antiseptic agents, but as far as I have seen they fail in modifying the course of the disease, and in some instances seemed to be followed by injurious effects. Such drugs, however, as xylol, turpentine, and some of the forms of petroleum, which act as stimulants as well as antiseptics, are beneficial, but I believe merely from their stimulating properties. The best form of treatment is that which is now generally pursued, viz., endeavouring to modify each condition as it arises. I use the phrase *condition* advisedly. It is the custom to talk of "treating symptoms as they arise;" if you treat symptoms you are in nearly as bad a condition as if you were treating a *disease*. You are always to direct your treatment to your patient's *condition*—not merely his disease or his symptoms. The condition of debility, as evidenced by weakness of the heart and circulation, can be counteracted by the judicious administration of stimulants. This treatment is by no means new; it is as old as the days of Hippocrates, and was in later times extensively employed by such eminent physicians as Sydenham, Heberden, and Cullen—the former of whom had great faith in the efficacy of "*generous red wine*," as he calls it. Ammonia and the aromatic gum-resins were likewise favourite stimulants. The type of fever has, however, greatly changed within the last century, and now we see many more cases of the adynamic forms of fever than our fathers did. For such cases alcohol is undoubtedly the best stimulant. The dose must in each case be regulated according to the condition of the patient. The amount of wine given in twenty-four hours will vary from four to forty ounces. Brandy or whisky, from two to twenty ounces, according to necessity. Turpentine will be found a most valuable adjunct to alcohol in cases of great debility; it may either be given in brandy punch, ♏xx. to ʒj., or else the confection of turpentine may be ordered in some demulcent vehicle. This is especially to be recommended where bronchitis is present, or if the sufferer be past the meridian of life.

If a man over forty years of age gets typhus, it is certain he will require stimulants; so it is in such cases always advisable to anticipate the necessity for them, and give wine early in the disease. Tea and coffee have been used as stimulants with considerable success. Dr. Parkes, of Netley, suggested the employment of tea for this purpose; he deemed that it was beneficial in counteracting the great waste of nitrogenous material that invariably takes place in severe fevers. The great objections to its use are its astringent properties and the disagreeable taste of the infusion when made of the requisite strength. The compounds of methylamine are now believed to be the active agents in producing the therapeutic effects ascribed to tea and coffee. These when administered alone act as powerful diaphoretics.

A very important class of stimulants are those that act specifically on the heart. Digitalis and strychnine are the most remarkable examples of this class, but of these two the former is said to be the most powerful. It was first used as a diuretic, and then its stimulating properties were discovered. The condition of the heart—specially the weakness or absence of the first sound—may be regarded as the chief indication for the exhibition of this drug, and it is best presented in the form of infusion; dose, from ʒss. to ʒjss. every second or third hour. Ammonia is a powerful stimulant, but its beneficial effects are too evanescent for us to place very much reliance on it in this capacity. Strychnine is also efficacious in strengthening the heart's action. It may be prescribed in doses of gr. 1-12th, or gr. ⅛, every two hours; it acts, however, purely as a muscular stimulant, in contradistinction to digitalis, which is a special stimulant of the circulation, and to such agents as alcohol, ammonia, and turpentine, which are general stimulants.

I stated in a preceding lecture that a persistent temperature of 107° is incompatible with the prolongation of life, and to meet this a variety of methods have been had recourse to. Pre-eminent among these is the bath, which is very efficacious in lowering the temperature of the body. The patient is to be placed in a bath heated to 85° or 90° (I consider that it must not be too cold at first). The water is gradually cooled down by the addition of cold water or ice until a thermometer placed in the rectum indicates a decided fall in temperature of from 4° to 6°; it should at least fall to 102°. It should not be allowed to sink much below 100°, lest dangerous collapse might ensue. Packing is also recommended for the same purpose, and is accomplished in the following manner. The patient is to be rolled up in a wet sheet (no part of the body save the head being uncovered), outside the sheet several blankets are to be rolled, and a water-proof sheet over all. The invalid is to be kept in this condition till complete diaphoresis seems to be produced. Médicinal agents—such as quinine, aconite, veratria, and colchicum—have been tried with a view of bringing about the same result. The great objection to the use of aconite is its tendency to enfeeble the heart's action. Quinine is much better; it both lowers the temperature and at the same time acts as a tonic and antiseptic. It must be exhibited in large doses—say gr. xx.—to ensure its having any effect; after a time, however, it unfortunately begins to fail in accomplishing its object.

In cases of sudden collapse the temperature invariably falls very low, and it becomes necessary to raise it in order to save life. This is easiest achieved by friction, hot drinks, and hot bottles to the extremities.

I have already referred to the excessive congestion of the various viscera which are symptomatic of the different forms of continued fever. This must be treated on general principles, according to the organ attacked: mere local congestion is more easily dealt with. Thus the headache and injected conjunctiva, so common in typhus, may be relieved by leeching the temples: and again, in enteric fever, local depletion is frequently and beneficially resorted to, and you will often find that a few leeches or a small blister applied to the right iliac region will relieve the tenderness caused by the ulcerated intestine, and in many cases diminish the diarrhœa when profuse.

The diarrhœa of enteric fever, as a rule, requires but little interference; rice-milk and lime-water will generally keep it in sufficient control, and if in excess, small doses of morphia, combined with dilute sulphuric acid or the acetate of lead and opium, usually succeed in checking it.

Delirium, as I mentioned before, may arise either from debility or congestion of the brain; if the former be the cause, the judicious administration of stimulants will, as Dr. Graves was the first to remark, almost invariably recal the patient to consciousness. If the delirium spring from congestion, then the bromide of potassium may be given with advantage. Hypnotics are sometimes necessary; camphor and hyoscyamus are useful and comparatively harmless. Opium is not so safe, from its tendency to produce coma; however, in very severe cases, where the delirium is unusually violent, it may be given in combination with tartar emetic. Chloral is much used of late years; it is administered in doses of from gr. xx. to xxx.; but should there be any tendency to uræmia, I firmly believe this drug must be given with great caution.

When delirium is violent, the hair should be cut off and cold applied to the vertex; and if there be cerebral irritation the bromide of potassium will be found valuable, and leeches to the temples, or blisters. It should, however, be remembered that there are two forms of cerebro-spinal meningitis—the sthenic and the adynamic. It is the latter that chiefly accompanies typhus, and here depletion may lead to dangerous consequences; hence the greatest caution should always be observed in such cases.

In our next and concluding lecture we shall continue the subject of treatment, directing your attention more particularly to the best method of dealing with the several complications as they may arise. I have also some observations to make regarding the comparison which may be instituted between each of the continued fevers and other forms of disease, with which they may be possibly confounded, briefly pointing out to you how these several affections may be distinguished, and their diagnosis one from the other accurately determined.

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REPORTS ON SYPHILIS.

By Charles R. Drysdale, M.D., M.R.C.P.L., F.R.C.S.E.,

Senior Physician to the Metropolitan Free Hospital.

A. Despres on Treatment, &c.

Truly Paris is the great workshop of works on syphilis. Thus the writer has before him at this moment two thick octavo volumes on that disease, the one by Dr. Alfred Fournier, already spoken of, and consisting of more than 1,100 pages, treating merely of the primary and secondary stages in one sex, the female; the other, entitled *Traité Théorique et Pratique de la Syphilis ou Infection Purulente Syphilitique*, by Dr. Armand Després, one of the professors attached to the Faculté de Médecine of Paris, and recently surgeon to the Lourçine Female Venereal Hospital of Paris.

M. Fournier, a disciple of Ricord, is a pronounced mercurialist, and prescribes iodide of mercury right and left throughout his 1,100 pages. Dr. Després is a fervent anti-mercurialist, and in his 508 pages loses no occasion to inveigh theoretically and practically against the use of "poison" mercury. And, strange to say, these gentlemen were long colleagues in the Lourçine Hospital, so that we may indeed say that therapeutics are the integral calculus of the Medical art.

Dr. Després is of opinion that syphilis existed in Europe long before the 15th century, and gives a long historical chapter to prove this idea. In this the writer of this report does not agree; and is inclined to believe that there is now no doubt that Columbus's discovery of America was the *fons et origo* of syphilis in our societies.

Dr. Després then gives a most learned disquisition on the diseases among which syphilis ought to be grouped, such as variola, glanders, pyæmia, rabies, scarlatina, carbuncle, plague, typhus, measles, typhoid fever, and urinary infiltration. He thinks that there is no regular form in the initial lesion of syphilis, which may be an indurated chancre, an erosion, or a papule, or even a condyloma with inflammation of the skin, and occasionally, he asserts, a suppurating soft sore. On the whole, however, the author belongs to the school of so-called "dualism." Thus, he says, simple chancre, or such as are reinoculable or phagedenic, are very rarely the originators of syphilis.

Dr. A. Després is very sceptical as to most of the cases of visceral syphilis published hitherto, such as those of cicatrices of the liver, spleen, lungs, heart, or even kidney. In this we think he is entirely wrong, as we think him also far too exacting in lesions of the brain and nerves so frequently noticed in consequence of syphilis, not only *post hoc*.

According to Després, syphilitic iritis may be avoided if patients with syphilitic eruptions avoid bright sunshine or needlework. The form of choroiditis sometimes seen in syphilis, is pigmentary choroiditis occasionally, but very rarely; this may entail retinitis of the atrophic variety. He is sceptical (and here wrongly) as to Hutchinson's keratitis.

Strictures of the rectum, so much more common in women than in men, are, according to Després, due to chancres inoculated by pus from the neighbouring parts, which leave cicatrices. He will not admit apoplexy as caused by syphilis; and is more than sceptical concerning the occurrence of syphilitic epilepsy.

Patients treated with much mercury are liable to tremulousness, vertigo, and cerebral symptoms, says Després. Injections of corrosive sublimate, rather strong, 5 milligrammes in 100 grammes of water, may produce tumours of the cellular tissue the size of an olive, which resemble gummata.

Dr. Després divides syphilis into three forms—*normal*, *abnormal*, and *modified*, as Diday into *strong* and *weak*. In the normal cases we have condylomata, papular, and tubercular skin diseases. Next come gummata and tubercles; tubercles sometimes tending to disquamation, and at other times to ulceration. Gummata are seen in normal syphilis when the eruption does not suffice to eliminate the diseased part of the blood; they have much analogy, says Després, with boils, and present three phases, (1) indolent induration; (2) adherence to the skin, with redness of the integument; (3) spacelus with an indelible scar; in the palate they usually suppurate. Enlargements of the cervical glands, which Dr. Ricord considered marks of constitutional syphilis, according to Després, appear when there are eruptions on the scalp or condylomata in the throat.

Normal syphilis, says Després, does not last longer than three years, and it seems that some savages are artful enough to banish syphilitics from their society for that period, so that when they return the disease is absent. But many normal cases do not last eighteen months. The time is measured in the case of young women from the *debut* of the disease until the moment when they can produce healthy infants, when no mercury is given.

Abnormal syphilis may arise, says Després, from bad diet, or from the use of mercury. He affirms that he has seen patients treated regularly by mercury for a year, after the Parisian fashion, who, immediately after leaving off mercury, had an eruption of the skin; and he asserts that such retarded eruptions are more confluent and severer, and last even for ten and twenty years. After mercurial treatment he asserts that patients are far more liable to ulcerations of the lower extremities. Patients treated with mercury, he asserts with Bazin and Diday, are apt to exhibit cerebral symptoms in future years.

The external circumstances which produce *modified* syphilis are stated by Dr. Després to be scrofula, arthritis, herpetism, scurvy, tuberculosis, and alcoholism. With respect to the latter, or alcohol, he cites an excellent remark of Verneuil, that alcoholism is the general condition which most aggravates the prognosis of wounds and surgical operations. Hot countries modify syphilis. Verneuil says that wounds in syphilitic persons do not close by first intention. Fevers and pneumonia, &c., cause syphilitic skin diseases to become paler for a time.

Hereditary syphilis is next treated of by Dr. Després, who asserts that a father may produce syphilitic children at all periods of his syphilis (we suppose in normal cases three years), and a mother in probably the same way. We hold this to be confused, as no clear proof has been given that a child can be born of a syphilitic father unless the mother be first infected. All acute poisons of feverish nature, such as pneumonia, variola, cholera, purulent infection, typhus, &c., cause abortion, and syphilis is no exception. Dr. Després has observed many pregnant syphilitic women at the Lourcine Hospital. Of these, fifty-four were delivered after taking a certain time a treatment without mercury; with the result that of twenty-one women who had contracted the disease at the time they became pregnant, ten aborted before seven months; seven were delivered at full time of healthy children; and four had infants before time, which lived from a day to a month. All were primiparæ. Of twenty-two women who had syphilitic eruption, having been infected during pregnancy, seven aborted before the seventh month; nine brought into the world healthy children, and six had weakly children a little before term. These were all primiparæ. Of eleven women who had contracted syphilis long ago, or were part of the eruption found, three aborted, five had healthy children at full time, and three brought forth weakly children that lived less than a month.

The lesions found in the fœtus before seven months are pneumonia with hepatisation, enlargement of the liver, rarely slight peritonitis, abscess of the thymus. In cases which die just before birth or less than a month after that event, there may be induration of the liver and diffuse hepatitis, interstitial pneumonia rarely; but many such children die without any peculiar symptoms being visible.

Infantile syphilis in newly-born infants follows a progress much more invariable than adult syphilis. It appears, says Després, in the first month or up to the sixth week. Pemphigus neonatorum is really a part of syphilis. The lesions found after death of such infants are interstitial pneumonia and hepatitis, and affections of the bones and epiphyses. Després considers that most of the symptoms are of the characters of metastatic abscesses.

The hereditary syphilis of infants is a normal syphilis says Després, condylomata and papules are the only two forms of eruption constantly found in infantile syphilis. Those infants of parents in the acme of syphilitic eruptions usually die at or before birth or shortly after, but when the parents are no longer in the eruptive period the infants may live. Exostoses are rare in infants, and Després, as before said, rejects interstitial keratitis in common with Fournier. He is sceptical as to iritis also. In fact, Dr. Després is too sceptical sometimes. Hydrocephalus has nothing to do with syphilis, he says, nor congenital cataract.

DR. BROWN-SEQUARD has started, with the assistance of Dr. E. C. Seguin and several American physicians and surgeons, the publication of a new Medical journal under the title *Archives of Scientific and Practical Medicine*. This journal appears on the first day of every month, each number consisting of about one hundred pages 8vo. Several numbers have appeared, and we have already given notes from its pages.

ANNUAL MEETING

OF THE

BRITISH MEDICAL ASSOCIATION,

HELD AT KING'S COLLEGE, LONDON.

FIRST DAY, AUGUST 5TH.

AT 10 A.M. the President, Mr. Alfred Baker, the President-elect, Sir William Fergusson, and many members attended service at St. Paul's Cathedral.

The First General Meeting was held in the large hall of King's College, which was crowded before 3 o'clock.

The Minutes of the previous Meeting were read by the General Secretary, and confirmed.

Mr. **BAKER**, the retiring President, then made his valedictory address, in which, after congratulating the members upon the progress of the Association, and speaking of the desirability of a revision of the laws, and the necessity for caution in the work, he vacated the Chair in favour of his successor, Sir William Fergusson, who was received with hearty applause.

INAUGURAL ADDRESS.

Sir **WILLIAM**, after thanking the members, proceeded to address them on London and its environs, and said—There are certain features connected with the valley of the Thames which seem to me worthy of special attention; and naturally, among men educated as we have been, questions may fairly be raised as to the hygienic condition of the locality. I suppose there can be little doubt that those who planted London as a post or capital looked to the ground on which the Tower now stands as a good commanding position on the estuary of the Thames, and that little was thought then of the teeming millions of subsequent inhabitants who would populate the town and valley above. At that date there must have seemed a world of waters sufficient for all after years; the question of drainage would then be little thought of. In primitive times, springs, river sides, and shallow wells were the chief immediate sources of water-supply. As years rolled on, where population increased, these resources were found deficient, and additional ones, in a higher style of engineering, were required. For my own part, I am more impressed regarding the civilisation of the Romans, by what they have left indicative of their efforts to give supplies of water when required for health and comfort, than by any other features now extant. The great conduits which testify to the engineering skill of the time, as also to the expenditure incurred in regard to this necessity of life, and the remains of their baths, are ample proofs to this effect.

To many it may seem strange that I should refer specially to such a subject on this occasion. It may be thought to pertain chiefly to water-companies, engineers, and ratepayers, but in reality it pertains to the public at large, to public hygiene, and in the latter respect peculiarly to our profession; and for such reasons I know of no section of what is now often called State Medicine more interesting than that of water-supply where men do congregate. It is right and fitting, in my opinion, that at a meeting such as this some special reference should be made to the subject. Next to the treatment of disease and accident, it seems to me to stand foremost in our professional minds, for water is as much a question of food as any other dietetic material that can be named. Our supplies of vegetables, of fish, of animal material, come possibly second in importance to this necessary of life. Mother Earth herself takes nourishment from her own direct produce—effete vegetation, from the decay of fish, and the *débris* of animal life; but all these would count for nothing if she were deprived of water-nourishment. Rational physiology may be called the philosophy of life, and we, claiming physiology as one of the highest departments in our special profession, may claim, as the most skilled conservators of the public health, that our opinions regarding water-supply should hold due influence over the public mind. We say we are a meeting of "The British Medical Association;" we might as well say that we are a hygienic congress of Medical men; for all our efforts are towards the amelioration, the mitigation, the suppression of disease. It is to the honour of this and all other similar meetings that almost every paper in our sections is devoted to such purposes. In law, man deals with what man has done or chooses to do. In diseases, we deal with causes and courses which I may say, in general terms, are far beyond the ken of man, we come into contact or into collision with Nature in varied aspects and phases which the wise thinker in our profession would hardly venture to explain. It is at this point, perhaps, that our profession has from time to time broken down by attempting too much. Who among us knows what miasm is? What sense is there in the idea that it may be averted or obstructed by coverings or nets, driven away by fires, or frightened off by artillery? Yet all such theories have obtained more or less favour in our profession, even in the nineteenth century. Who among us can positively, in reasonable terms, define the physical condition of miasm as it once prevailed in the fens and swamps of Lincolnshire, or possibly even now lingers, if it does not dwell, in horrid perfection, on the banks of the Niger? Let us hope that our profession may in time be able to appreciate the palpable physical qualities of the great enemy in this shape. We have learnt empirically in time how to knock him on the head by force of quinine, but he is as impalpable to us now in these days of dengue, as in the time of Hippocrates.

Irrespective of rivers of Biblical, classical, or strategical interest, there are few to compare with Father Thames. The wealth carried on his surface well-nigh defies calculation. Besides the large share of what may be called our domestic wealth, the argosies of every country in the world are welcome to his waters. There lies the true greatness of the Thames. There seems no exaction that man could ask from such a father which has not been granted; yet it is most worthy of consideration how far those who have lived and now survive on his banks have dealt fairly with the great stream. The Thames, in his lower course, is one of the greatest highways of commerce ever known to man. In his upper reaches he has been one of the best or worst abused streams that the world has known. He has been at once called to be one of the essentials of life to the inhabitants on his banks, and the cloaca of human aggregation. His streams have been run shallow, and his clear waters have been dimmed by the filthiest pollutions, until the sense of man has, in a manner, revolted at the work. The river thus abused was, in the days of Henry VIII., declared by Parliamentary document the finest salmon-stream in His Majesty's dominions. This polluted upper stream is a large source of the water-supply of the south and west of London.

In many respects, a "water question" is one of the most interesting in social life. It is as great now as when Moses struck the rock; water is an absolute necessary of life. Many of what are called comforts and luxuries might be absolutely dispensed with; but, without water, both vegetable and animal life would cease, and in a hygienic point of view we are professionally interested in such a question. Here, as in many other public and national questions, there is great diversity of opinion. The sources of supply, the quantity, quality, and expenses thereof, form separate heads, of which various classes of the community take special notice. The quantity and quality are the features in which perhaps we are most interested. The public at large probably look upon the sources and expenses as the most important features; but even here we, as ordinary citizens, are as much interested as are our fellows. In regard to quantity and quality, all seem to agree that there should be the largest and best imaginable of both; no stinted time supply, but a continuous run of the finest. It seems, however, next to an impossibility to have such in this locality. The Thames cannot afford a sufficient supply unless his main stream were nearly run dry; nor does it seem possible, under the circumstances, to render the purity of that quantity such as should satisfy all. Filtering in great tanks on the river side, in cisterns or vases in houses, scarcely seems to accomplish this; and I am here tempted to say, that possibly a fault lies on our side, that we expect too much for ourselves, and lead the public to expect too much, on the score of what may be considered quality and purity. Moreover, we differ largely among ourselves in regard to these points. As educated chemists, in reference to animal life and nourishment, we talk and write learnedly about elements. The purest water may be defined as that which holds least saline, animal, vegetable, or earthy material. The physician thinks so highly of this feature, that in a fluid dose of medicine he orders the bulk of the potion of distilled water; yet in that water he probably congregates an amount of saline, animal, or vegetable material, with which no natural spring, or unpolluted stream, can be compared. He sends his patients hundreds or thousands of miles to partake of waters where the converse of purity is generally the chief feature of the fluid. But this, it will be said, is in accordance with the science of combinations and a just appreciation of the efficacy of salines, especially those compounded by nature in the bowels of the earth. I do not object to these impregnated waters as curative agents in certain forms of disease; I do not quarrel with the physician when he orders distilled waters as the purest fluid for his compound—but in either instance he cannot fancy that his patient is about to drink pure water,—it may be admitted that he has no such idea, yet the same man insists stoutly on the necessity for unexceptionally pure water for ordinary drinks. This "Adam's wine" may be filtered, boiled, distilled, yet certain so-called impurities will hold their place or speedily reappear. Vegetable matter, animal matter, earthy or saline matter, are the bugbear of those who want pure water for man. Even the presence of a few fleas, to use a familiar expression, dead or alive, in a great natural basin of water, has been held as an influential objection to a scheme offering a double supply.

Supposing that the greatest chemist in the world places a pint of pure water, absolutely without alloy, at the meal of his fellow-man, be he poor or be he rich, let us, as Medical men do what the community at large cannot—trace this fluid until it is no longer palpable. Take as a type the pet of the day, the "working man," allow him to be a model teetotaller who has taken a vow against alcohol and all fermented liquors. He takes his frugal meal—say water and bread. Trace that meal as far as your physiological imagination can, down the intestinal canal and into the blood, and fancy from your knowledge the affluents thereon. Can "pure water" be recognised beyond the teeth in this downward course? Mucus, saliva, tonsillary secretions, mucus again, and gastric juice, and pancreatic, and biliary, all join the ingredients of the simple meal. But let us suppose that the working man indulges in the luxury of a bit of beef or mutton, with some of the usual adjuncts, potatoes, turnips, greens, cabbages, peas, or beans; what is the fate of the pint of pure water which is deemed the grand feature of this excellent fare? Here vegetable and animal matter are joined with pure water to an extent a thousand times beyond the imagination of the pure water theorist, and the bread and water system is simplicity itself compared with this. I take a grade of society above that of the "working man"; go to the "upper ten thousand," where in reality pure water-drinkers abound, and consider what are the associations of the half pint or pint of pure water, ere fluid can no longer be traced. Look even at the condition or risk of the epicure whose means permit him to indulge in the high-flavoured grouse or daintily managed venison, and suppose him a "pure water" man, what becomes of the water as soon as it is swallowed? what about the pleasing adjuncts to these delicious articles of food, and what (to those who are always referring to salts in water) about the common salt which is consumed in quantities palpably larger than those pointed out by the chemist in so-called saline waters? What can we, as Medical men, say of the refinement in diet of the savage who prefers animal food in a putrid state to that recently killed, and uses such surface water, or any other kind, as chance may put in his way?

I believe that the public look largely to us for opinions on such subjects. I fancy that the pure chemist is often taken for one of us; I fear that many of us affect too much the airs of the pure chemist. Do we not but too frequently jumble up chemistry and physiology, so that the characters of each seem to suffer? Are we not in reality too fastidious about "pure water"? Whilst the public—no doubt considerably influenced by the opinions of the doctors—haggle over this feature, the more important one of ample supply, for all the purposes of man, is overlooked. Although water for drink is essential to our existence, how small in proportion is that, compared with the requirements for sanitary purposes otherwise, such as cleaning, washing, in arts and manufactures! I have often thought it an unfortunate use of words when a water-supply to a town is illustrated by the statement that it is equal to so many gallons per head. From thirty to thirty-five gallons seems to be held as that absolutely required in good modern views on the subject. To those who do not think about it, the quantity seems enormous. It may be doubted if a couple of quarts of drinking water per head in any population is taken into the stomach, in the course of twenty-four hours; and making allowance for ablutions, baths, clothes, and household washing of all kinds, it would be difficult to convince a family of ten people in ordinary citizen life, including domestics, that they consume between four hundred and five hundred gallons of water per day. They simply will not believe it; and, judging chiefly from their own experience, they think that the call for more water than that which they imagine forms the daily consumption in the house is extravagant, both as regards themselves or neighbours. Would it not be better if water-engineers and water-companies would let it be known what the water is really required for in a community, instead of making the statement that each individual has allotted to him from thirty to thirty-five gallons? There is no doubt, I suppose, that such a quantity as this implies is actually used in those towns where water-supply is efficient; but if every individual in the community chose to amuse himself by running to waste that which is his allotted quantity, I fear that social economy in regard to water-supply would be terribly disturbed. Arts, manufactories, breweries, steam-power, would be well nigh paralysed or arrested. How would town horses, cows, and dogs fare? If these matters were held fairly in view, I venture to think that there would be less discussion regarding the quality of water for general use than invariably arises when the question of additional supplies is raised. For man's stomach, the requisite quantity of wholesome water is so small that the trouble and cost of purifying by filtering and otherwise would be as nothing compared with the advantage of having what might be called a superabundance. If that superabundance were what the simple housewife calls soft, the water desideratum would be fulfilled. I have heard on the best authority, that in Glasgow alone, with a population of nearly half a million, where a large and wise expenditure has been incurred, there has been a saving of something like forty thousand pounds a year for soap, owing to the softness of the water from a natural reservoir, which doubtless is formed by the water-shed of the district in which it lies. The good folks of Glasgow tapped the side of one of the most beautiful and classical of Scottish lochs, and brought the water through conduits some forty miles long to place it at public disposal. The loch is none the worse, and the benefit to the citizens of the second city in the kingdom is perhaps incalculable.

It seems almost by instinct that, in the humblest of our cottages, and in most of our moderate, unpretending dwelling houses, there is a desire to have a supply of rain-water. The pump, or the nearest open well or spring, may be resorted to for water to drink; but the small quantity that can be caught from a stone, tile, or slate roof, is eagerly sought by the judicious housewife.

The quality of this water suits domestic purposes better than the brightest from well or pump. Largely though this little luxury is indulged in,—for the water-butt abounds in every district,—it is curious how this sort of instinct, as I have called it, has been neglected by many who have catered for the supply of water on a large scale. If this water is so esteemed by poor cottagers, why should it not be available to the whole community? If the rich man, with a big roof over his head, collects it, at considerable expense, for his baths and washings, why have we not more of it? But here I touch the margin of an important question regarding water-supply to large communities. Is such a supply, supposing it to be the most desirable, to be had at reasonable cost? That it is desirable can scarcely be doubted. There are many who approve the project of increasing the supplies of Manchester, Birmingham, and other midland towns, including London, from the natural lakes of Cumberland and Westmoreland. But might not something be done, less stupendous, yet equally effective? Natural lakes, of sufficient bulk, are not to be found in many districts; but might not artificial ones be constructed, which would largely supplement our present water-supplies? In most of the upland districts in this country there are spaces, hollows, ravines, and valleys, where, as much of the surface is otherwise worthless, the water might be dammed up, and lake above lake might be made to appear on the landscape. This is, as we all know, no new proposal. It has been acted upon in countries of ancient historical date, where we fancy that civilisation was never equal to that we now boast of, and the custom prevails to a considerable extent in this island. But all that has yet been done in this way among us is but little better than the action of the poor cottager who is content to catch from the fleeting shower a pitcher or tubful of the precious gift of Nature. Look to the rainfall of a season in this country, and consider how much, or how little, of this gift from heaven is actually used by man. Of all the necessaries of life this is the one which comes upon us in this island most bountifully; and yet how much it is neglected! Instead of letting the floods damage our best alluvial soils, destroy vegetable and animal life, endanger man himself, and finally flow uninterruptedly to the sea, might not much of this flood be impounded on our watersheds, and there form small and large reservoirs and lakes which would be ample supplies of the best water at every season of the year, and even keep in fair volume some of those primitive streams which, doubtless, were the attraction of those who originally settled on their banks? It is distressing to see, in some of our large towns, to what condition these once fair streams have been reduced: the water is taken off above until the bed of the river has been dried, and then let on again in every imaginable degree of pollution. Under such circumstances the water thus taken from the stream might be supplemented by the upper stores; or, better still, these stores might be relied upon for most of the requirements of large communities.

Spring waters, although much prized by some for medicinal qualities, and others for seeming purity, are not in such quantity as to supply the wants of large populations in civilised life. It may be doubted if the deepest borings would suffice. From springs and wells the water is filtered from the earth's surface, and the filter beds are beyond the control of man. Doubtless, river-water is more serviceable under many circumstances; but it is constantly liable to be for the time of floods, unfit for the use of man or beast, unless precautions are taken to filter the supply immediately required; and at all times, when the population is dense, as on the banks of the Thames, it seems beyond the power of man to avert entirely such pollutions as are incidental to masses of population.

It seems sad to see the bed of a streamlet or river actually dry because man chooses to divert it from its natural course, never to be returned again except in diminished quantity and polluted condition. For certain arts and manufactures, distilled water is indispensable; yet there are curious instances in which it is objectionable. I fancy, however, that we might all agree that distilled water, if it could be had in sufficient quantity, would pretty well suffice for man's wants. But no system of distillation which we could devise would suffice for the quantity required. It appears to be overlooked by the general community that the waters of large and deep lakes are chiefly the product of distillation. In these natural reservoirs we have accumulations of such fluid. There may be springs in their bottoms or sides, but who can doubt that the chief supplies come affluent from the watersheds around, frequently many miles away? These sources, springs, and rivers, all come from rain, and rain is probably the purest of distilled waters. How few of those who pass our flooded valleys during rainfalls, seem to know that the muddy streams they see below are in reality condensed from impalpable vapours in the air; literally evaporated or distilled waters restored to the surface of the earth again in solid form, holding in a floating condition only dusty and earthy *débris* for a few hours or days. Such muddy streams produce no effect on the main volume of a good-sized lake or reservoir; and when this pollution—if the term be correct —subsides, the pellucid fluid left is probably as useful for all general purposes as man could desire.

I am not aware that it has yet been calculated how much water is allowed to pass thus on its way to the sea. I have in my time seen several severe droughts in this country, and have occasionally wondered what might be the result to animal life—man and beast—if the general distress should continue a few days or weeks longer. This involves a great hygienic question; and interested as we are in it professionally, taught as we all are in the virtues of water—home distilled, nature-distilled, home-filtered, nature-filtered, looking to the value of water to man as regards his internal and external bodily wants, I do not know any point of hygiene of more interest. Fish, sheep, and cattle can be brought in reasonable quantity—hundreds, it may be—in conserved condition, thousands of miles, but water cannot be fetched such distances in sufficient quantity at reasonable terms. And here I cannot but again express my opinion that we, in our professional capacity, may err grievously in making trivial and questionable objections to the quality of water, when there seems a fair prospect of getting that which is most desirable for man's use, a full, ever-flowing quantity which might give a perpetual current, day and night, well nigh fresh from the dew of heaven.

SECOND DAY, WEDNESDAY, AUGUST 6TH.

NEXT YEAR'S MEETING.

A report of the General Committee recommended that the Association should accept the invitation from Norwich to hold the Congress there, and that Dr. Copeman should be the President elect.

On the motion of Dr. Falconer, of Bath, seconded by Dr. Sibson, the proposal was unanimously agreed to, and Dr. Copeman promised on behalf of Norwich that everything should be done to render a visit to the city a pleasant and profitable one.

THE ADDRESS IN MEDICINE.

Professor E. A. **PARKES**, F.R.S., of the Army Medical School, then rose to deliver the Address in Medicine, and was received by the large assemblage with warm and long-continued cheers. When he commenced attending hospital practice, thirty-seven years ago, the two great discoveries of the first quarter of this century—Richard Bright's recognition of albuminuria, and Laennec's application of the ear to discover the normal and abnormal actions of the heart and lungs—had hardly made their complete impression on medical practice. Everywhere now these two grand advances were being diligently pushed on, and their extraordinary importance for the whole human race was recognised. The medical man's everyday work became defined; indecision, the most harassing of his troubles, was replaced by certainty; symptoms thought to be identical were suddenly separated; what had been deemed important was seen to be useless; what seemed insignificant was shown to be full of meaning. Nor had any advance since that time equalled these two great steps. To Laennec's work, indeed, as far as it concerns the interpretation of auscultatory phenomena, little had been added. The completeness of his investigation was nothing short of marvellous. Let any one go over the diagnosis of the diseases of the thoracic organs in the ante-Laennec period, and then read his wonderful treatise; then let him look through the almost countless works since; and he would see how much was done, how little was left undone, by the great Frenchman. And, if Bright's great work was not so complete, this was inevitable from the very nature of the case. He was not merely investigating the meaning of sounds which a special instrument made audible; he was dealing with the most intricate changes within the body. It was impossible he should round off and make clear the signs of the several kidney-degenerations whose nature was not even suspected; yet all he did was perfect. It was wonderful how little error of commission there was in Bright's essays. While Laennec, in his discussion on tubercle, wished to give a complete and exhaustive account, which he could not really do, and desired to bring everything into the narrow circle of a definition which really left half out, Bright kept to his facts. What he saw he stated, and, as far as the facts warranted, he interpreted; but he went no further, and in this he showed a more philosophical mind even than the illustrious discoverer of auscultation. These two great discoveries stood high above all that had followed, nor was it likely that equal advances would be made in this century. Laennec's work had been somewhat enlarged, and here and there corrected. Bright's albuminuria, like a newly discovered country, had been separated into provinces, surveyed, classified, and enumerated. The work was not yet ended; but he presumed we now saw its limits more or less distinctly, and could foresee the time when, for practical purposes, it might be considered to be thoroughly known. The value of the discoveries which had since chiefly influenced practical medicine would be estimated differently by different persons. To his mind, one of the most important practical advances in the last thirty years, was the discovery of embolism and thrombosis. The immediate effect on diagnosis was considerable. To be able to separate a class of apoplexy from other apoplectic cases, to recognise blockage of the pulmonary, the ophthalmic, and other arteries, was a great gain; but the indirect consequence of the doctrine of embolism—the recognition of the effect of minute capillary blockage, and of the transference of cells which are arrested in other parts and give rise to growths there—had a still more important bearing. In the same way, the doctrine of thrombosis—of so-called spontaneous clotting and arrest of circulation, and the mixed cases of embolism and thrombosis—had most important practical consequences, which were gradually becoming clear. Among all discoveries in pathology which had been made by the surpassing genius of Virchow there was none more valuable than the recognition of embolism. Another advance, which appeared to him to have greatly influenced practical medicine, was of a very different order. The entozoic diseases of men had long been known; but the mode of access and the transformations of the entozoa had been only made out within twenty-five years. How marvellous they were—what light was thrown upon obscure diseases by the tracing of the embryo or ova through its different stages and hosts to its maturity in its last resting place—need not be said. The labours of Van Beneden, Küchenmeister, Leuckart, our own Cobbold, and many others had given a degree of certainty about these animals and the diseases they caused, which was quite unlooked for thirty years ago. We could now understand, and could, therefore, prevent, not merely the common entozoic diseases, such as tapeworms, round worms, and the like, but see how to deal with such widespread maladies as the indigenous liver disease of Iceland; as the chlorosis of Egypt; as the fatal trichina disease, which has doubtless been until now confounded with the specific fevers, and as the Bilharzia affection of Natal. The importance of recognising these diseases, of bringing them out of the domain of mystery into the light of common day, and of thus freeing the class they were mixed up with from a heterogeneous element which made investigation very difficult, was too obvious to need comment. The latest contribution to our knowledge of entozoa was by no means the least curious. That a næmatoid worm should live in the blood of a man, should multiply there, or, at any rate, somewhere in the system, should be in such numbers that there must be many thousands at once in the body, was wonderful; but passing wonder was the fact that these thousands of active, living, feeding worms seemed to do little injury. Their discoverer, Dr. Timothy Lewis, of the Army Medical Service, had given evidence which proved that some of the persons infested with them must have had these worms for years and yet not only lived, but pursued their avocations, and were in the possession of fairly good health. How was it these thousands of worms did not cause blockage and obstruction? Why did they not take the nutrition the body ought to have? What became of them when they died and decayed, for they must do so? Where did they decay? and in what way was the structure of the blood vessels and other parts through which they passed influenced by their passage? These were the singular points which arose, for which further investigation must find an answer. The discovery showed, at any rate, that the entozoic diseases were not yet exhausted, and that many things must still lie over for those who had eyes to see and energy to use their eyes. The recognition, again, of the diseases (chiefly of the skin) which were owing to cryptogamic plants had had important bearings on practice; it led at once, as in the case of the discovery of the itch insect in the last century, not only to the adoption of a local treatment of a special kind, but to the recognition of the method of spread and to the means of prevention. At present the recognised diseases from the implantation and growth of plants had been chiefly those of the surface, or of what might be called the external passages, such as the throat, stomach, or bronchi, which were in communication with the air. But what should be said of the researches of the last three or four years, which seemed to trace so many affections, in part or wholly, to the influence of the bacteroid bodies which at present must be called plants? Without venturing to decide what relationship the class of plants which were massed together as schizomycetes had to the specific and infectious diseases or to putrefaction, it seemed clear that a profound study of them must be fraught with deep consequences to practical medicine. It was now certain that, penetrating from without by the surface of wounds, or more rarely by the intestinal surface, these minute cells, whose numbers were to be reckoned as untold millions, passed into spaces or bloodvessels, on the walls of which they colonized and lived, or entered living cells, it might be wandered into white blood cells, and got carried to distant parts of the body, or grew in and blocked vessels and caused a sort of embolism, or adhere to and grow on the valves of the heart, and might in one way or another cause various diseases and complications, and in some cases originate a disease which was mortal within a few days' time. Without exaggerating the frequency or the importance of these "mykoses," it could, he considered, be sure that in this direction practical medicine was about to make another step, and that, as there was a "disinfecting surgery," so also there would have to be a "disinfecting medicine." In a class by itself—for the recognised cause of the disease could not at present be referred to any plant, though it resembled, perhaps, no common animal cell—must be placed the small cell which, by its extraordinary powers of growth and attraction of food, caused the painful and obstinate sores known in India and Syria by so many names. The "Delhi" or "Damascus" sore, the "Aleppo" evil, and other names had been applied to a disease which was spread all over the East, affecting men and dogs, and which, though not fatal, was yet in the highest degree harassing and discomforting. The discovery of the cause and its cure was owing to Dr. Fleming, of the Army Medical Service, and it was a good instance of the great use of the microscope in the hands of a competent man. Dr. Fleming found as a constant element in these rodent ulcers a small cell; its nature was quite doubtful; no kind of plant could be developed from it, and it was presumably of animal origin; it contained nuclei, and grew marvellously fast, though whether by cleavage, or budding, or exosmotic transit, so to speak, of small cells through its wall had not been made out. By pressing on and absorbing the nutrition of the skin, it soon destroyed portions of the surface, and formed most unsightly and painful ulcers. That this cell was the cause had been proved by repeated inoculations. It was very tenacious of life, and resistent to chemical agents; hence the uselessness of the common plans of local treatment which had been so repeatedly tried without effect. The only cure was at once to destroy the cells with potassa fusa. In a few days a sore which had been open and extending for months was cured as by magic. The cure was infallible, and if this plan of Dr. Fleming was carried out, he would have the merit of having at once obliterated a disease which had been a plague for hundreds of years, and neither spared the great Aurungzebe in his hall of Paradise nor the meanest pariah who was no more than useless dust beneath his feet. (Cheers.) The speaker then reviewed the various doctrines which had been held with regard to the pathology of inflammation, and he mentioned the names of Cohnheim, William Addison (of Brighton), C. Williams, as having described years ago the emigration of the white blood cells, as well as other phenomena which attend inflammation, and he pointed out that the doctrines held of it had made the full circle of change. He then dealt with the change of views on the diseases known commonly as "consumption," and he came to the conclusion that, on the whole, the last thirty years had done much for the treatment of phthisis, but it was not all unmixed gain. He then passed on to a subject of more general public interest—"To glance at a clinical advance which has done much to extend and to define our views on the great class of the specific febrile diseases." Forty years ago many of the peculiar diseases which, under the term epidemic, or endemic, or in late years zymotic, caused a large mortality among all nations, were well known, but a large class still remain misunderstood. He could confidently appeal to those of his contemporaries who studied in fever hospitals before the year 1840, to bear him out when he said that few points in practical medicine were more unsatisfactory than the diagnosis and treatment of continued fevers. We seldom had knowledge of what existed, and none of what was coming, and no prevision of what to-morrow might bring forth. The most unexpected turns occurred in different cases—sudden recoveries, sudden gushes of blood in one case, sudden sinking, or coma, or convulsions in another. No practitioner ever gave more than an uncertain prognosis, for he did not know what changes a day would cause; and the want of knowledge of morbid lesions sometimes led to the employment of improper remedies, such as the use of strong purgatives in advanced typhoid fever. How wonderful was the change now! In most cases of so-called continued fever a diagnosis could be made as certain as in small-pox or measles, it was known what to expect, and the limits within which the morbific cause acted could be indicated. When he contrasted this certainty with the vague hesitating conjectural diagnosis of former times; when he thought also of the result of this accurate diagnosis—namely, a recognition of the mode and conditions of spread, a recognition which led at once to preventive measures, he began to doubt whether, after all, this was not the greatest advance in practical medicine. Certainly in extent of consequences it stood behind few others. Men of many countries, France, America, and Germany, had contributed to this great result; but he should not be accused of national pride if he claimed a large share of the honour for our own countrymen. A most active member of this Association, Dr. A. P. Stewart (cheers), was a very early pioneer in this matter, and to one of the greatest physicians of our time, to William Jenner, must be ascribed the immortal honour of the demonstration which converted dubious conjecture into certainty. (Cheers.) The great work of Murchisen had become the guide of every one, not only in this country, but abroad, for it had been largely translated, and had greatly influenced public opinion in Germany and in France. The researches of Mr. Simon and his able band of investigators had probed the causes of the fevers of England at every point, and if allowed to guide the action of the State it was not too much to say that the diseases which caused so great a mortality in times past, and which even now kill so many persons, would become things gone by, and as little known in England as leprosy or plague. (Cheers.) Enough had been done in the case of all those diseases to show how to act in preventing or in healing them, but he could not avoid a reference to the inquiries now going on respecting the so-called specific diseases. It was now more than 80 years ago that a physician of singularly penetrating and philosophic mind, one of those men who influence less their contemporaries than their successors, wrote a work of remarkable power. Gathering up from all sides the numerous observations whose significance became apparent only when they were brought together, Robert Williams, of St. Thomas's, first gave, in his work on "Morbid Poisons," a clear demonstration that the several epidemic and contagious diseases must own separate and specific causes. How gradually this belief had gained ground until it was held by most persons, need not be said, nor how it bore at once on preventive measures. In all these epidemic diseases most persons now recognised that there was a material cause; that conditions of meteorology, such as heat, moisture, and the like, or conditions of season or locality, or states of the human body itself, were merely additions which influenced by aiding or retarding transmission or growth. In this belief, logically born of facts, which was no dream or invention, but a plain deduction, we had a solid ground for action. If material, those causes must enter the body through some channel and by the agency of some other substance, by the aid of air, of water, or of food, or by broken surfaces of the body. By this conception of the "morbid poisons," to use his own term, Robert Williams marked off a great class of febrile diseases from those which might be produced by alterations in meteorological conditions, by excessive radiant heat, or intense electrical conditions, or parched and burning air, all of which might cause febrile symptoms. He thus simplified and defined, and cleared the ground for future inquiry. But it must be confessed progress had since been slow. It was soon seen that, if the causes of the epidemic diseases be material, they must come within the scope of modern instrumental inquiry. Either by chemistry, or by microscopical research, it was hoped that they would be seized and recognised and made to give up the secret of their birth, parentage, and power. But it was not known how far behind the delicacy of the problem were the instruments of the day. The recognition of these agents was evidently a task more difficult than to seize and decompose the light of the planets, or the dim luminosity of the nebulæ. At present inquiry carried us to the very threshold. How long would it be until some one opened the door and bade us enter? In the face of so subtle a point and of so many differences of opinion among the best microscopists, he feared to prophesy; and when Beale took one side and Ferdinand Cohn another, he would be a bold man who would decide between them. But we may safely say that the sap had been carried up to the very walls of the fortress, though how long it will be till the final assault was delivered it would be rash to say. One may conclude, perhaps, that the problem in question is not a simple one, like trichinosis, for example, where it was simply the entrance into the body of an animal with extraordinary powers of multiplication and penetration; but that in the case of the specific diseases we must not only have determinate breeding places in the body, but also possibly special conditions of nutrition, without which the agent cannot increase and cannot recur. Closely connected again with this question of the nature of the agents which produce smallpox, scarlet fever, measles, typhus, and enteric fever, or other infectious diseases, was that the cause of septicæmia. He could not tell in what light the observations of Cozo and Feltz, of Klebs, or Von Recklinghausen, or Burdon Sanderson, and Klein, and others, or the singular success of Lister and his antiseptic treatment based on the germ-theory, may appear to others. To him they seemed in the highest degree important. To refuse them credence, or to pass them by as immaterial, seemed about as philosophical as it was to discredit Jenner because the productive powers of vaccination seemed at the time so improbable. The rapid multiplication of bacteroid bodies, their colonization and emigration, the effects they produced by pressure blockage and embolism, the changes they caused in the white blood-cells, and perhaps in the albumen and fibrine, the disintegration of the white blood-cells, and the fibrillary deposits in the vessels, were all phenomena which could be shown. Could these things be without importance when they not only were real, but agreed so curiously both with the symptoms of septicæmia and with the most successful treatment of surgical injuries? It did not follow that we had got to the bottom of the question, but surely we had made a step, and that no trifling one, in learning one aspect of "blood poisoning;" a term true, yet so vague, so useful; indeed, indispensable, but yet not satisfactory; because, for the most part, it represented only a haze and not an outline. He sketched out the discoveries in regard to the nervous diseases, and then dealt with the question, "Have we gained in useful power by this knowledge? do we cure, do we prevent disease more easily and more perfectly than our fathers, or is this knowledge barren, a false light, like that pictured by Milton, making only darkness visible, and showing us only that we are helpless?" In answer, he reminded his hearers of the old system, which was that of proceeding without diagnosis, and he contrasted that system with the present, and with this review he concluded:—"In the present day our practice is, I conceive, differently conducted. Our first thought when we investigate disease, is to know precisely the parts affected; to estimate the amount of local injury, and to determine the effect produced on the constitution at large by the abnormal condition. We aim at a diagnosis as accurate and large as possible; and, though this is not always practicable, I think all will allow that there is a considerable degree of certainty. Then, being better acquainted with the course and tendencies of the special condition, we are able to form a better judgment of what is likely to occur, and how it is to be combated. Of course, a vast deal of our treatment is still empirical, and no doubt will be so for many years to come; and oftentimes we must fall back on general rules and treat a constitutional condition without recognising its cause. But, on the whole, we diagnose, I conceive, fairly, and have a tolerable knowledge of how the state we discover can be best dealt with. If, as I believe, the art of cure has really advanced greatly in the last forty years, the art of prevention has also made great progress, and this has directly arisen from the improvement in diagnosis. The recognition of a disease, and its reference to a particular category, inevitably lead the mind to probe its causes. This seems an instinct of our nature, probably divinely implanted to impel us in the path of knowledge and improvement. We cannot rest satisfied with seeing the thing; we must know its origin. Hence, during the last forty years, has arisen the School of Sanitarians, whose creed is that every disease, as we see it, has its antecedent, and that the problem they have to solve is to reach this antecedent and to prevent the seed from bearing its fruit. Either in the action of external nature, or in social habits, or in nutritive conditions, or in conditions proper to the individual, and arising from his mind or mode of thought, the seeds of the diseases are sought, and by degrees the conviction is gaining ground among all classes that we have ourselves to thank for a large number of those maladies which destroy health, embitter life, and rob us of the blessings, which we feel ought really to be ours. I need not say to what proportions this belief has grown, and how it is beginning to affect every class in the community, but it is only right to point out how directly it springs from the progress of Medical science. Let us hope that, as preventive medicine is really the child of curative medicine and is indissolubly linked to it, those who are conducting the vast plans which the Legislature has devised for improving the national health may remember that the Profession which has so far searched out the causes of individual and national ill-health must be entrusted both with the execution of the plans and with the continual search into a subject which is yet almost in its infancy. (Cheers.) And now I have passed in review, far too briefly, the points which appear to me most interesting when the eye glances back over the varied, smooth, and rugged, light and dark, fertile and sterile regions which a man passes over as time carries him, but too quickly, from youth to age. To me the retrospect is cheering; it has given me fresh hope for the continued advance of our knowledge and for the progressive usefulness of our Profession. I feel, as I have lightly passed over the records of the Profession's work and gains in the last forty years, that we have played no unworthy part in the great drama, and that, amid the restless activity of modern times, and the growth of newly-born sciences, an old art has not stood still, but with ever-increasing power is still, as it has always been, a very present help in time of need." (Loud cheers.)

On the motion of Dr. Sibson, seconded by Dr. Ratcliffe Hall a hearty vote of thanks was accorded to Dr. Parkes. After some formal business the general meeting adjourned.

THE PUBLIC MEDICINE SECTION.

Mr. **George Hastings** presided in this section, and in his opening address said he was called as a vice-president quite unexpectedly to occupy that position, and though he had not prepared an address he could, out of his experience, speak on the subject of Public Medicine, which he regarded as the art of preserving life and the art of preventing disease. He described the results of his inquiries in America, where he had found that infant mortality among foundlings, when the children were left in the care of pauper women in the "alms-houses," was so exceedingly great as to lead almost to the extinction of the class, but that the death-rate greatly diminished when the children were removed to the hospital on Randall's Island and treated on the wet-nurse system. He read tables showing the remarkable healthiness of this plan as compared with the mortal effects of the other. From these facts he deduced an argument that it was the duty of the Legislature, regarding Parliament as being in duty bound to provide for the welfare of the population, to pass a measure which should prevent women working in factories, and from sacrificing the lives or health of the children to which they had given birth, as was now the case by their leaving the infants to be brought up artificially while they worked in factories. As a matter of political economy he urged that the Legislature should interfere so as to preserve the health and vigour of the population. He then spoke of the imperfections of the Public Health Act and pointed out some remarkable examples of what could be done if the necessary powers were given to the proper authorities to prevent the spread of disease; and he condemned strongly the want of precaution about the Government measure, which gave the powers into the hands of the petty vestry classes, who, he said, were interested in keeping sanitary work undone, as they were the owners of the worst property. It would have been well if larger electoral bodies had been empowered to elect the sanitary authorities, and, as in the case of the London School Board, to obtain a Board above the considerations which attached to the separate bodies elected by localities. He gave his experiences as one of the Royal Commissioners, on the Contagious Diseases Acts, and said he was not satisfied with hearing the evidence, but he went to the towns unexpectedly and personally investigated how they were carried out. He spoke of the evidence for the continuance of the Acts being based on facts and on truth, while that against them was the evidence of theorists and fanatics, who spoke only as to what they feared would be the results. The results, he said, were that he had proved to his perfect satisfaction that the physical benefits were exceedingly great, and that the moral benefits were greater still. He concluded by expressing his earnest hope that, by the efforts of the Association, the English people would become a thoroughly healthy people, endowed as they were with vigour of mind and body, and that it would succeed in diminishing an amount of disease and mortality disgraceful to the civilization which permitted it to exist.

MILITIA SURGEONS AND THE GOVERNMENT.

A meeting of Militia surgeons was held to consider their position with regard to the new Government Warrant. Dr. B. Childs presided, and the unanimous opinion was that they were injured by the new Warrant, the examination of recruits now being conducted in the depôt centres by the staff surgeons, and the two months' "preliminary" being lost to them. It was resolved to revive the Society of Militia Surgeons which formerly existed, and to take united action to obtain compensation.

THE RECEPTION AT THE ROYAL COLLEGE OF SURGEONS.

In the evening the members were received at the house of the Royal College of Surgeons, in Lincoln's-inn Fields. There were upwards of 2,000 gentlemen present, the fair sex being necessarily excluded from this entertainment, since the reception was held in part in the fine museum of the College, which is based upon the collection of comparative anatomy originally made by the illustrious John Hunter. This great national museum is without a rival in any country. The College has expended in maintaining and increasing the collection up to the present time upwards of £250,000, out of funds contributed entirely by the surgical members of the Profession. No place could therefore have been more appropriate to the present occasion. The President of the College, Mr. Curling, and the Vice-Presidents, Sir James Paget, and Mr. Le Gros Clark, received the guests, among whom were men eminent in art and science as well as in medicine. The tables of the Library were covered with objects of artistic interest, and the works of Sir Henry Thompson, Mr. Prescott Hewett, and Mr. Seymour Haden, bore testimony to the skill and zeal with which artistic pursuits are followed by eminent members of the Medical Profession. Professor Vischer, Drs. Corneil, Krishaber, Lazarewitch, and Spiegelburg, Baron Langenbeck, and many other eminent foreigners, testified their admiration of the great collections made by Hunter, and improved by Owen, Huxley, and Flower under the liberal auspices of the Profession which devotes its funds to the purpose, and had made arrangements by the courteous permission of the present curator, Professor Flower, for a more leisurely study of its contents on Thursday.

Third Day, August 7th.

At the general meeting this day several reports were presented and adopted, though not without a protest or two, which the managers almost ignored. The most important report was that on State Medicine. Professor Wood delivered the address in Surgery, of which we must defer our abstract. He was listened to with great attention, and frequently applauded. The Hastings Gold Medal was then presented to Mr. Lawson Tait by Sir W. Fergusson, and Mr. Tait briefly replied. A conference of Medical Officers of Health was held this day. A conference of Poor-law Medical Officers was also held.

THE PUBLIC DINNER.

The annual dinner was held in the Hall of Lincoln's Inn. Nearly 300 members were present, and the Right Hon. W. E. Gladstone was present. The presence of the Premier was the triumph of the banquet, and gave occasion to much satisfaction. Among the toasts was that of Her Majesty's Ministers, which was proposed in a felicitous speech by Sir J. Paget, who described what he considered the standard of an English Minister. Mr. Gladstone replied with the eloquence so easy to him, and assured his hearers that Sir J. Paget's ideal was one that would serve as a standard toward which he might aim, and proposed the Association, as the union of practitioners of every grade, saying that he had often been much indebted to the Profession in his own person, and that of all the sciences of observation so cultivated in this age, medicine is the noblest.

The dinner was a success; only a few complaints have reached our ears.

Fourth Day, August 8th.

At eleven o'clock, Sir William Fergusson, President, in the Chair, an elaborate address on Physiology was delivered by Dr. J. Burdon Sanderson, F.R.S., and warmly applauded by one of the largest companies of scientific men who have this year gathered within the walls of the great hall. At the conclusion of the address Professor Virchow, of Berlin, moved a vote of thanks to Dr. Sanderson for the very able paper he had read to the meeting.

Dr. De Mussy, of the Hotel Dieu, Paris, seconded, and the motion was carried with acclamation.

ADDRESS ON PHYSIOLOGY.

Dr. Burdon-Sanderson delivered this address on Friday, in the course of which he said—There are probably some who think that every physician ought to be a physiologist —that in the selection of remedies and the diagnosis of disease he ought to call in the aid of physiological considerations, and be guided, not merely by experience (or by empiricism, as we call it when we want to slight its value), but also by science. But the opinion most common is that, although Physiology may be a very good thing in its place, conclusions derived from physiological reasoning ought always to give way to the dictates of practical experience, and that science never can be a guide to practice. Those who employ this mode of expression refer as to convincing argument in support of it, to the numerous instances in the history of medicine in which the influence of what they are pleased to term *physiological* theory has been injurious.

They refer, *e.g.*, to the overfeeding and overstimulating treatment of disease during the last twenty years; to the unreasonable disuse of venesection; to the neglect of antimony and other so-called antiphlogistics; to the undervaluing of mercurial remedies; to the purgative treatment of cholera; and to other instances in which they say that practical medicine has been injured by allowing *physiological* theory to dominate over experience.

With the exception of the misapplication of a single word I have not very much to object to in the view so expressed. But that word, in relation to the subject of my present discourse, is somewhat important. It is the word "physiological"! The cases on which the whole argument is founded are undoubtedly good examples of the injury done to medicine by allowing theory to dominate over practice; but in no single instance can the theory referred to be termed, with any regard to exactitude of expression, physiological. Take the example of mercurial remedies as the most familiar, and as having relation to a therapeutical investigation, set on foot some years ago by this Association. What is the state of the case?

Physiological experiment has proved that mercury exercises no influence in increasing the secretion of the liver. Experience had proved ten thousand times that, in certain sufficiently well defined disturbances of the digestive organs, the traditional blue pill and black draught at once relieve the symptoms, and restore the disordered functions to the normal, and the patient from misery to comfort. These are the two facts, the one physiological, the other practical or empirical. Out of these spring two theories; one that mercurial remedies are useless, the other that mercury acts beneficially by exciting the secretion of bile. Both are demonstrably false. The former, certain writers on the subject are pleased to call physiological. All I can do on the part of physiology is to repudiate it altogether. It is an inference which practical men, and not physiologists, have with insufficient consideration drawn from physiological facts. It is an example, in short, not of the injury which physiology does to medicine, but of the undeserved discredit which practical men throw upon science, by attempting to apply its facts without any sufficient knowledge of their bearing.

I have entered upon these considerations for the purpose of showing that, in the present position of Physiology and Medicine, it is highly desirable for the welfare of both to draw a distinct line of demarcation between them. On the one side of this line we have what may be properly called the science of medicine; a science in which experiment has no place, its fundamental facts being gathered, not from experiment, but from case-books and the records of *post-mortem* examinations. Its method consists in systematising and combining the experience of great numbers of trustworthy persons in such a way as to make them applicable to diagnosis and treatment, and admits of being carried out with quite as much exactitude as those methods which are employed in the so-called exact sciences.

In Physiology, comprising its two branches, pathology and pharmacology, experiment is everything. Just as the science of medicine proper may be described as based on the observation of cases, and in the orderly classification of the recorded clinical facts, so physiological science is built up of experimental results.

The distinction between medicine as an empirical, and physiology as an experimental, science, though easy to state, is difficult to maintain practically.

Dr. Sanderson next went on to speak of Fever, observing that at the present moment, the theory of fever which exercises the widest influence and is most generally accepted is that of Virchow, the main characteristic of which is that it places the *fons et origo* of the febrile state in the nervous centres. To deal with it I must carry you back to the year 1851, which may be considered as an era in the history of this subject, if not in the development of the science of pathology in general, inasmuch as it is from this year that the use of the thermometer as an instrument of clinical observation may be said to date. For it was in 1851 that Traube, physiologist and physician in one, published the earliest systematised thermometrical observations of febrile diseases.

As regards the doctrine of fever, the effect of the introduction of this method was to bring us back to the notion which is expressed in the old Hippocratic word "pyrexia"—a word which implied the recognition of increase of temperature as the essence of the febrile state. For among the earliest results of the observations of Traube and his immediate followers was the demonstration of the fact—which no one had suspected before—that in fever the elevation of bodily temperature is characteristic of the whole process; and that in those fevers in particular in which the cold and the hot stage are most distinct from each other, the condition of the patient is as truly pyrexic in the former as in the latter, however little it may seem to be so to himself or to others; in short, that amid all the varieties in the subjective state of the patient, in the state of the skin and of the circulation, the objective fact of increased temperature remains.

The immediate expression of the impulse thus given to the pathological thought in reference to fever was the development of the theory of Virchow just referred to. Founded directly on clinical observations, it seeks, like other theories of similar origin, to harmonise these observations with each other by regarding them as parts of the same physiological process. The first step in its construction was to bring the two chief components or constituents of fever—viz., pyrexia and increased discharge of oxidation products—into casual, *i.e.*, physiological relation with each other.

Virchow's is essentially a neurotic theory. It points to the functional disorder of a hypothetical nervous centre, the so-called regulation or moderation centre, the exact position of which he does not pretend to determine, assigning to it, however, a place somewhere in the intra-cranial part of the spinal cord. The normal function of this centre is to preside over the bodily temperature; for it is owing to its agency that the oxidation-processes, which may be said to constitute the life of our tissues in health, are so controlled that the bodily temperature, even in the most internal parts, never rises above 100 deg. Fahr.

In disease—*i.e.*, in fever—the wholesome influence of this centre is paralysed, and the normal oxidation-processes gain the upper hand, as shown by the increased discharge of oxidised products by the lungs and kidneys, and the general wasting of the body, while the temperature rises.

Here I must ask leave to make a digression. While all this was going on in Germany, our own countryman Parkes was observing without theorising in England. So early as 1853, he had made both thermometrical observations and urine analyses in fever, which so far confirmed those of German observers. The results of his observations were published in his Gulstonian lectures on pyrexia. In these lectures, while concurring with Virchow in regarding fever as primarily a neurotic process—a process having its primary seat in the nervous centres—and supporting this view by a variety of convincing arguments derived from clinical observations, he, with characteristic and wise caution, neither followed him into his physiological explanation, nor substituted any other theory for it. It is now twenty years since the lectures were published; and although they are full of facts and observations which at the time were new, I do not think they contain any expressions or statements which the author, if he were to republish them, would find it advisable to retract. The reason is that Dr. Parkes approached his subject in a truly sceptical mind, and refused to give way to the besetting temptation to physiologise. He contented himself with setting questions; not that he failed to see with perfect clearness the theoretical bearing of the facts, but because he knew that physiology was not at that time in a position to answer his questions with any approach to certainty. Would that other equally earnest inquirers were endowed with the same wise cautiousness!

To return to Virchow. As I said before, he made no pretension to assign any definite position to the supposed regulation centre, either anatomically or by physiological experiment. The first serious attempt to do so was made by Naunyn and Quincke many years afterwards.

The experiments consisted simply in observing the effects of dividing the spinal cord on temperature, under different circumstances, at different heights—viz., at different distances from the medulla. Now ordinarily, when the spinal cord is divided in the cervical portion, the effect on temperature is very marked. The result of the operation is not only (I need scarcely say) to paralyse the voluntary muscles, but to paralyse the vascular nerves.

The consequence of this vaso-motor paralysis is (as has been ascertained by repeated measurement) to retard the circulation, diminish the work done by the heart, and diminish the temperature. The temperature sinks because heat is given off at the surface more rapidly than it is evolved in the tissues —a fact which is proved by the observation that if the animal is wrapped in cotton-wool its cooling is delayed, though it cannot be wholly prevented; while, on the other hand, if its body is immersed in a conducting medium, such as water at the ordinary temperature, so as to favour the loss of heat at the surface, the depression of internal heat is correspondingly accelerated.

The experiment of Naunyn and Quincke may be regarded as an imitation or reproduction of the well known case of dislocation of the lower cervical vertebræ recorded by the late Sir Benjamin Brodie, in which he observed a very rapid increase of temperature with acceleration of pulse before death. Having destroyed the continuity of the spinal cord by crushing at the level of the sixth or seventh cervical vertebræ, Naunyn and Quincke observed that, if the animal were placed in a chamber at a temperature varying from 82 to 86 Fahr., there was always an elevation of temperature amounting to three or four degrees, which, as in Sir Benjamin Brodie's case, was continued until death. This they attributed to the severance of those channels by which, according to the theory of Virchow, the intracranial part of the spinal cord controls those chemical processes by which heat is produced.

Having repeated the experiments of Naunyn and Quincke on one or two occasions, and failed to obtain any warming effect which could not be accounted for otherwise, I was not surprised, and was indeed somewhat gratified, to find that Professor Rosenthal, in an extensive series of experiments, had come to the same negative result—that is to say, had found that in all cases of division of the cord in the cervical region the effect of the operation is to depress the bodily temperature below the normal standard. The error of Naunyn and Quincke was evidently due to their having neglected to compare carefully the phenomena produced under the influence of the agent to be investigated with those which present themselves under otherwise similar conditions. For it is an invariable rule in experimental investigation, that no result can be accepted as proving the parentage of any given phenomenon, until it has been shown by counter-experiments that the effect is not produced under circumstances which, in every other respect excepting the presence of the supposed cause, are identical with those of the original experiment.

With these recent observations of Rosenthal, the history of regulation centre theory may for the moment be said to terminate. It has not been definitely proved that the encephalon contains no such centre, but its existence has been rendered extremely improbable. For, although a great number of experiments have been planned for the express purpose of eliciting evidence of its action, all have failed. In few words, the history of the theory is this: Framed to account for clinical facts, it was for years accepted by clinical pathologists as a good physiological explanation, until at last its importance claimed for it the attention of experimental physiologists, when it was found not to stand the test of investigation.

Two other theories take their start from the ordinary physiological doctrine of the distribution of heat in the bodies of warm-blooded animals. As set forth with admirable clearness by Huxley in his little *School Physiology*, it may be stated as follows. The heat which is communicated to the blood in every living part of the body by the chemical changes which constitute its life, is distributed therefrom to every other part by the blood-stream; but between the external parts—*i.e.*, those which are in contact with relatively cool external media—and the internal parts, there is this important difference, that whereas in the interior all is production, at the exterior the production is far more than balanced by the loss—*i.e.*, by the giving off of heat by evaporation and radiation; consequently, if it were not that by means of the circulation fresh supplies of heat are constantly being brought to the surface from the warmer parts at the centre, the surface would rapidly cool, as indeed it actually does when the circulation is much weakened. Hence, in respect of its function in the distribution of heat, the circulation is rightly compared by physiological teachers to a hot-water apparatus; and they use this similitude, be it observed, not as a representation of the facts, but merely as a diagram or schema. Even for this purpose the ordinary hot-water apparatus requires considerable modification in its plan, in order to serve as an illustration. In the first place, we must suppose that the movement of the water is determined, not, as in the ordinary case, by the variations of density due to heat, but by the action of a pump representing the heart; and that the heat is communicated to the water, not at one focus, the stove, but in all parts of the system (as *e.g.*, still following our friend Huxley, by a number of little gas jets arranged at short intervals underneath the pipes); and secondly, we must have our pump placed at the centre of the system, and our water-pipes, some in protected positions close to each other and carefully covered with hay-ropes and other appliances for preventing loss of heat, others exposed to the air, divided by repeated branching and kept constantly moist, to represent the conditions of the circulation in the exposed and external parts of the body. So arranged, the apparatus would give us a very true diagram of the circulation in relation to the distribution of heat, and it is not difficult to see what the results would be, both as regards the maintenance of temperature in the whole system, and its distribution in different parts. The temperature of the internal protected tubes would be always greater, that of the external exposed tubes always less, than the mean temperature of the whole apparatus; but provided that the dryness and temperature of the external media and the relative quantities of water passing to the external and internal parts, and the heat communicated by the gas jets remained unchanged, the mean temperature of the whole system would be constant, just as it is in the animal body. Any alteration of any of these factors would declare itself either in general warming or cooling, which, however, would only go on until a new balance of loss and gain was established. If, *e.g.*, the relative quantity of water flowing through the external parts were increased, either by facilitating the flow in the protected tubes or by hindering it in the exposed ones, this would at once tell in an increase of the general temperature in the whole system, which effect would continue until, by increased evaporation and more rapid radiation at the exposed surfaces, equilibrium was again established. The former condition representing health, this might be regarded as fever.

Out of considerations of this sort sprang the two theories of fever to which we now desire to direct our attention. According to Marey, fever consists in a general relaxation of the vascular system of the external parts of the body; referring to our schema, we find that the effect of this must be to let blood of a higher temperature from the central pump flow more freely into them and warm them up. Hence the hot skin of fever. According to Traube, on the contrary, the surface vessels are contracted. Consequently the flow of blood through the exposed parts is hindered, while that through the internal organs remains unimpeded. Hence, again, referring to the schema, the general temperature of the body rises, and you have fever. Is it not strange that on the same physiological scaffolding such opposite structures should be erected?

The vaso-motor theory of fever in either of its forms is not only defective as leaving the collateral constituents of the febrile state (viz., those which relate to nutrition and secretion) unaccounted for, but fails to explain even the very phenomena (those of circulation and bodily temperature) on which it is constructed. It is perfectly true that in the animal body, as in the schema, if we alter the relative quantity of blood flowing in external and internal parts, or vary the velocity of the blood stream, we produce corresponding variations both in the distribution of temperature and in the mean temperature of the body. But experiment shows (1), that the maximum effect thus produced is not comparable in quantity to the elevation of temperature actually observed in fever; and (2), that the direction in which the effect manifests itself varies, being determined by complicated combinations of circumstances of which neither theory takes any account. These are, among others, the external temperature at the time, and the vigour with which the heart responds to the increased resistance. Considering that we can produce much more decided vaso-motor effects experimentally than any which can be supposed to exist in fever, and can graduate those effects at will, we may consider it as proved, at all events as regards vascular contraction, that this condition is quite inadequate to account even for the temperature result attributed to it.

The notion that the heat of the skin in fever is dependent upon what may be called a determination of blood to the surface, is in like manner negatived by the fact previously referred to in relation to the regulation theory that under all varieties of condition the invariable effect of vascular relaxation is the contrary to that which the theory supposes, viz., to depress the bodily temperature, and that this cooling takes place even when the animal is protected as much as possible from the influence of external media by packing it in cotton wool and so forth. A more striking, though not to the physiologist, a more conclusive proof of the inadequacy of any conceivable change in the distribution of the blood to produce pyrexia, is to be found in an experiment of Liebermeister's, of which I will now endeavour to give an account. It is an experiment not made on dog, cat, or rabbit, but on a willing human subject. It can, however, be substantially repeated on the lower animals with a similar result.

If you take two ordinary warm baths at the temperature of the body, and, after careful agitation of the water, put a healthy person in the one, leaving the other unoccupied, the mass of water in each being the same, and then after a time remove the subject of experiment, and again measure the temperature of the water after agitation, it is found—1, that, whereas in the unoccupied bath the temperature of the water has sunk, the occupied bath has either remained at the same temperature, or at all events has lost less than the other; and 2, that the subject's body has become warmer, because, being surrounded entirely with a conducting medium neither cooler nor warmer than itself, no heat whatever has been lost at the surface; so that all the internal heat produced during the period of immersion has accumulated, that is to say, has gone to the good of the bodily temperature.

This is the experiment. Its value lies in the information it gives us as to the maximum result which can possibly be attained by complete suppression of the surface discharge by mere accumulation of the heart normally produced. The thermometrical results of the experiments as compared with temperature measurements, *e. g.*, in intermittent fever during the period of fervescence, show that the rate at which the temperature rises in the accession of ague is at least four times as great as the maximum effect of accumulation Dr. Sanderson next went on to discuss how fever can be produced.

PRESENTATION OF REPORT OF PARLIAMENTARY BILLS. COMMITTEE.

At two o'clock the concluding general meeting of the Association was held in the great hall, at which the report of the parliamentary bills committee of the Association was presented.

The report stated that the committee has held numerous meetings during the year about subjects arising out of parliamentary measures and proceedings of the Government affecting Medical interests. Although fruitful in measures aiming at modifying the relations of medicine to the State, and of amending legislation for public health, the session has been nearly barren in results, and your committee cannot pretend to outstrip Parliament in its work. The most important measures introduced were the Public Health Bill of Sir Charles Adderley and the Registration of Births and Deaths Bill.

Votes of thanks were in due course resolved upon to the many persons who contributed to the success of the meeting, the concluding one being to the President, who having responded the meeting was brought to a close.

SOIREE AT UNIVERSITY COLLEGE.

Some two thousand five hundred ladies and gentlemen were present in the halls which have been adorned by the genius of Flaxman. As the company arrived they found the facade of the building fitfully illuminated by the electric light, and as they passed into the College they were received on the Flaxman staircase, the walls of which bear bas-reliefs and medallions from the master's hand, by Professor Marshall, F.R.S., the dean, and other members of the council, the names being pronounced in stentorian tones as Dr. Marshall shook hands with the guests of the college, who circulated for a while in the library, where some pictures by great artists were shown, by the kindness of Sir Henry Thompson. Here, too, were some of Minton's art tiles, as well as a collection of Wedgwood ware. In the anatomical museum some photographers displayed their *chef d'œuvres*. From half-past nine o'clock there were performances of vocal and instrumental music in the botanical theatre, and during the evening there was some fine instrumental music under the colonnade by Mr. F. Godfrey's band of the Coldstream Guards. M. Marey was present, and explained some of his own inventions, Dr. Burdon Sanderson acting as interpreter. This the concluding evening was a great success.

On Saturday various excursion parties carried out their several programmes.

We are obliged to defer our reports of the Sectional proceedings.

MUSEUM.

The Museum this year has been generally considered to be far better than on any previous occasion. A large number of specimens, drawings, inventions, and other objects of interest were distributed in several rooms. Demonstrations were also given upon patients, and instruments in action were exhibited by their inventors. Some of these will furnish subjects for future remark. The selections from Guy's Hospital Museum were very attractive. The microscopic objects were numerous, and a room was devoted to electrical apparatus. Most of the surgical instrument makers had stalls, where they exhibited their wares and booked numerous orders for them. Much interest was felt in the demonstrations. To-day we may speak particularly of those of the veteran lithotomist, Gutteridge, who explained his method of operating on each day.

In the cases set apart for Mr. Gutteridge, are exhibited a selection from his long series of Lithotomic processes, two hundred in number nearly: they are classified into—(1.) Large *Uric-acid* formations. (2.) *Oxalates* more or less constituting the bulk of the entire concretions. (3.) *Pluralities*, curious as showing the effect of mutual attrition, rather than for their number in any particular instance. (4.) *Adherent Stones*, very remarkable as proving the possibility of their existence, notwithstanding the doubt, or even the positive denial of them by authors of repute. (5.) *Peculiar Shapes*, noticeable not only for the seemingly capricious course of crystallization in them respectively, but also for the proof they manifest of delicate manipulation in extracting them. (6.) *Contrasts of Colour*, varying from snow-white to soot-black; deep crimson to sea-green; amber with glistening particles; parti-coloured concretions sprinkled with diamond dust; bronze, brick-dust, ashy, brown, all perceptible still, however dimmed by the lapse of years. (7.) *Foreign bodies*, extracted from the bladder) either by the process of lithotomy or by the lithotrite. (8., *Post-mortem products*, few indeed, but bearing striking testimony to the action of a *vis medicatrix naturæ*, by which stones are seen in the process of disintegration by erosion or decortication:—those of the former class by a changed character imparted to the urine in which the stones had long floated: of the latter, wherein an explosive force may be fancied to have been set up through which the successive deposits, layer after layer, have split and cast off in flakes until the nucleus was approached; *excepting in this group* one singular and invaluable specimen wherein the decorticative process is seen in full operation in a boy about twelve years old, and from whom the seven pieces now exhibited were taken by the usual cutting process, there having been as many as thirty fragments of considerable size, previously expelled by the urethra. This boy was perfectly and permanently cured.

The surgical instruments exhibited are, a table constituted of a fixed frame, on which is a sliding top, whereby the patient may be firmly fixed and kept symmetrically in all respects, and yet through which, by means of a simple screw action, the position of *tight-up-trussing* may be speedily relaxed, and the pressure on the respiratory and venous systems lightened, so that in a protracted operation *rest* may be given and *renewed efforts* made, by intervals, at the operator's pleasure; a resource in the aged and the fat of the very first importance as respects the sustaining the patient's power of endurance without fatal congestion. Secondly, the manual instruments modified by the exhibitor, consisting of staff with handle capable of being used by the operator and the assistant at the same instant of time, and with a furrow for the knife to traverse, coiling slightly, and *ruffed* so that the holder of the knife may have a positive assurance of the knife and staff being in real contact throughout the course of the knife, until it is entered into the bladder. Secondly, an implement consisting of a handle shaped for the finger and thumb, with scalpel mounted at one end; and at the other a beaked knife—properly a *cystotome*—fixed at a right angle to the scalpel on the axis of the haft, so that one instrument may effect, by a move of the finger and thumb, the two distinct incisions, the external one and that of the prostate. Thirdly, a conductor for the forceps conformable in respect of size to the operator's left fore-finger. Fourthly, *forceps* with supplementary handles by which the stone may be compressed with *hair-light* pressure or increased force brought to bear on the main arms of the forceps; admitting of the *separation* of the process of *compression* and *traction*; or *relaxation* of the hold of the stone, for the purpose of *adjustment* of the forceps to the stone, or *gentleness* of pinch, in case of the stone being of friable material.

The explanation of *cutting for stone and finding no stone* being chiefly of a speculative character, no illustration is offered beyond photographs of the anatomical conditions, and the printed disquisition wherein the subject is discussed.

The general result of the exhibitor's practice is expressed by the fact that every case was successful but *eight*; and of these *five* only are to be imputed to casualties inseparable from lithotomy; the other three proving fatal from causes co-incidental with and not consequential upon the operation. In three cases no stone was found, but the cutting process was followed in each instance by total and permanent remission of the symptoms.

In eight instances the *bilateral* section has been made by a simultaneous movement; not the symmetrical one of Dupuytren, but one compounded of the *lateral* section in the perinæum and the *semilunar* in the prostate gland, a process which resulted most felicitously in every case but one.

The smaller bilithotome was made by Charrière, of Paris, expressly for Baron Dupuytren; the larger, by Savigny and Blaise, of London, slightly improved by the exhibitor, is of surpassing value in cases where the prostate is large and dense, or the stone of enormous strength.

It would be unjust not to give our testimony to the labours of the Museum committee, and above all the toil of Mr. Waren Tay, who prepared a catalogue which is a most useful volume.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 13, 1873.

BRITISH MEDICAL ASSOCIATION.

THE week has been so completely occupied in London by the meeting of the British Medical Association, that metropolitan practitioners have thought of little else except their urgent cases. The meeting has been a great success, and many pleasant reminiscences will be carried away by those who attended. We give this week a report of the general meetings as far as space permits, but we must defer the proceedings in the several sections, which may be looked upon as the scientific part of the week's work. For the general aspect of the gathering has certainly been one of amusement. The country members came up evidently on pleasure bent, and their London brethren determined that nothing should be wanting on their part to make the week pass happily. The hospitality displayed has been on a truly magnificent scale. First of all a public luncheon was provided daily, for all comers, by the liberality of the metropolitan branch. This was in King's College, and if numbers tell anything, they show that it was heartily appreciated. The sections were not usually interrupted for luncheon, but members went for a short time and returned to work. The hospitality of the City was exercised by the Lord Mayor at his reception in a manner that proved gratifying to his guests, and the same may be said of the College of Surgeons and of University College. But these do not nearly represent the extent of what London men did. Many had their houses full. Many gave daily breakfasts, and some of the leaders gave dinners to large parties. It was felt to be an occasion on which Londoners with large incomes should show the greatest hospitality to provincial friends, and, as a rule, they did it. Many Londoners also worked very hard in endeavouring to be of service to their country brethren in any way they could—not a few spending hour after hour in the precincts of King's College, merely for the purpose of being ready to receive and oblige their friends. Although the staff of this paper was represented in each of the sections, and at the general meetings, others representing it were for several hours daily occupied in the fatiguing effort of waiting upon their provincial friends, and doing what they could to make their visit a pleasant one. And this is only a sample of what many leading men did. It is also to be remembered that in many cases this was done at the expense of holidays, for not a few will have to shorten their usual tour by the week thus spent.

Here we cannot help repeating our regret that the meeting was held so late. The reason put forward was that lecturers could not come till the close of the session; but we all know that is over by the end of July, and often earlier.

If the meeting be remembered, as we are sure it will be, with so much pleasure, it may be fair to ask what good it has done. Really, apart from the aspect of pleasure, and as affording a series of convivial gatherings, we cannot say much for it. The general policy of the Association we look upon as condemned by the meeting, which had no interest whatever to spare for the reports of the self-appointed committees, who rule the affairs of the Association, and endeavour to kindle some enthusiasm for Medical reform of their own type, and for Medical politics of a very unsatisfactory kind. It is quite useless, and we believe that not only are the majority of members apathetic, but that they really disapprove the policy of the Committee of Council, and they pretty clearly showed that they did not think the Association really representative.

THE PRESIDENT'S ADDRESS AT THE ASSOCIATION.

THE Metropolitan meeting of the British Medical Association has come and gone, and like all things, whether great or small, is already passing into the history of the doings of the Profession. On the whole, we believe we ought to pronounce the gathering a successful one, that is, if confusion and a scramble for places to listen to papers and discussions, under no ordinary difficulties, and in overcrowded, over-heated rooms, in the hottest days of the hottest period of the year in London, may be fairly considered as affording evidences of success. It must have appeared to many, as it did to ourselves, that too much was attempted to be got into four short days, and into a space totally inadequate for the objects of the meeting. It is not surprising, therefore, that a good deal of disappointment should have been expressed about the impossibility of making any deliberate and intelligible examination of the various specimens exhibited in the rooms, as well as of being shut out from discussions, and of a gathering not less important—we allude to the Dinner.

The confusion of the opening day reigned throughout the week, and simply because the committee reckoned without its host. Arrangements had been made to accommodate the country and foreign visitors, while the metropolitan members were expected to take care of themselves. The rooms of King's College, well enough and large enough for ordinary occasions, were quite inadequate to the wants of so large a gathering, and on the first day, the heat in the large room was quite overpowering, although the President treated his audience to a discourse on the quality and quantity of water, regardless of the necessity for fresh air and a drop of cold water to quench the thirsty soul.

The President's address, of which a full report appears in another column, was perhaps one of the most remarkable productions of this huge gathering, and deserves something more than a passing notice.

While listening to this novel exposition upon water, it was scarcely possible to believe we were in King's College, or in a room where pure science is taught, and where men are prepared to go forth to grapple with life and death, and propound sound hygienic views to ward off the dreaded foe, cholera, a disease of all others traceable to impure water poisoned by the percolation of infinitesimal molecules, but which, nevertheless, may carry disease and death into any household. We ask if it is possible to "affect too much the airs of the pure chemist," or become too fastidious about pure water. On the other hand, does the Medical profession look upon chemically pure water as an essential article for daily household use? We answer, most assuredly not in the sense uttered by the President, for is it not a well-known fact that distilled water is undrinkable, perhaps unwholesome, very mawkish, unaërated, and totally without certain materials which contribute to the formation of the frame-work of the animal structure? Indeed, the epithet of *purity* on this occasion is misapplied, as the President must know. Quite apart from chemistry, and solely dealing with its salubrious uses, a water is no more entitled to be termed pure because it is destitute of a moderate impregnation of earthy salts, than wine is pure because it has been manufactured without the juice of the grape, or beef-tea made without animal juices. Its purity consists in its possessing those qualities that fit it for promoting the growth and sustaining the functions of the animal body in health. Were our aims on behalf of the community to be lowered from the consideration of how we might raise to the highest perfection its health and vigour, to that of how we might best aid in economising soap, then the application of the term purity to a water unimpregnated with earthy salts would conceal under it a less mischievous fallacy. But even here, what is wholly true, in a chemical sense, of the effect of the hardness of the water in decomposing soap, is only partially true in a practical application; and it has been maintained that what Glasgow gains in the saving of soap, "owing to the natural softness of the water," it loses in regard to the public health. It is thought by many that the high death-rate is due to the fact of the Town Council's having "tapped the side of one of the most beautiful and classical of Scottish lakes" loaded with organic and deleterious matters.

Men's minds see only that which lies immediately or prominently before them; and thus deciding, ignore the rest, because it does not lie within the sphere of their knowledge, and because of the difficulty they have in penetrating to the principal quality, but not the most palpable. Nevertheless, it does appear to be somewhat discreditable, when a proper capacity of judging is possessed, that such persons will persistently mislead others, by talking of "rain water as probably the purest of waters" for man's use, and of surface water "as a pellucid fluid, as useful for all purposes as man could desire;" and with a display of knowledge seek to ignore the more important fact that Nature has carefully stored up in her deepest recesses an abundant supply of good and wholesome water, palatable to the taste, and well-suited in every way for the maintenance of health and strength in every creature on the face of the earth.

In the name of the Profession, we protest against the President of the British Medical Association's unscientific plea for dirty water.

THE CONTAGIOUS DISEASES ACT AND ITS EFFECTS.

In a late edition we noticed the remarkably beneficial effect on the troops stationed in districts protected by the application of this Act, as shown by the practical result on the section of a regiment which had been stationed at the Curragh Camp, where for an entire month previous to leaving, the detachment had not presented a single case of acquired disease, while directly after arriving in Dublin (where no Act is in force), the men suffered from every kind of venereal, but specially from the true infecting type of sore. We apprehend this demonstration must satisfy both the advocates and the opponents of these Acts. It establishes beyond any doubt the possibility of restraining, and, it appears, of absolutely stamping out so potent and mischievous a taint, with the simple machinery which is put in action in the method of compulsory treatment. To the opponents of the Act it proves that their favourite theory of voluntary treatment, while it will do a certain amount of good, and but for which, it must be admitted, vastly more misery would be inflicted; yet that where such a class is concerned it is not to be compared in efficiency with the compulsory method; this we can have no better demonstration of than the very instances we have recently quoted. We can testify that no voluntary system could be better carried out than in Dublin. Patients are admitted at all hours if necessary, and the wards are perhaps the cleanest and best in the city; they are spacious and have ample comforts and accommodation for over, two hundred patients. The diet is good, and the treatment of the patients is conducted by surgeons of great experience, who take much interest in the subject.

The patients can leave the hospital when they desire it, as the law affords no authority for restraint. This is the point so advocated by the Act opponents, which is found the weak point of the system. Some patients of the less reckless character will come in when compelled by pain and misery to do so, but directly pain is relieved, will demand their discharge, although at the very period when they will be most dangerous to the community. It will be said, why should men have anything to say to them? and if so let them suffer. The answer is a practical one. Men have always done so. and do so still, in spite of suffering from the effects. It is idle to discuss as to theories. It is admitted since the memorable occasion when being convicted by their own conscience they were not able to cast a stone, that the passion overwhelmingly exists, that it is one of the most potent of our nature, and that women naturally take advantage of it to pursue a business or trade which is obviously dangerous, and is as incontestably proved to be within complete control. The question seems so simple, and is thus so plainly proved, that it is only to be wondered at if the application of these Acts is not speedily rendered universal, and put in immediate practice where opportunity offers.

There is, however, another matter in connection with this subject which is of double interest both as regards the sanitary and scientific effect of compulsory treatment. The compulsory treatment of scurvy, and the application of vaccination by law, are examples of the beneficent effect of compulsory treatment. We are now able further to give in illustration the remarkable result that not only has the immediate promulgation and extension of venereal disease been checked, but that a milder form of the disease has actually been attained.

In a State point of view this is a matter of *incalculable* value, as it must be allowed that while gonorrhœa and soft or non-infecting sores cause a mere temporary loss of service, the cachexia and long train of symptoms which result so frequently from true syphilis not only entail a long confinement to hospital, but too often a permanent debility and inefficiency. When we are told, as the result of the Venereal Commission, that a number representing the entire British army is lost to the service from venereal disease for a week in the year (an expense which interests every tax-paying member of the community), it is time that the matter should be vigorously taken in hand, and that even if the "stamping out" of the disease could not be established, the attainment of a milder form is obvious. Thus, taking the 34th Regiment as an example, we find that during the year 1872 venereal diseases formed one-fifth of the entire admissions to hospital. During the first six months the men were at stations not under the Contagious Diseases Act Regulation; during the last six months they were at the Curragh, which is "protected," and where the Government regulations are admirably carried out by Dr. Chaplin, the local officer under the Act.

During the first six months there were admitted a total of	69 cases.
Ditto the last six months	38 „
	—
Being a reduction in a protected district of nearly one-half	31 cases.

All the cases, according to the surgeon's report and the hospital return, of those contracting disease at the Curragh, were of the soft or chancroid variety (two infecting sores were contracted in other non-protected districts, one at Navan, and one at Old Castle). The surgeon remarks, as the sum of his observations, not only at the Curragh, but also at Shorncliffe, that the Contagious Diseases Act, when properly applied, has certainly the effect of modifying the nature of the poison, substituting a mild and easily cured for a virulent and constitutional affection, liable at any time to recur when the vital powers are lowered by privation or otherwise." In illustration the following table is sufficiently demonstrative:—

During the First Six Months of 1872.

	Average Duration of Treatment.
Gonorrhœa	22·9 days.
Primary syphilis	33·32 „
Secondary syphilis	32·25 „

During the Last Six Months of 1872.

	Average Duration of Treatment.
Gonorrhœa	17·86 days.
Primary syphilis	28·62 „
Secondary syphilis	29·20 „

Thus, while the numbers affected are reduced in the protected Curragh district nearly to one-half, we have in addition the attainment of a *milder* disease and a shorter confinement to hospital.

Another illustration will suffice.

In June last a wing of the regiment left the Curragh with a clean bill of health, and the half battalion at headquarters, consisting of 380 men, had only 13 cases among them; the wing in Dublin, consisting of 374 men, yielded 35 cases under treatment.

Such *facts* prove the efficacy of compulsory treatment in both reducing the frequency of the disease, and also, what is possibly more important, of attaining by such means a milder type—one, in fact, which by not infecting the system attains the great desideratum of saving the loathsome and deteriorating effects of constitutional infection, injuring not only the recipient, but a future generation. In some remarkable investigations that were carried out at the Lock Hospital, Dublin, the source of the milder form of disease has been already pointed out and explained. The results we now publish are confirmatory of them, and prove that we are yet capable, if assisted by Governmental authority, of disentangling the difficulties which have been woven around the question by misdirected zeal, prejudice, or unacquaintance with the real issues under consideration.

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Notes on Current Topics.

The Action of the Cerebral Hemispheres.

At the late meeting of the French Association for the Advancement of Science, Dr. Fleury compared the dynamism of the two cerebral hemispheres, which the *Philadelphia Reporter* notices. Serre and Broca have for a long time pointed out the functional inequality of the two cerebral hemispheres, and a great number of clinical facts confirm their ideas. Gratiolet has observed the same inequality in the development of the brain in the fœtus. The left hemisphere excels the right. Dr. Fleury explains this functional inequality by the unequal distribution of blood in the cerebral hemispheres. Relying on the physical laws which regulate the course of the blood in the veins, and on the results of numerous measurements, he shows that the left hemisphere receives a more considerable quantity of blood than that which reaches the right hemisphere. The measurements taken of the jugular veins also confirm this opinion. Finally, we have to mention the agreement of a greater afflux of blood to the right superior limb.

A Mayo Dispensary.

We observe from the proceedings of the Castlebar Dispensary Committee that its Medical officer, Dr. Kisby, appeals for a removal of one of his depôts to a more convenient situation. The present dispensary is five miles and a-half from the principal part of Dr. Kisby's districts and three below the summit of a lofty mountain. To support his application the Medical officer gives statistics of the number of tickets presented to him on each attendance at the depôt, from which it appears that in twenty-two weeks only seventeen tickets were presented, and in thirteen out of the twenty-two weeks not a single ticket.

The Coming Cholera Epidemic.

The peculiar characteristics of the cholera epidemic which is now travelling in our direction is noted by the *Philadelphia Medical Reporter*:—

"At the close of last February the religious ceremonies at Mecca had brought together 110,000 pilgrims at that city. Not a single case of cholera was reported among them. The ceremonies being over, they commenced to return home. Suddenly, on the last day of the month, a number of cases of cholera broke out in the caravans that were leaving the city, among the mendicant orders.

"Word was at once sent to quarantine the vessels which had already started, at El Wedj, where a sanitary station had been erected.

"Meanwhile, on the route from Mecca to Medina, the epidemic raged with violence. About 25,000 pilgrims passed over this route, of whom at least 4,000 succumbed to the disease between the 1st and 29th of March. Of 16,000 pilgrims who had passed through Egypt on their way to the ceremonies at Mecca only 11,687 returned, showing a mortality of 4,313, or about 25 per cent. of the total number. In spite of this terrible fatality, the disease did not show the same tendency to expansion which had been observed in all previous epidemics.

"Neither Mecca nor Medina suffered severely, the deaths from cholera in the former amounting to but fifteen a day in March. Not a single case of cholera appeared among the 9,000 or 10,000 pilgrims, after their quarantine at El Wedj

The Cure of Inebriety.

The *Philadelphia Reporter* gives the following statistics of 126 cases from Philadelphia received by the *Pennsylvania Sanitarium*:—

In 1867 thirteen were admitted, of whom six clerks, two merchants, and one mechanic have been restored, and continued to be useful citizens during four years.

In 1868 twenty-two were admitted, of whom five clerks, two merchants, one lawyer, one mechanic, and one agent have given three years' evidence of usefulness.

In 1869 twenty-three were admitted, of whom four clerks, one merchant, one mechanic, two actors, one agent, and one lawyer have done well for two consecutive years.

In 1870 twenty-three were admitted, of whom eight clerks and three merchants have given evidence of stability for one year.

In 1871 twenty-eight were admitted, of whom five clerks, two merchants, one physician, one constable, one manufacturer, one publisher, and one mechanic have stood firm since their return to their families and occupations.

In 1872 seventeen have thus far been admitted, of whom six have left with a good prospect of continuing in well doing.

A summary of this statement shows nine who have maintained their sobriety for four years, eleven for three years, ten for two years, eleven for one year, and eighteeen for less than one year. It is proper to observe, however, that four of the whole number have died since they left the Institution, three of consumption, and one of fever.

Nurse Children under the Irish Poor-law.

An elaborate series of reports on this subject from the Inspector of the Irish Local Government Board is to be found in their last Report. It appears that in the decade since 1862 3,035 children were sent from the Irish workhouses to outside nurses; of these 439 or about 14 per cent. died; 618, or 24 per cent., were taken back into the workhouses, and 1,542 are now at nurse. Only a few unions adopt the system at all, and the Commissioners say that "on the whole, they are not confirmed in their opinion that whenever a child is sent out of the workhouse not at a tender age and for the purpose of maintaining health, but at an age when any risk in that respect has ceased, and for the purpose merely of being brought up in a family, the power given by the Legislature has been perverted to an injurious instead of a beneficent end."

Increase of the Red Ticket System in Ireland.

The Tables which the Irish Local Government Board published in their Annual Report make manifest a remarkable and important change in the dispensary system which is gradually taking place, and which seriously affects the Medical officers.

In the year 1871 there was a uniform decrease of the visiting and dispensary tickets, but in the last year this condition of things has been modified in a peculiar way. In every province of Ireland there has been a considerable reduction in the number of patients who come to the doctor, and even a larger augmentation in the number to whom the doctor goes.

The white tickets are less by nearly 35,000 than last year (Ulster, 4,574; Munster, 16,501; Leinster, 10,135; and Connaught, 3,111); but at the same time the scarlet-runners have risen in number by 17,075 (Ulster, 1,160; Munster, 9,859; Leinster, 4,282; and Connaught, 1774).

These statistics may have many meanings and, perhaps, may indicate that the givers of tickets are acquiring an opinion that it is very good work for the doctor to run after the pauper. We don't find in the gravity of the year's diseases enough reason for this change, but, be the cause what it may, it is obvious that Irish dispensary doctors have more travelling to do and more time to lose in looking for their patients than they used to have.

Irish Union Mortality.

The mortality in Irish workhouses has, in the year which ended last March, been considerably greater than in either of the preceding two years.

The deaths for 1872-73 were, 11,672, which is more than 1,000 greater than in either 1870 or 1871. The excess for this year is, more or less, accounted for by the small-pox epidemic which killed 677 persons, but that explanation does not apply to the 1870-71, which only showed a mortality of 13 from that cause. Pneumonia is accountable for nearly 200 more deaths than last year.

The Increased Cost of Irish Union Relief.

The Irish Union Workhouse System has cost within the last year nearly £44,000 more than in the previous year, an increase in this one year of more than six per cent. in the outlay. The system has had to support nearly 7,000 more paupers, but the expense which their maintenance has involved accounts only for about a fortieth of the total increase. The £44,000 is principally made up of £20,000 for in-maintenance and clothing; £10,000 for out-relief; and £12,000 for officers' salaries and for sundry expenses.

The total disbursement of poor rates in 1871 was, £840,135 or 1s. 3½d. in the £ on the valuation. In 1872 it was nearly £895,000, or 1s. 4d. in the £.

Pauperism in Ireland.

The Report of the Irish Local Government Board issued on the 31st March shows a slight increase in the number of persons receiving workhouse relief and a large increase in the numbers getting out-door relief as compared with last year. This latter augmentation amounts to 4,500, an increase of about 18 per cent. in one year.

The Board anticipated an increased amount of pauperism last year in consequence of the partial failure of the potato crop, the wetness of the turf, and the high price of coal. The increase of out-door relief, amounting to 4,132 persons in the year, is thus distributed:—Permanently infirm, 2,231; widows, 950; temporarily disabled, 951.

Cancelling of Poor-law Visiting Tickets in Ireland.

The Irish Poor-law Commissioners remark, in a pointed manner, upon the discrepancy which their statistics show between the proportion of visiting-tickets cancelled—in consequence of their having been issued to persons who were not suitable objects for charitable relief—in the different provinces of Ireland. They show that in Ulster 257 tickets were annulled, and only 88 each in Munster and Leinster, and 54 in Connaught. The Commissioners say "there is no reason to believe that the Committee in Ulster are chargeable with any undue harshness in the exercise of the power of cancelling tickets, and if this be so the above figures suggest an apprehension of undue laxity in its exercise in other provinces."

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Literature.

PNEUMATIC ASPIRATION (a).

The use of the aspirator has become so frequent that, we doubt not, many will be pleased to see Dieulafoy's work in an English dress. It combines both diagnosis and treatment, and is brought out in a very handsome volume divided into five parts. The first relates to aspiration in general; the second is on aspiration on the several organs—liver, bladder, stomach, intestines, ovaries, &c. The chapter on hernia will be read by surgeons with much interest. The third part is concerning aspiration of the serous cavities—a subject which all our physicians are likely to consider with care—the pleura being the cavity in which aspiration seems of such importance. In Part IV. the author gives the treatment by aspiration of effusions into the cellular tissue; and Part V. gives the history of aspirators from Dr. Dieulafoy's point of view.

TWENTY-SEVENTH REPORT OF THE COMMISSIONERS IN LUNACY TO THE LORD CHANCELLOR.

The recent murder of a commissioner in lunacy in the exercise of his duties will be fresh in the memory of our readers. It would be well if public attention were called to the valuable report just issued; one of the very best, most succinct, and comprehensive ever issued from Whitehall.

The number of lunatics, idiots, and persons of unsound mind in England and Wales, registered on the 1st of January last was 60,296, being an increase of 1,656 upon that of the 1st of January, 1872. These numbers do not include 188 lunatics so found by inquisition, residing, in charge of their committees, elsewhere than in asylums, hospitals, and licensed houses.

The following summary shows generally the distribution of the patients registered:—In county and borough asylums, 30,473; in registered hospitals, 2,648; in licensing houses, 4,493; in naval and military hospitals, and royal India asylum, 338; in state criminal asylum, 508; private single patients, 423; in workhouses, 14,343; out-door paupers, 7,070; total, 60,296.

The ratio per 1,000 of the total number of lunatics, idiots, and persons of unsound mind, to the population in 1859, 1·86, grew to, in 1873, 2·58.

The number of patients in county and borough asylums on the 1st of January, 1872, was 29,640; the admissions during 1872 amounted to 8,837; the patients, therefore, who came under care and treatment during the year, reached the large number of 38,477.

The average number daily resident in these asylums throughout the year 1872 was 30,302.

During the year the recoveries recorded in county and borough asylums were 3,389, and the deaths 2,901.

The proportion which the recoveries bore to the total number under care and treatment, was 8·81 per cent.; but as an overwhelming proportion of the patients treated are old residents of the chronic and incurable class, and the recoveries, as a rule, take place only among the recently admitted cases, it is usual specially to compare them with the admissions.

The extent to which these institutions are from year to year becoming receptacles for chronic lunatics will be evident from the fact that out of the 30,473 patients therein on the 1st January last, only 2,476, or 8·12 per cent. were deemed to be curable.

The use of mechanical restraint in county and borough asylums, unless for surgical reasons, such as to prevent patients removing dressings or applications to wounds or injuries, or during the forcible administration of food, is, with few exceptions, abolished. In 38 of the 54 asylums visited during the past year, there was no record whatever of its employment. In the cases of 22 patients distributed over 10 asylums it had been resorted to for the above-mentioned reasons, and in six asylums it had been used to counteract violent, suicidal, or destructive propensities.

At a visit to Colney Hatch Asylum, a very dangerous male epileptic was found restrained by wrist straps and a belt, and from the register it appeared that he had been thus constantly restrained during the day, for a period of nine months. Ten other male patients were also recorded as having being restrained; one having had his hands fastened, and the remainder having worn gloves, altogether on 253 occasions. *This amount of restraint was remarked upon as being without precedent in any other English asylum at the present day*, and a hope was expressed that some less objectionable mode of dealing with violent and destructive propensities would be adopted.

Some remarkable cases of suicide are reported. Of these we are only able to extract two. A male patient in the Carmarthen Asylum, with strong suicidal disposition, effected his purpose in November last by means of carbolic acid, under somewhat peculiar circumstances. He had been in the asylum rather more than fifteen months, and had made many attempts to destroy himself during that period, and was therefore ordered never to be left out of the sight of an attendant. The solution of carbolic acid, marked "poison," was used for purposes of disinfection, and placed in charge of the head attendant, who, knowing its poisonous nature, usually kept it in a cupboard in his sitting-room. On the morning in question, in consequence of workmen being employed in this room, he removed the bottle for safety into his bed-room, and while engaged in writing there the patient came in, and asked him for a sheet of paper. The bottle was on the window sill, and though another patient, who was in the room cleaning the grate, saw the man put the bottle back, and heard him say that he had taken some poison out of it, he was not noticed either by the patient referred to, or the head attendant to have taken up the bottle, or drunk any of its contents. The quantity he swallowed was supposed to have been small, probably only a mouthful, but he died in little more than half-an-hour.

(a) "Pneumatic Aspiration, a Treatise on the Pneumatic Aspiration of Morbid Fluids." By Dr. Georges Dieulafoy. London: Smith, Elder, and Co. 1873.

The other case was at the Parkside Asylum, near Macclesfield. J. J. had, when at home, tried to destroy himself by hanging, strangulation, and tearing his throat; and when removed to the workhouse, twice attempted to strangle himself. After his reception into the asylum he tried to choke himself with food, to strangle himself, to poison himself by seizing a bottle of carbolic acid lotion, to swallow cinders, to hang himself with the cords of the blinds, to cut his throat with a small piece of glass when in bed, to dash out his brains by knocking his head against the wall; and on one occasion he hung himself by means of a handkerchief to the water-tap in the urinal, and was with difficulty restored. In this instance another patient confessed that at J. J.'s solicitation he had provided him with the handkerchief, knotted it, and attached it to the tap, J. J. having for some time been restrained by means of locked leather gloves without fingers. On the day of his death he had twice attempted to strangle himself with the roller towel in the lavatory, and while being bathed tried to drown himself. At night he was placed to sleep in a dormitory with two other patients, and upon the visit of the night attendant, soon after eleven o'clock, J. J. was found hanging, with a handkerchief round his neck, attached to the handle of a door communicating with an adjoining dormitory, and almost lying on the floor. From the way in which the knot was tied, it was suspected that J. J. could not have accomplished his purpose without assistance, as he still wore gloves, and had no front teeth; and one of the patients in the dormitory admitted to the night attendant that he saw J. J. take a handkerchief from under the bed, which he asked him to tie for him, and this he admitted that he did. The following morning two more handkerchiefs and a leather thong, knotted, were found under the bed of the other patient.

Of remarkable deaths, we extract two, one in the Salop, and the other in the Sussex Asylum, from patients being allowed to indulge in the habit, so constantly met with amongst the insane, of eating rubbish and injurious substances. In the case at the Salop Asylum, the man died from drinking an infusion of aconite and other herbs which he had gathered, but without any intention of destroying himself. From the same cause he had been seriously ill some time before. In that at the Sussex Asylum the patient was accustomed to work in the grounds, and was known to be very degraded in his habits, though not suicidal. Three days previous to his death he had to pass a barrel containing gas tar, and the attendant in charge of him subsequently found that his face and hands were covered with the tar. He was afterwards engaged for three days in digging up an old path made of sand, cinders, and tar; and both the attendant and gardener more than once noticed him chewing something, but unfortunately paid no attention to the circumstance. On the morning of his death, a tin containing the remains of some crude carbolic acid used by the gardener, was very carelessly placed among some cabbages, about ten yards from the spot where the patient was at work, and though he was not seen to go near it, he was found the same afternoon in a state of collapse and insensibility, and vomited a dark liquid, smelling of tar or carbolic acid. Death took place in the course of a few hours. Upon the *post-mortem* examination there were found in the stomach four nails, four pebbles, five pieces of tobacco-pipe, some small cinders and sand; and in the intestines a mixture of tar, cinders, and carbolic acid, three pieces of tobacco-pipe, two buttons, and two nails.

It will be seen from the following tables that there are above 7,000 pauper lunatics chargeable to the county of Middlesex, and nearly 3,000 to the county of Surrey:—

Total Number of Pauper Lunatics belonging to the County of Middlesex (not including the City of London).

In Colney Hatch	2,025
" Hanwell	1,790
" District Asylums (Leavesden and Caterham)	2,297
" Workhouses...	325
" Out-County Asylums	120
" Licensed Houses and Hospitals	606
" Boarded out...	280
Total	7,443

Total Number of Pauper Lunatics belonging to the County of Surrey.

At Wandsworth County Asylum	938
At Brookwood	618
In District Asylum at Caterham	819
Workhouses	200
Out-County Asylum	14
Licensed Houses and Hospitals...	202
Boarded out	134
Total	2,925

Additions are noted at the Chester, Derby, Essex, Glamorgan, Kent, Lancashire, Middlesex, Somerset, Surrey, and Yorkshire Asylums, and several boroughs are noted as being still without asylum accommodation. The various occurrences at the licensed houses in the metropolis and in the provinces are separately described, and it will be seen in the following extract referring to Sussex House how the Commissioners watch over the interests of the patients committed to their charge.

In one case, however, we were compelled to censure the conduct of Dr. Lyttleton Winslow, who, notwithstanding the cautions contained in our Circular of July 1864 (printed in the Nineteenth Report, p. 95), took upon himself the grave responsibility of allowing a gentleman in advanced years and of unsound mind to execute two powers of attorney for the sale of a large amount of stock. It is true that the patient's interest in the money was alleged to be that of a bare trustee. Still it seems to us quite clear, first, that a person confined under order and certificates ought never to be called upon to do any legal act involving the exercise of discretion; and, next that even if, under special circumstances, a formal signature might, in the opinion of some, be justifiably taken from a patient of sufficient intelligence to understand what he was about—yet that it is most unadvisable that the person in whose charge the patient is placed should constitute himself the judge of the question whether in any particular instance such circumstances do or do not exist.

Maintenance tables are given, copies of Reports at the Royal Asylums, an account of the insane in workhouses, inquiries into property, prosecutions and full appendices, altogether forming a most valuable addition to the previous Reports of the Commission. So well written and readable a report upon so serious a subject has seldom been issued. The Report concludes with noting the change in the board.

Early in the year Mr. Forster, the historian of the Commonwealth and biographer of Goldsmith and Dickens, who, after five years' service as Secretary had been appointed a Commissioner in 1860, on the retirement of Mr. Procter (Barry Cornwall), finding his health unequal to the continuance of the active duties of visitation, resigned his office; and was thereupon appointed honorary Commissioner. His colleagues express their satisfaction with an arrangement which preserves to the Board and to the public the advantages of Mr. Forster's experience and service.

Mr. Charles Palmer Phillips, well known by his books on the laws of copyright and of lunacy, was appointed as a Commissioner in the room of Mr. Forster. The office of Secretary, previously held by Mr. Phillips, was, with the approval of the Lord Chancellor, conferred on Mr. Charles Spencer Perceval, barrister-at-law.

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Correspondence.

CONTAGIOUS DISEASES ACTS (WOMEN).

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

> "Let the wise man be considered a fool, and the just man unjust, if his rigorous adherence even to virtue itself carries him beyond the proper bounds."—Horace.

Sir,—In spite of Mr. Green's sound common sense, he has not escaped a slight touch of that peculiar feeling which prompts people in the present day to exclaim on every possible occasion, "something must be done."

Now, really in this case nothing should be done; it is often the height of wisdom to do nothing, and to let well alone indicates an amount of common sense never possessed by fussy, meddling philanthropy mongers, to whose unwarrantable interference we are indebted for an amount of paternal legislation that will soon render England a very undesirable country to live in. Mr. Green says we must rigidly exact a severe penalty for solicitation from any prostitute, for accosting any man. Why should not one human being civilly accost another? If it is lawful for a man to commit fornication, it cannot be unlawful for a woman to invite him. But the fact is, the Police Town Acts give full power to the police, and have done for the last quarter of a century, to deal with these cases, but they have become a dead letter, simply because it was found that it was not safe to entrust the police to carry them out. For instance, an attempt was made to enforce this Act about a year ago in one or two districts of the metropolis, but no sooner were the police instructed to interfere than abuses arose.

Thus a police-constable named Binstead took into custody a respectable married woman because a gentleman asked her what time the last omnibus left, and locked her up all night in a cell. Her husband on applying at the police office, was ordered off, and threatened with incarceration himself, and in the morning Police-constable Binstead swore she had been soliciting, and charged her with prostitution. It was proved, in evidence, that she was a most respectable person, the wife of a railway official, and Mr. Burcham dismissed the case, declaring that it was not safe to convict on police evidence in such cases (see *Times*' report). A similar case occurred directly after, and a most respectable young lady was arrested on a similar charge by Police-constable Middleton. Mr. Tyrwhitt dismissed the case, making a similar observation to that of Mr. Burcham. It is also recorded that a gentleman and his wife were grossly insulted and threatened with a scandalous charge by the police, and George Woolgar, of the N Division of Metropolitan Police, was convicted of extorting money with threats when on duty from a female, and got seven years' penal servitude. Now this happens whenever a fit of compulsory fanaticism takes possession of the powers that be, and prompts the enforcement of the Police Town Acts, and it is abuses like these, which might be multiplied *ad infinitum*, which have made these Acts a dead letter. Indeed, the Editor of the *Daily Telegraph* remarked, in commenting on the above-quoted cases, that if such powers were to be entrusted to the police, the streets could not be safely traversed on foot, and it was Mr. Bruce's attempt to fall back on this measure when he introduced his Bill for the Repeal of the Contagious Diseases Acts, that caused such indignant comment from both friends and opponents of the last named Act. During the Tichborne trial a sergeant of police was called before the Lord Chief Justice, who gave his evidence in such an unsatisfactory manner that he was ordered to stand down, and his Lordship remarked to the jury that he was always very suspicious with regard to the evidence of policemen. Not long after he was appointed judge, a man was brought before him accused of a crime of which he was found guilty upon the evidence of a policeman, and he (the judge) was obliged to sentence him to seven years' penal servitude. But, observed the Lord Chief Justice, the nature of the evidence was such that he had his doubts as to the credibility of the policeman, and therefore he afterwards instituted searching inquiries. The result was that he was so thoroughly satisfied of the entire innocence of the prisoner that he cancelled the sentence. "Therefore," continued his lordship, "he had been from that time forth very cautious of receiving the testimony of policemen unless it was corroborated by independent evidence."

Why, under the Contagious Diseases Acts, no evidence is given or required. If a policeman cannot frighten a girl up to the examining house by threatening herself and her friends with imprisonment and condign punishment, he goes before a magistrate and swears he thinks something that "he has good cause to believe." He does not say what the cause is; and he produces no independent testimony whatever, and yet such amount of suspicion on the part of a spy, paid to accuse, before a single magistrate, in a secret court, is enough to condemn any woman to imprisonment with hard labour for an indefinite period if she declines to submit periodically to the grossest indecencies at the hands of a Government surgeon, though she has committed no crime, and is not even suspected of any legal offence whatever.

Similar observations have been made over and over again by other judges, and, indeed, the fact has been remarked by all who have had opportunities of forming an opinion.

Sir Charles Rawlinson, for instance, said, at the Social Science Congress, that, with all respect for the magistracy as a body, he very much questioned if any magistrate was fit to cross-examine or watch the evidence given by the police. He had sat as judge for many years, and had seen the police, who were as anxious as a young counsel to secure a conviction, without considering the innocence or guilt of the subject, defeat the most astute counsel. It was lucky if a third looker on succeeded in detecting the conspiracy which existed between the very men who were the guardians of our property, but not always of our liberties.

Only on Wednesday last a lady who was waiting for the Brompton omnibus was charged at the Bow Street Police Court by Police Constable Mansfield, with being drunk and disorderly, and locked up all night in a cell, and if the presiding magistrate, Mr. Vaughan, had not cross-examined the policeman she would no doubt have been convicted. As it was, it was proved on independent testimony that she was a most respectable person, and others present swore she was neither drunk nor disorderly, that the policeman had insulted her, and when she demanded his number, he retaliated, as is their custom, by taking her into custody on this charge. Mr. Vaughan dismissed the case, remarking that the police had acted with great indiscretion. Although the charge was absolutely false the man's sergeant backed him up, and, as the editor of the *Nottingham Journal* in commenting on the case remarked, "they were both ready to swear falsely against her without any provocation." It is all very well for well-to-do people who flatter themselves that they are in no danger from the police, to put on a supercilious smile when it is urged that the powers given under the Contagious Diseases Acts will be abused to the harm of innocent women. Such people are simply fools, and if their great grandsires had been equally senseless would be little better than slaves now themselves. Not abuse their power! Why, abroad, these men's wages constitute the least part of their income; they grow fat on black mail, bribes, and money extorted from both men and women. No wonder they should give astounding evidence as to the beneficial effects of the Acts! In Hamburgh, I am told by a gentleman long resident there that the Contagious Diseases Act police, whose wage is 12*s.* a week, after a year or two's pursuit of their detestable calling, go on to 'Change, and purchase and speculate largely with their ill-gotten gains. Consider what a condition of things has been wrought in France by such laws, as evidenced by the Lille trials, where one man confessed that he had, during five or six years, been in the regular habit of extorting large sums of money from both men and women, and had deliberately violated 500 respectable women simply by pretending to be a Contagious Diseases Act policeman and threatening what he would do if they did not submit. It is idle to say such things could not occur here; they have occurred, and one man has already been transported for seven years for the crime. By the bye, so convinced of this danger were the members [of the Royal Commission, that one of the most important recommendations they made was that these men should be distinguished by a uniform. Why has not this recommendation been carried out? Why are these low executives still in the guise of swell mobsmen? Are we anxious for the same state of things here that obtains in Berlin, where the special correspondent of the *Daily Telegraph* informs us that "hosts of women walking along our streets are apprehended every day and night by the policeman in plain clothes, on suspicion of being no better than they should be, and no honest woman dares venture out in the evening lest she be snapped up by the policeman in plain clothes, be she as innocent as Diana herself." "This," he continues, "is particularly hard upon tradesmen's wives and young women in employment who may desire to visit concerts or theatres on foot in order to avoid the expense of cab hire." Do we wish to imitate regulations like these, regulations that have placed *one woman in every seven* of the whole female population, high and low, of Berlin under the surveillance of the police, without diminishing disease? I do not say that the police are worse than other people of the same class, but clearly they are no better, and they are exposed from the very nature of their calling, to most demoralising temptations; bribed by women to let themselves alone, also to attack others; bribed by men to attack women or let others alone; recipients of anonymous slanders from prostitutes and brothel keepers, gentlemen and others. Still, our Liberal Government has not hesitated to place the women of this country absolutely in their power. What madness possesses our legislators "Quem Deus vult perdere prius dementet." De Tocqueville says "He who has the power of penal threat and punishment is the real master of society, and he warns us against permitting the police to become the masters; especially he says, spies and informers. Now what do these men do? They go to a child of fifteen living at home with her respectable parents (I am repeating a case recorded by Mr. Littleton, Registrar of Devonport), and tell her if she don't come to the examining house they shall take her to prison. When the mother interferes they tell her she will have to go to prison too. Frightened out of their senses, the mother and daughter submit, and the child is violated and found innocent, but nevertheless registered as a common prostitute and ordered to come again and again, to be laid out like a carcase for dissection in turn with the lowest women. Now this is exactly what De Tocqueville warns us against. Would such things have been possible in the days of Chatham, Fox, Burke, Palmerstone? Where are our great Constitutional lawyers now, or why are they silent when the Constitution is trampled under foot? "An injustice to the meanest citizen is an insult to the whole community"—hear Herbert Spencer.

Until quite recently, our forms of judicial procedure embodied the principle that some overt injury must be committed before legal instrumentalities can be brought into play; and conformity to this principle was in past times gradually brought about by efforts to avoid the terrific evils that otherwise arose. As a professor of jurisprudence reminds us, "the object of the whole complicated system of checks and guards provided by English law, and secured by a long train of constitutional conflicts, has been to prevent an innocent man being even momentarily treated as a thief, a murderer, or other criminal, on the mere alleged or real suspicion of a policeman." Yet now, in the state of groundless fright that has been got by, "the concern hitherto exhibited by the Legislature for the personal liberty of the meanest citizen has been needlessly and recklessly lost sight of." It is an *à priori* inference from human nature that irresponsible power is sure, on the average of cases, to be grossly abused.

The growth of representative governments is the growth of arrangement made to prevent the gross abuse of irresponsible power. Each of our political struggles, ending in a further development of free institutions, has been made to put an end to some particular gross abuse of irresponsible power. Yet the facts thrust upon us by our daily experiences of men, verifying the experiences of the whole human race throughout the past, are now tacitly denied; and it is tacitly asserted that "irresponsible power will not be grossly abused," and all on account of a manufactured panic about a disease which causes less devastation in a quarter of a century than scarlet fever does in one year.

I am, Sir,
Your obedient servant,
Thomas Worth, M.R.C.S.L.

Peabody Terrace, Nottingham.

HOW WOULD "HOME RULE" AFFECT THE MEDICAL PROFESSION?

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—As Home Legislation, in one form or another, is just now engaging a large share of public attention, and is being thoroughly investigated by thoughtful and educated men of different political parties, a glance at its probable effects on the Medical profession in Ireland can scarcely fail to interest some of the many readers of the Medical Press and Circular. I will premise by stating that whatever my own opinion on this important subject may be, still I wish to view it in a broad and unbiassed manner.

The entire Profession in Ireland of different grades, in round numbers, consists of 2,000 members (*a*); of these 1,019 hold dispensary and workhouse appointments, and about 950 are engaged in private practice in the metropolis and throughout the provinces. About 100 of the latter hold in addition hospital and other appointments, such as professors and lecturers in the Universities and Medical Schools. Again, 29 of the 950 are attached to the "Public Lunacy Service," and, as a rule, are not allowed to practise. The same may be said of the Medical Commissioner and the three Medical Inspectors in connection with the "Local Government Board."

Let us first consider how "Home Rule" would affect the private practice of Medical men, and in doing so it will be necessary to look at the results which its advocates confidently assert as sure to follow its establishment in Ireland. It is said the Union has powerfully promoted *absenteeism*, by which millions of pounds are annually drained out of the country by non-resident landlords and men of position and wealth, who have not the attraction to reside for a considerable portion of the year in Dublin, which a local Parliament would afford. The Peers and landed gentry would then swarm into the metropolis at the commencement of the Session, either to discharge their Parliamentary duties or to give their families the run of the gay and fashionable society which would be had to an increased extent. The monotonous and half-tenanted squares would assume the gaiety and vitality of the old Parliament days; trade would revive, and an increased population and money circulation follow. The most hostile to "Home Rule" would probably admit—so far at least as Dublin is concerned—that a Parliament sitting in College Green would be an advantage. If so, it is obvious that the resident practitioners would share in the general prosperity, and get many of the fees which now find their way into the pockets of their London and Continental brethren. Moreover, hospitals, and institutions of the kind where Medical men are employed, would increase in the same ratio as the City, and thus afford a larger field to the Profession. As regards provincial practitioners, home rulers would, I dare say, argue somewhat thus,—"Infuse vitality into the heart or chief city of a nation, and its pulsations will be felt at the remotest extremities. Whatever benefits the Dublin doctors must react beneficially on those living in the provinces." In this letter I have touched upon some of the advantages likely to accrue to the Medical Profession from Home Rule; in my next, with your permission, Mr. Editor, I shall pursue the inquiry further, and take up some of the disadvantages likely to follow any disruption of the Union.

I am, dear sir,
Your obedient servant,
Scrutator.

DISORDERS OF THE INTELLECT.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I request you will be kind enough to grant me a small space in your columns to correct an error in my article on "Disorders of the Intellect," in your issue of the 9th ult. At page 41, 23rd line, it says, "Medicine or any of the senses from a cause may act upon the intellect or spirit, indirectly producing disorder out of order, and *vice versâ*." It should be "Medicine or any of the senses from a cause may act *directly* upon *cerebral matter*, indirectly producing disorder out of order and *vice versa*." As it stood it was in direct opposition to the sentence following, which I find also wants correction to prevent a sinister construction being placed upon it. "The sense of wrong, of whatever kind or

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(*a*) "Irish Medical Directory."

description, may reach matter through one of the senses direct, upon which the spirit or intellect will act, and thus become irregular, erring, or insane." It should be, "The sense of wrong, of whatever kind or description, may reach matter through one of the senses direct, upon which the spirit or intellect will act, and thus (*cerebral matter*) becomes irregular, erring, or insane." The simplest, plainest, and most direct example or proof is that of intoxication from ardent spirits, when the arteries and veins of the brain, as well as those of the head and neck, become gorged, and there is an immense amount of most unusual pressure upon cerebral matter, when it is, in fact, in a terrible state of disorder and, perhaps, slight disorganisation; the spirit, intellect, or soul is there acting upon it, simply keeping it alive. In this state he commits a murder. Who or what is to blame? It cannot be the intellect, spirit, or soul, because it has not drunk; it drank nothing, it was simply a passive observer keeping matter alive. The man is hung, the intellect, spirit, or soul is set free, and matter is destroyed, but not punished. If, in place of committing the murder, he had taken poison, drowned, or hanged himself, or if an artery or vein had burst in his brain, how could you blame the intellect or spirit? I do not wish to encroach upon your valuable space, and with thanks,

I remain, yours very truly,

Alexander Lane, M.D., R.N.

Bucknall, Salop, Aug. 4, 1873.

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THE SUBCUTANEOUS INJECTION OF MORPHIA IN ANÆSTHESIA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I have paid some attention to the use of subcutaneous injection of morphia as an adjunct to the production of anæsthesia, both by chloroform and ether. I have altogether tried this plan in eleven cases of chloroform and four of ether.

I can speak of it in very high terms, never having noticed the lowering temperature described by M. Demarquay, nor any other dangerous symptom. The quantity of acetate of morphia employed is generally one quarter of a grain, which is injected subcutaneously in the immediate neighbourhood of the operation.

The special effects of the chloroform or ether upon the system (other than anæsthesia) appear to be reduced in intensity, a circumstance which I attribute to the fact that anæsthesia is accomplished with something more than one-half of the ordinary quantity, and, when once produced, is very prolonged. In fact, it generally ends in sleep, which, of course, much diminishes the shock of the system. Two of the cases in which I tried it were prolonged operations for vesico-vaginal fistula; another was an operation for the cure of entropium (at which I had the advantage of your assistance), where both eyelids were operated upon at the same sitting.

The use of morphia along with ether being not usual, and my number of cases being small, I am reluctant to generalize. As far as they go, however, I would say, that the effects of morphia with ether are fully equal to those if it were used with chloroform.

I am, yours truly,

Francis J. B. Quinlan,

Physician to St. Vincent's Hospital, and Professor of Materia Medica to the Catholic University.

29 Lower Fitzwilliam Street, Dublin, August 4.

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TRANSLATION.

Monsieur l'Editeur,—It would be truly ungracious on my part were I not forward to acknowledge the condescending homage, and altogether the handsome way in which as a foreigner my interests have been attended to at the recent meeting by the accomplished President of the British Medical Association, and no less by the approbation of the talented Professor presiding over the Physiological Section, who may be said to have given a death-blow to the sacrilegious and loathsome monster, quarantine.

As to the inconvenient crowding complained of on your shores, as commented on by the professor, you shall not wait long, since I shall relieve you, and as I come so shortly to visit my dear friends, there is need of few words, especially as my wishes go with theirs in every respect. The crowding of itself shall do no harm. The firmness, allow me to say, M. l'Editeur, the soundness of principles derived from good stock are calculated to last till I arrive. My express intention to be with you earlier, frustrated by the impertinence of a few individuals, will not have the effect of keeping me long away from those who are so entirely wedded to my views, being wholly one with me, whom I embrace with all my heart. It is therefore that I come incessantly invited by Nature's aristocracy, the scientific illustrations of the land. Some outgoing vessels were at my convenience in this respect to drop me in their course, who had no other function than this. You see then I duly come. Let so much serve to assure you; meanwhile apply yourselves severely to your studies, dear friends. The microscope, the battery, the scalpel, the test tube, there you shall find profitable employment. The rest shall be my paternal duty. Your garden I shall entirely attend to, removing sickly plants, also some strong ones when they appear to embarrass. In all respects I shall follow the exigence of the Cambridge professors. I burn to deserve the title of friend of man imposed on me by the Physiological Section. It is decidedly by water I shall come. My English representatives, members of my family, speak ever well of you. Indulgent to me and mine, your peoples when I arrive shall not fail to taste of the best.

Quid pro quo was ever the way with me. I embrace the distinguished President. He will not forget how a few years since I removed the truly remarkable Aston Key. I shall endeavour to leave much room.

Agréez, M. l'Editeur, &c.,

Pestis

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Medical News.

Royal College of Physicians of London.—August 6, 1873.—The following gentleman was elected Fellow of the College:

James Muter Turnbull, M.D.Edin., 86 Rodney Street, Liverpool.

Naval Medical Service.—We are requested by the Director-General of the Medical Department of the Navy to insert the following list of Naval Medical Candidates who were successful at the competitive examinations held at London in February, and at Netley in August, 1873, after having passed through a course at the Army Medical school, Netley, and who will receive commissions as Surgeons in Her Majesty's Navy (maximum number of marks, 6,900):—

Wellings, B. W., studied at Glasgow, 4,485 marks.
White, R. D., Dublin, 4,350.
Leech, J. R., Cork, 4,335.
Wilson, J., Belfast, 4,185.
Madders, H. J., Cork, 4,180.
Lucas, E. A., Dublin, 3,675.
Sproule, R., Dublin, 3,521.
Godding, C. C., London, 3,355.
Browne, S., Belfast, 3,137.
Flood, A., Dublin, 2,795.
Harrison, H. B., London, 2,770.
Fitzgerald, M., Dublin, 2,730.
Hamilton, S. F., Dublin, 2,413.
Magrane, C. W., Dublin, 2,402.

University of London.—The following are lists of the candidates who have passed the recent examinations:—Preliminary Scientific (M.B.) Examination.—Pass List.—*First Division:* John Wallwork Ashworth, William Banks, Arthur Barclay, Peter Phillips Bedson, Charles Edward Beevor, Frederick Lucas Benham, Henry Robert Heather Bigg, Samuel Ferguson Bigger, Samuel Herbert Burton, John Joseph Byrne, Charles Henry Cuming, Henry Davy, Percy Herbert Edmund Freund, John Gilliott Garbutt, M.A., William Gristock, Thomas Ernest Hayward, Samuel Alexander Hill, Peter Horrocks, Boyd Burnett Joll, David Rhys Jones, Oliver Joseph Lodge, John William Meek, Richard Shalders Miller, John Francis Nicholson, William Rumney Nicholson, John Priestly, Walter

Pye, Charles Ernest Richmond, Charles Robinson, Herbert Robson, James Ryley, Harrington Sainsbury, Charles Edward Sheppard, Arthur Quarry Silcock, Leader Henry Stevenson, Charters James Symonds, Harold Gilbertson Taylor, John Todd, Charles John Watson, Charles Alfred Weber, B.A., Frederick Willcocks. *Second Division:* James Stanley Newton Boyd, William Brown, Daniel Catlin Burlingham, Henry Laurence Champneys, Frank Aspland Cooper, Alfred Daniel, Thomas George Davy, James Hudson, Edwin Hughes, John Samuel Jould, David Lloyd, William Pope Mears, John Mortimer, Richard Rundell William Oram, Edmund Howard Paddison, William Rushton Parker, Reginald Paul, Prasanna Kumàr Ràv, John Reynolds Salter, William Frederick Shain, William Joseph Spratling, William Robert Stewart, John Raglan Thomas, John Hinks Vinrace, William Henry Weddell, Hubert Foveaux Weiss. FIRST B.SC. EXAMINATION.—Pass List.—*First Division:* Peter Phillips Bedson, Edward Boyce Cumberland, Thomas Frederick Harris, Samuel Alexander Hill, William Hudson, John Viriamu Jones, Oliver Joseph Lodge, James Gordon MacGregor, William Rushton Parker, Thomas Slater Tait, Claude Metford Thompson, Arthur Thos. Wilkinson, B.A. *Second Division:* William, Brown, George Christopher, George Simmonds Dunn, B.A., John Gilliott Garbutt, M.A., Charles Hopkinson, Peter Horrocks, John Neville Keynes, B.A., William Henry Munns, B.A., Frank Prior Purvis, Prasanna, Kumár Ráy, Charles Robinson, Herbert Robson, Alexander Simpson, B.A., Arthur Hewett Spokes, B.A., Charles Alfred Weber, B.A.

◆

FORMATION OF A NEW PROVINCIAL MEDICAL SOCIETY.

SOME time since a document, signed by the majority of the Medical practitioners of Drogheda and a radius of eight miles, was forwarded to Dr. Delahoyde, the senior member of the Profession in that town, requesting him to convene a meeting of the physicians and surgeons residing within a radius of eight miles, "to discuss the advisability of forming a society for the furtherance of professional science, and the maintenance of fraternal concord and unity of action amongst its members." The meeting was accordingly convened for Saturday, the 2nd August, at the Whitworth Hall, Drogheda, when the chair was taken by Dr. Delahoyde, at 3 o'clock. There were also present—Drs. Supple, Callan, Butler, McGreevy, Kealy, P. A. Kelly, and R. J. Kelly. It was then unanimously agreed that such a society as had been in contemplation should be formed, and that Dr. Delahoyde should be president thereof. A long discussion ensued, and all concurred heartily in the utility of the scheme. It was proposed, seconded, and unanimously adopted, that fortnightly meetings of the Society be held for the reading of scientific papers and discussion, and that the first meeting take place upon the evening of the 14th inst. It was proposed, seconded, and adopted, that Dr. Clarke be appointed secretary and treasurer. After the usual complimentary vote of thanks, the meeting was about to separate when Dr. Clarke arrived, and accepted the post of secretary and treasurer, expressing his gratification that such a society had been formed in Drogheda.

◆

Obituary.

ROBERT PENTLAND, F.R.C.S.I.

ON the 17th of June passed away one of the most successful practitioners and best operators among Irish provincial surgeons, in the person of Robert Pentland, F.R.C.S.I., of Drogheda. Apprenticed to the late celebrated Abraham Colles, he passed the examination for the Letters Testimonial of the Royal College of Surgeons, and became a licentiate of that body in the year 1818, having been for six years resident pupil in Steeven's Hospital, under the supervision of his distinguished master, and most of the other greatest surgeons of the Irish metropolis then alive, all men of celebrity and attainments. Within a short period after obtaining his qualifications he was elected surgeon to the Drogheda County Infirmary, which post he continued to hold until death removed him from office in the fifty-sixth year subsequent to his appointment. Throughout this long period of official life he commanded an extensive practice, attending all the leading families of the counties of Louth and Meath, carrying with him the unceasing and heartfelt esteem of all classes of the community; his junior and more humble brethren in the Profession always receiving that genial cordiality and compassionate fellow-feeling which was so distinguished a *trait* in his character, and ever so evinced as to render him especially popular amid the ranks of the Profession; beloved by the poor; at all times the welcome guest of the rich; and respected by all parties alike for untiring professional zeal, urbanity, and kindness in every relation of life, and unbounded hospitality. As a surgeon, he displayed great manipulative dexterity, and combined the talents of a sound surgical opinion and a successful operator. At the completion of his fiftieth year of office as surgeon to the Infirmary, the Governors presented him with a handsome address and purse of six hundred sovereigns, in appreciation of his long and arduous services. He obtained the Fellowship of the Irish College of Surgeons in 1826, and for many years sat upon the Council of that body. He was also surgeon to the Louth Militia. In the removal of Robert Pentland from the list of Irish provincial surgeons, the loss has been therefrom sustained—an accomplished ornament, a kind and generous friend.

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NOTICES TO CORRESPONDENTS.

NOTICE TO SUBSCRIBERS.—Gentlemen who have not paid their Subscriptions for the past year are respectfully reminded by the Publishers of the omission.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

LOCAL NEWSPAPERS, &c.—When forwarding newspapers containing news or articles to which our attention is wished to be drawn, correspondents will oblige by marking the copy, as it is impossible for us to wade through all the country papers we receive.

W. B.—The length of time that a body may be immersed in water, and then restored to life, would vary with several circumstances. It is presumed you mean that the body was actually submerged the whole time. Even then, if insensible before submersion, water might no penetrate the lungs, and so prevent recovery. Asphyxia mostly begins within one minute, and death generally would take place in less than two.

QUERIST.—Your surmise is correct. Dr. Francis Hogg *is* the author of the articles "Indian Medical Notes."

◆

APPOINTMENTS.

BONSER, J. H., M.R.C.S E., House-Surgeon to the Salford and Pendleton Royal Hospital and Dispensary, Manchester.

CLARKE, L., M.D., F.R.S., Consulting Physician to the Provident Medical Institution and Lying-in Charity, Pimlico Road.

CUMBERBACH, A. E., M.B., F.R.C.S., Demonstrator of Anatomy at St. Bartholomew's Hospital.

FOSBROKE, G. H, M.R.C.S.E., Medical Officer of Health for the Alcester Rural and other Sanitary Districts combined: £600 per annum.

FOWLER, G., M.R.C.P., a Visiting Physician to the Infirmary for Consumption and Diseases of the Chest, Margaret Street, Cavendish Square.

FURNER, W., F.R.C.S., Demonstrator of Anatomy at St. Bartholomew's Hospital.

HALL, J. C., F.R.C.P.Ed., F.R.C.S.E., reappointed a Physician to the Public Hospital and Dispensary, Sheffield, for a further term of seven years.

HAMILTON, F. G., M.R.C.S.E., House-Surgeon and Assistant-Secretary to the West Hertfordshire Infirmary, Hemel Hempstead.

Hodson, W. E., L.R.C.P.E., M.R.C.S.E., a District Surgeon to the Salford and Pendleton Royal Hospital, Manchester.

Hoyle, G., M.B., C.M., Assistant House-Surgeon to the Halifax Infirmary and Dispensary.

Kenyon, G. A., M.B., M.R.C.P.L., Medical Officer of Health for the Chester Rural and Urban and other Sanitary Districts combined: £600 per annum.

Kerr, A. D., M.B., C.M., Assistant Medical Officer to the Buckinghamshire Lunatic Asylum, Stone.

Law, J., M.D., Physician to the Public Hospital and Dispensary, Sheffield, for a term of seven years.

Milligan, J., M.R.C.S.E., Medical Officer for the Keighley Rural Sanitary District, combined with other Urban and Rural Districts within the Keighley Union: £200 per annum.

Morgan, Mr. Geo., House-Surgeon to the London Hospital.

Paradise, T. D., M.R.C.S.E., House-Surgeon, Apothecary, and Secretary to the Stamford, Rutland, and General Infirmary.

Pierce, F. M., M.D., L.R.C.P.L., a Physician to the Hulme Dispensary, Manchester.

Puzey, C., L.R.C.P.L., M.R.C.S.E., Surgeon to the Liverpool Royal Infirmary Lock Hospital.

Rickards, E., F.R.C.S.E., Resident Medical Officer to the General Hospital, Birmingham.

Sinclair, W. J., M.B., C.M., Medical Officer to attend Patients of St. Mary's Hospital and Dispensary for Women and Children, Manchester, at their homes.

Wanklyn, Mr. J. A., Public Analyst for Buckinghamshire.

◆

OPERATION DAYS AT THE LONDON HOSPITALS.

Wednesday, August 13.

Middlesex Hospital.—Operations, 1 p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
St. Bartholomew's Hospital.—Operations, 1½ p.m.
St. Thomas's Hospital.—Operations, 2 p.m.
St. Mary's Hospital.—Operations, 1¼ p.m.
King's College Hospital.—Operations, 2 p.m.
Great Northern Hospital.—Operations, 2 p.m.
University College Hospital.—Operations, 2 p.m.
St. George's Hospital.—Ophthalmic Operations, 1¼ p.m.
London Hospital.—Operations, 2 p.m.
Throat Hospital.—Demonstration, 2½ p.m.
Cancer Hospital.—Operations, 3 p.m.

Thursday, August 14.

St. George's Hospital.—Operations, 1 p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
University College Hospital.—Operations, 2 p.m.
Throat Hospital.—Demonstration, 2½ p.m.
Royal Orthopædic Hospital.—Operations, 2 p.m.
Central London Ophthalmic Hospital.—Operations, 2 p.m.

Friday, August 15.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Royal South London Ophthalmic Hospital.—Operations, 2 p.m.
Central London Ophthalmic Hospital.—Operations, 2 p.m.

Saturday, August 16.

Hospital for Women, Soho square.—Operations, 9½ p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Royal Free Hospital.—Operations, 9 a.m. and 2 p.m.

Monday, August 18.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
St. Mark's Hospital.—Operations, 2 p.m.
Metropolitan Free Hospital.—Operations, 2 p.m.
St. Bartholomew's Hospital.—Operations, 1½ p.m.
King's College Hospital.—Operations, 1½ p.m.
Charing-cross Hospital.—Operations, 2 p.m.

Tuesday, August 19.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Guy's Hospital.—Operations, 1½ p.m.
Westminster Hospital.—Operations, 2 p.m.
Throat Hospital.—Demonstration, 2½ p.m.
National Orthopædic Hospital.—Operations, 2 p.m.
West London Hospital.—Operations, 2 p.m.

◆

Births.

Clarke.—On the 4th Aug., at Lawrence Street, Drogheda, the wife of Francis E. Clarke, M.A., M.D.Dub., of a son.

Clover.—On the 31st July, at Cavendish Place, the wife of J. T. Clover, F.R.C.S.E., of a son.

Gairdner.—On the 31st of July, at Ardrossan, Ayrshire, the wife of Professor Gairdner, M.D. Glas. Univ., of a son.

Simpson.—On the 3rd Aug., at 52 Queen Street, Edinburgh, the wife of Professor Simpson, of a son.

◆

Deaths.

Anderson.—On the 26th of July, W. H. Anderson, L.R.C.P.Ed., of Theddl-thorpe, Lincolnshire.

Borton.—On the 31st of July, Francis Borton, M.D., of New Malton aged 83.

Hewitt.—On the 25th of July, at his residence, Nelson Street, Tipperary, after a short illness, Thomas Hewitt, Esq., M.D.

Paterson.—On the 14th of July, on board the Steamship *Golconda*, on the homeward passage from India, Frederick Robert Paterson, L.K.Q.C.P.I., Assistant Surgeon Madras Army, aged 29.

Reade.—On the 1st of Aug., H. C. Reade, M.R.C.S.E., of Clifton, Deputy Inspector-General of Hospitals, H.P., aged 56.

Ritchie.—At St. John Street, Manchester, C. Currie Ritchie, M.D., aged 30.

Rodwell.—On the 5th of Aug., at Loddon, Norfolk, Geo. Rodwell, M.R.C.S.E., formerly of the Ship *Edinburgh*, E.I.Co.'s Service, aged 54.

Advertisements.

HYDROPATHIC ESTABLISHMENT,
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In consequence of the death of the late Manager, T. PRESTON, the Proprietors are prepared to sell or let by Private Contract, to some party desirous of carrying on the practice of Hydropathy, and of seeking to maintain in the Establishment the same quiet and Christian tone so highly valued by those who have visited this place.

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ST. THOMAS'S HOSPITAL, ALBERT EMBANKMENT, WESTMINSTER BRIDGE, S.E.—The MEDICAL SESSION for 1873 and 1874 will commence on WEDNESDAY, the 1st OCTOBER, 1873, on which occasion an INAUGURAL ADDRESS will be delivered by Dr. J. HARLEY at Two o'clock.

Gentlemen entering have the option of paying £10 for the first year, a similar sum for the second, £20 for the third, and £10 for each succeeding year; or, by paying £105 at once, of becoming perpetual Students.

PRIZES AND APPOINTMENTS FOR THE SESSION.

The Wm. TITE SCHOLARSHIP, founded by the late Sir Wm. Tite, C.B., M.P., F.R.S., the proceeds of £1,000 Consols, tenable for three years, was awarded last Session.

First Year's Students. Winter Prizes—£20, £15, and £10. Summer Prizes—£15, £10, and £5.

Second Year's Students. Winter Prizes—£20, £15, and £10. Summer Prizes—£15, £10, £5. The Dresserships, and the Clinical and Obstetric Clerkships.

Third Year's Students. Winter Prizes—£20, £15, and £10. Mr. George Vaughan's Cheselden Medal. The Treasurer's Gold Medal. The Grainger Testimonial Prize. The Two House Physicianships. The Two House Surgeoncies. The Resident Accoucheurships. Two Medical Registrarships, at a Salary of £40 each, are awarded to Third and Fourth year's Students, according to merit.

The Solly Medal, with a Prize of 10 Guineas, will be awarded at the end of the Session, to a Student of the Third, Fourth, Fifth, or Sixth years, for the best Report of Surgical Cases.

MEDICAL OFFICERS.

Honorary Consulting Physicians—Dr. Barker and Dr. J. Risdon Bennett.

Honorary Consulting Surgeon—Mr. Frederick Le Gros Clark.

Dr. Peacock, Dr. Bristowe, Dr. Clapton, Dr. Murchison, Dr. Barnes, Mr. Simon, Mr. Sydney Jones, Mr. Croft, Mr. M'Cormac, Mr. Liebreich, Dr. Stone, Dr. Ord, Dr. John Harley, Dr. Payne, Dr. Gervis, Mr. Francis Mason, Mr. Hy. Arnott, Mr. J. W. Elliott, Dr. Evans, Mr. W. W. Wagstaffe, Mr. R. W. Jones.

Medicine.—Dr. Peacock and Dr. Murchison. Surgery.—Mr. Sydney Jones and Mr. MacCormac. General Pathology.—Dr. Bristowe. Physiology and Practical Physiology.—Dr. Ord and Dr. John Harley. Descriptive Anatomy.—Mr. Francis Mason and Mr. W. W. Wagstaffe. Anatomy in the Dissecting Room.—Anatomical Lecturers—Mr. Rainey and Dr. R. W. Reid. Practical and Manipulative Surgery.—Mr. Croft. Chemistry and Practical Chemistry.—Dr. A. J. Bernays. Midwifery.—Dr. Barnes. Physics and Natural Philosophy.—Dr. Stone. Materia Medica.—Dr. Clapton. Forensic Medicine and Hygiene.—Dr. Stone and Dr. Gervis. Comparative Anatomy.—Mr. C. Stewart. Ophthalmic Surgery.—Mr. Liebreich. Botany.—Mr. A. W. Bennett. Dental Surgery.—Mr. J. W. Elliott. Demonstrations Morbid Anatomy.—Dr. Payne. Mental Diseases.—Dr. Wm. Rhys Williams.

T. B. Peacock, M.D., Dean. R. G. Whitfield, *Med. Sec.*

For entrance or Prospectuses and for information relating to Prizes and all other matters, apply to Mr. WHITFIELD, Medical Secretary, St. Thomas's Hospital, S.E.

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Pupils are admitted free by election, or by payment of £35 per annum. A higher rate is payable for separate accommodation.

Contributions to the fund for the erection of the proposed extensive buildings at Palmerston are earnestly solicited.

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ST. BARTHOLOMEW'S HOSPITAL and COLLEGE.—The WINTER SESSION will begin on WEDNESDAY, OCTOBER 1st.

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Students can reside within the Hospital walls, subject to the College regulations.

For all particulars concerning either the Hospital or College, application may be made, personally or by letter, to the Resident Warden of the College.

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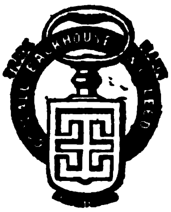

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The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 20, 1873.

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THE DANGERS OF CHLORAL HYDRATE.

By William Donovan, L.R.C.P., L.R.C.S.Ed., &c.

Having just looked over the translation of Dr. Kun's article on "Chronic Poisoning by Hydrate of Chloral" which appears in the *Pharmaceutical Journal*, I must say I was sorry to find no notice taken of its dangerous effect when administered to patients labouring under acute pulmonary diseases, such as pneumonia, bronchitis, and all diseases whose tendency is to retard respiration. I have, I regret to say, seen not necessarily fatal cases of pneumonia become hopeless after an ordinary dose of this death-producing hobby-horse of modern medicine.

The first case in which I used it was that of a stout, well-nourished man, of about 25, who was suffering from extreme asthma and insomnia of pneumonia. Its effect on him was quite enough to warn me of its dangers; his wife and himself made me promise on my next visit not to give him any more of that *stuff*, as it was very near killing him. He said that a very short time after taking it he lost all consciousness, and suffered from a kind of frightful nightmare, his wife stating that he was raving and muttering all night; when I saw him next morning he was in a state of complete prostration, his powerful constitution alone bringing him through.

The second and last time it was administered to a patient of mine by a Medical man of long standing and large practice, whom I met in consultation, and whose antiquity carried the day against my comparatively juvenile ideas. It was about eight or ten days after her confinement, which had been a dangerous one, when she was attacked with pneumonia; and, against my wish, received a twenty-five grain dose of chloral; the consequence was, what I had expected, in a short time after taking it she sank into a state of low muttering delirium, from which she woke up with the death rattles in the throat.

I could bring plenty of evidence to bear on the painful subject, but feel that what I have said is enough, to warn those who are beginning their career in our glorious Profession, that hydrate of chloral is a deadly agent, powerful to do ill, and almost, if not entirely, useless as a curative agent.

To my seniors I say you are warned, death caused by such agents as chloral and chloroform, though it may not be as yet looked on as murder by our fellow men, yet I believe them to be so in His eyes to whom nothing is hid.

I hope you will insert this public warning, which should long ago have come from some able hand, and which I would not feel myself justified in sending for publication were I not aware that my opinions on the subject are held by some of the ablest men in the country.

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SUGGESTIONS REGARDING MEASURES AGAINST CHOLERA AMONG TROOPS.

The following suggestions, although non-official in their nature, are, in a measure, selected from official instructions on the subject of cholera and other diseases of an epidemic nature, and with a view of the possible recurrence of cholera in garrisons and camps, are submitted in the hope that they may be useful to officers concerned. They are primarily addressed to the responsible Medical Officer, and his duty is to place himself in communication with the officer commanding and controller on the spot, in order that they may severally act upon his recommendations.

1. If cholera threatens, or has actually appeared, examine every locality in and about the barracks; suggest needful improvements and alterations in them.
2. Take steps to insure thorough cleanliness in, outside, and around places occupied by troops.
3. Attend to space per man, and ventilation in barracks and hospital; to water supply, drains, latrines, food, clothing, duties, and exposure of the men. Night

duties should be as few as possible, and the sentries wear warm clothing.

4. Arrange so that all men attacked by diarrhœa, or in fact any form of illness, be immediately sent from the barrack-room to hospital, and see that means exist of giving them immediate professional help, and every needful attention.
5. Place the troops in quarantine in regard to the civil population. Prevent communication with infected localities, and the entrance of strangers into camp or barracks. The families of soldiers married with leave should, if living in infected localities, be removed from them. For those married without leave, humanity demands that, as far as possible sanitary measures should be extended to them, and no doubt some commanding officers may effect a great deal in this way by judicious aid from the canteen funds of regiments.
6. Have fires lighted in barrack rooms irrespective of season; do all that is possible to avert panic, and keep up the spirits of the men.
7. Use disinfectants in all places containing decomposing matters, remembering, however, that perfect cleanliness is itself the best disinfectant. Disinfectants are obtained by requisition on the Control Department approved by the principal Medical Officer.
8. Warn the men against intemperance and excesses of whatever kind; recommend that they be restricted as far as possible to their regimental canteens, that they have tea or coffee, or, if practicable, breakfast before mounting guard or going on morning duty.
9. If circumstances seem to demand the measure and are favourable for it, recommend that the men be encamped, remembering, however, that the facilities for the measure are far less in the United Kingdom than they are in India.
10. Make arrangements so that men taken ill may be quickly, and with as little inconvenience, taken direct to hospital, and that their barrack bedding may, if necessary, be also conveyed thither for their use.
11. Take steps so that the barrack room, whence one or more men with cholera have been sent to hospital, may be cleared out, whitewashed, and disinfected.
12. If cases occur in camp, change the ground, if practicable, proceeding at right angles to the prevailing wind. If this cannot be done, strike the tents and clean the position, so far as this can be done, before pitching them again.
13. Women and children attacked by the disease to be treated in the "Female" hospital, provided one exists. If there is none, have one or more rooms in barracks cleared out for the purpose.
14. If the state of the weather and other circumstances are favourable, have tents pitched for all patients with cholera. If this cannot be done, remove all the ordinary cases from hospital, together with their bedding; let them be accommodated in tents, barrack rooms, or even in buildings obtained temporarily for the purpose; treat all cholera patients in hospital, equipping their beds with their barrack bedding.
15. Apply to your commanding officer for special orderlies to attend cholera patients; see that these attend none others, that they disinfect all excretions and discharges of the patients, as well as water closets used by them, and that they keep themselves perfectly clean.
16. Corpses should be removed and buried as quickly as possible, and autopsies only performed in very special cases.
17. Have a good supply of ice available in hospital for the use of the sick.
18. A vessel containing chlorides or Condy's Fluid should be near the beds of patients for the immediate disinfection of clothes removed from or used by them.
19. The orderlies should wash their hands immediately after touching the patients, or their clothes, and disinfect them at the same time with Condy's Fluid.
20. Disinfect in a similar manner all glasses and other vessels used by the patients.
21. Whenever possible, all discharges from patients should be received directly into vessels containing a disinfectant. They should, moreover, be specially disposed of, so as to destroy risk of extension of the disease by means of them.
22. Free communication between the military and civil Medical authorities in an infected locality is strongly urged. They should consult and devise measures together for investigating the existing, or averting the threatened evil, bearing in mind that the sanitary well-being of soldiers and civilians depends upon and is often affected by conditions bearing in the first instance to only one of these classes. Questions of public health concern all members of the community alike.
23. Remember that the earlier and more complete the precautions taken against cholera, the more successful will they be. Remember also, that when such precautions are delayed until the disease has actually appeared, the measures which might, in the first instance, have been successful, may, in the second, themselves prove a source of injury, and intensify the evil they are intended to guard against.
24. The above suggestions are for the most part epitomised from military and other "Regulations." Of such are the "Instructions" issued by the War Office in 1871; the Queen's Regulations; the measures for the prevention of cholera in Northern India by the Sanitary Commission for Bengal, 1864; the instructions issued by the Medical officer of the Privy Council, 1873; those by Dr. Lankester against scarlet fever; and the Code des Officiers de Santé of the French army.

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Reports
ON
DISEASES OF THE THROAT.

Edited for the "Medical Press and Circular."

By Prosser James, M.D., M.R.C.P.,

Lecturer on Materia Medica and Therapeutics at the London Hospital.

In the last number of the *American Journal of the Medical Sciences* I find the following interesting papers:—

REMOVAL ON AN ENCYSTED TUMOUR OF THE NECK WEIGHING OVER ONE AND A-HALF POUNDS.

By John S. Davis, M.D.

As the literature of tumours of the neck is very meagre, I report the following case as of some interest to the Profession, showing to some extent that operations may be performed with safety for their removal.

J. D., æt. 35, a hunter, in the enjoyment of good health, presented himself with a large tumour occupying the whole space, bounded above by the lower border of the inferior maxillary, below by the clavicle, behind by the trapezius muscle, and in front by the trachea. The origin of the tumour was attributed to a blow received about fifteen years previously. The tumour had remained dormant, not increasing in size until within two weeks of my seeing him. During that short space it had increased so rapidly as to encroach on the trachea and œsophagus, rendering respiration and deglutition very difficult. He has lost sixty pounds of flesh during that period of time. I diagnosed encysted tumour of the neck and decided on its removal, first informing the patient of the danger, and obtaining his permission for the operation. I made an oblique incision extending from the angle of the inferior maxillary to the upper border of the clavicle about midway, dividing the integument, cellular tissue, and platysma myoides muscle, whereby the sterno-cleido was exposed, under which the tumour was situated. As that muscle could not be pushed aside, I divided it transversely, thereby bringing into full view the tumour, which was bound down by numerous adhesions, and vessels were ramifying through it in all directions. Owing to its close proximity to the great vessels of the neck, I was compelled to operate very slowly, my fingers quite a number of times resting on the great carotid. The hæmorrhage was so very profuse that I was afraid that my patient would sink under the operation. I ligated quite a number of vessels, and succeeded in stopping the hæmorrhage. After breaking down all adhesions I removed the tumour intact. It weighed one and a-half pounds; its contents were coffee-coloured. The after-treatment was very simple, and my patient made a good and quick recovery, being able in eight days to go to his home, fifty miles distant.

TWO CASES OF APHONIA.

By George N. Monette, M.D.

Case I. *Aphonia supervening on an attack of dysentery, complicated with right hemiplegia and amnesia.*—J. R. Irish, æt. 35, was admitted into Charity Hospital August 12th, with acute dysentery of ten days' duration. I at once ordered the follow prescription :—

℞ Bismuthi subnitratis, ℥ss.;
Morphiæ sulphatis, gr. ij.;
Aquæ laurocerasi, ℥j.;
Mucilaginis acaciæ, ℥vj.

A tablespoonful to be taken after each liquid stool.

August 13th, greatly benefited, he said, from first dose. Prescription repeated, which entirely relieved him within three days. All medicines were discontinued for several days, and I directed, too, that he should have only very light fluid ingesta with dry soda crackers well chewed before final deglutition. About the sixth day subsequently to his admission, after a violent tenesmic effort at stool, he felt as if he should faint; suffered from vertigo, weakness, and a momentary inability to stir. There was no acute pain attendant, but he could not utter a word, and his right side was paralysed.

On the second day after the paresis I ordered the following prescription :—

℞ Liquoris strychniæ, ʒij.;
Potassii iodidi, ʒij.;
Spts. lavandulæ comp., ʒj-;
Syrupi zingiberis, aquæ, āā ℥iij.
Misce et signa.

Tablespoonful to be taken three times daily, half an hour after meals. I urged him to frequently attempt to articulate. Within three days the patient could articulate "yes" distinctly, but was unable to utter two words in succession. Phonation was gradually restored, and by dint of persevering in this treatment there was entire recovery of each of the impaired faculties; amnesia cured, phonation restored, paresis almost wholly relieved.

Case II. *Aphonia following severe cerebro-spinal concussion, complicated with loss of gustation, impaired audition and vision; amnesia and dysæsthesia of lower extremities.*—W. J. S. was admitted into hospital October 6th, 1872. He had fallen, three days previously, from a scaffold, a distance of fifteen feet. He remained in a semi-comatose condition for twenty-four hours or more, with loss of phonation, gustation, impaired audition and vision, and volition of lower extremities, and somewhat perverted sensation.

When first seen by me he could scarcely speak in an audible whisper, and his hearing was very dull; his temperature fluctuating, subsequently profuse perspirations, which somewhat alarmed him. There was some dribbling of urine, but no distension of bladder. Enjoined the most perfect quiet, and ordered the same compound as in Case I., conjoined with the best diet the hospital could afford; soft-boiled eggs, milk-punch, or eggnog, with topical application of a cantharides blister to back of the neck, just beneath the occipital protuberance, which gave great relief, and was repeated on the next alternate day. One week's treatment justified the assumption of a favourable prognosis, as day after day returning functions were well evidenced, till finally cured.

After he had sufficiently regained each of his faculties, I ordered ten grain doses of the potassio-tartrate of iron, three times daily, in solution, and discontinued the original prescription.

JELENFFY ON A NEW METHOD OF REMOVING LARYNGEAL GROWTHS.

I avail myself of the columns of the *London Medical Record* for an epitome, from the pen of Dr. Mackenzie, of a contribution to the subject of growths in the larynx, bearing the above title.

Dr. Jelenffy (*Wiener Medizinische Wochenschrift*, Nos. 11, 12, and 13, 1873) discusses the difficulties and dangers of removing growths from the larynx, and describes a new method of operating *per vias naturales*, in which he does not allow "the eye to direct the hand," as recommended by Professor Czermak, but if he can see the epiglottis alone, he passes the instrument down, and guided by the knowledge obtained by previous laryngoscopic examination, and trusting to certain landmarks and the *tactus eruditus* of a sensitive hand, he operates without attempting to see the growth.

Dr. Jelenffy remarks that the following are the general surgical laws applicable to an operative method :—

1. It should not be more dangerous than the disease itself.
2. It should cause the least possible pain, bleeding, and suppuration, and so weaken the patient as little as possible.
3. The duration of the cure should be as short as possible.
4. The cure should be as complete as possible.
5. As far as possible, loss of substance and function should be avoided.
6. The method should cause as little disfigurement as possible.

Growths may be removed either *Per Vias Naturales* or by *Thyrotomy*.

Per Vias Naturales.—A great number of cases treated through the natural passages have been published; but, owing to the numerous difficulties (such as smallness of the mouth, thick tongue, enlarged tonsils, irritability of fauces, form or position of epiglottis, &c.), this method, notwithstanding the earnest efforts of the most skilful laryngoscopists, often lasts many months. It is the only, but still very great, disadvantage of this method of operation, that it often requires a long preparatory training of the patient. If the operation, conducted in this way, succeed, the wound is so slight that it is not worth mentioning, and the danger is *nil*. Polypi may thus be completely removed, but there are exceptions to complete removal. The loss of blood is confined to a few drops. The duration of the cure lasts at the most a few days. There is neither loss of substance nor function, if the operation be successfully carried out. There is often no pain at all; if it occur, it is very slight. As the external surface of the body is not touched, there is no disfigurement.

Thyrotomy.—Dr. Jelenffy remarks that "this procedure may be very properly reckoned amongst the great surgical operations, as far as the danger is concerned, inasmuch as it combines the dangers of a considerable wound with the special risks due to the proximity and direct participation of the respiratory organs. According to experience, it may cause death through many circumstances, which it is unnecessary to enumerate. If it do not destroy the voice entirely, it damages its purity. Thus we have danger to life, and certain injury to the voice." [The injury to the voice is not "certain," but occurs in about 70 per cent.—*Rep.*] "We steer right on to the two evils which we have declared to be our principal object to avoid. The advantage that the goal is more quickly attained is chimerical, as the goal is never reached at all. Thyrotomy is entirely unnecessary for the removal of polypi." It is only in the case of polypi growing from the ventricle and subglottic polypi, that thyrotomy could be indicated. But the ventricular polypi, if large enough to cause danger to life, may be removed *per vias naturales.* The base of the growth may in some cases be left, and if this does not wither—as it often does—the voice may remain modified. "The same result, or worse, is certain to be effected if thyrotomy is performed. In addition, there are danger, bleeding, pain, a long illness, and generally an ugly thickened cicatrix."

Subglottic polypi can also be removed *per vias naturales.* "I do not consider that thyrotomy is justifiable in any case," observes the author, "it being understood that carcinoma is excepted. Even when the danger to life necessitates opening of the air-passages, I should not perform thyrotomy, but tracheotomy, or laryngotomy through the crico-thyroid space, making the smallest possible opening to meet the *indicatio vitalis*, and subsequently removing the growth *per vias naturales*." "Taking everything into consideration, this operation cannot at the present day any longer claim our attention."

New Method of Dr. Jelenffy.—This consists in a modification of the operation usually conducted *per vias naturales*, the difficulty of which has hitherto been mainly dependent on the supposed necessity for keeping the passage to the larynx widely open, so that the growth could always be kept in view. Certain instruments, such as Störk's guillotine, Türck's fenestrated knife, and a somewhat similar instrument of Bruns, may be safely introduced into the closed larynx; and, without any danger of inflicting any injury, the growth may be removed. These instruments can only act on a circumscribed projection; and as there are no other circumscribed projections in the larynx but polypi, they can do no injury in any case.

Dr. Jelenffy has a great objection to forceps, as they generally only remove a part of the growth, and leave its base. It is also much more difficult with forceps to keep in the middle line of the larynx (as is always desirable). Confined to certain exceptional cases, the forceps of Fauvel and Mackenzie are nevertheless very good instruments.

In seeking for the growth, a certain area at a certain height has to be searched; and, as in the closed larynx, its walls are pressed towards the middle line, we have only to seek the growth through the length of the glottis. Stork's guillotine corresponds to half the length of a vocal cord; so that, if it be introduced to the anterior commissure of the vocal cords, it sweeps the anterior half of the larynx, and if introduced to the posterior commissure, it sweeps the posterior half of the larynx. As regards the depth to which the instrument should be introduced, this is arrived at as follows. When resistance is felt, it shows that the instrument is opposite the vocal cords or ventricular bands, but it cannot be ascertained exactly to which of these parts it is opposite. If the instrument is pushed on a little, it passes into the trachea, and resistance ceases. The vocal cords (on which the growth is usually situated) are therefore evidently situated midway between the first point of resistance and the spot at which resistance ceases, and a sensitive hand perceives this situation. In support of his new method, Dr. Jelenffy adduces four cases on which he has operated. In three of the cases the growth was removed at a single sitting; and in the fourth, a portion of the polypus was taken away at the first and only visit of the patient. Although in three cases the growths were entirely removed, in only one instance was the voice completely restored. In two of the cases there was hoarseness from catarrh. In the one in which the growth was not entirely removed, the result was not known, as the patient never again presented himself.

A NEW THEORY OF MUSCULAR ACTION.

By Hugh L. Donovan,

Medical Student, Queen's College, Cork.

Muscles are machines whose motive power is heat. Muscles, both voluntary and involuntary, are essentially composed of elongated spindle-shaped cells, consisting of an elastic cell-wall, and containing a fluid capable of great expansion when heated. These cells are disposed in rows, and their long diameters are parallel to the long diameter of their proper muscle, and they are connected with each other at their extremities, so as to form chains, which are collected in bundles.

Now as this fluid would expand when heated, and in expanding would cause the cells to assume a globular form, increasing thereby in their transverse diameter, but decreasing in the longitudinal, owing to their arrangement as given above, it follows that when the constituent cells of a muscle have their contents heated that muscle contracts.

These cells are supplied with motor nerves, which convey to them the necessary heat from nerve centres.

Nerve centres absorb their heat from that which is developed in the blood by combustion, and store it up until it is transferred along these nerves to the cells of the muscles, and there converted into mechanical force.

The relaxation of the muscles is produced by the withdrawal of the supplies of heat, and the consequent cooling of the cell contents.

That heat is the motive power seems probable from the fact that the combustion which goes on in the body varies in proportion to the work done, and if this heat be not converted into mechanical force, what becomes of it?

Moreover, the theory which I have advanced as to the conformation and action of the cells appears to be justified by analogy, for if we take a cell with an elastic wall, and of the same shape as these cells, closing it at one end and leaving it open at the other, and if in the latter we insert a tube, and blow into it, thereby increasing the volume of the cell, we cause it to assume a globular form, and to draw up a weight attached to the other end.

Finally, neither the results of microscopic investigation—as far as I am informed—nor the phenomena of muscular action offer any contradiction to the above theory.

Charleville.

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INDIAN MEDICAL NOTES.—No. IV.

(From our Special Correspondent.)

Meerut, Upper India,
July, 1873.

Soon after arrival in India, the valuable opportunity occurring of sending one married man to the hills, a good soldier saturated with malaria was selected, taking into special consideration that his wife had a miserable existence with two young weakly children wearing her out. The poor soul, a slightly built woman, afraid of losing this splendid chance of escaping from the sickness of the plains, concealed the fact of being pregnant, and on the road, attacked with dysentery, followed by a premature birth, she eventually died of peritonitis. On board ship, a woman, eight months advanced, suffering from fourteen days obstinate constipation, was relieved by enemata without inducing labour, and proceeding by rail up country, she gave birth to a healthy child at Deolalee, where she stayed until convalescent. Another woman, also eight months pregnant, for three weeks suffered from alarming dysentery, which eventually subsided, the labour natural, the child stunted and jaundiced. It is curious how few women so far have suffered from ague, partially explained by the quantity of clothes, from their long hair, and the indoor life. One nursing mother had a severe attack of remittent fever, but she recovered, regained her milk pulled her infant through a long illness, besides looking after four children and patching up a broken-ribbed husband. The climate is very enervating, children's lives hang on a very fragile thread, convulsions and bowel complaints are rapidly fatal, still some of the mortality may be traced to the incapacity, not to say neglect, of parents, who, tormented by prickly heat, flies, bugs, ants, ague, diarrhœa or neuralgia, cannot bestow the unremitting attention required. Recently amongst the men, several interesting diseases, including sunstroke, have been treated, but the discomfort, especially at night, when the head throbbed on the heated pillow became so unbearable, that the offer of ten days' leave was eagerly accepted. Taking one servant, a bed valise, a portmanteau containing London clothes, also about £25 in money, and leaving Meerut at 7.30 p.m., in about three hours the train reached Saharanpore, which was just as stifling as any other station, the native passengers eternally yelling for water. It is stated that birds just now fall dead from the trees. A young officer of hussars, with everything to live for, died suddenly in convulsions quite recently. A captain of artillery, a steady going married man, figured at a party in excellent spirits, little thinking that he too next day would be called to his rest. Let me, however, again and again repeat, that the man arriving in India with a good constitution, need not dread the climate so long as he continues *careful, active*, and *abstemious*. God willing, I hope to write many papers tempting the sportsman, naturalist, artist, antiquarian, and, in short, every one who has the opportunity to try this interesting country, where the doctor who excels either as a surgeon (operating), oculist, accoucheur, or dentist, *must* get on. A physician may be lucky one year yet fail the next, ringing the changes on opium, ipecacuanha and quinine. But to continue, Saharanpore, a malarious place where the natives, through impotency, are said to be becoming extinct, is celebrated for its botanical garden, capable of supplying annually 37,000 fruit trees, 150,000 flowering shrubs and trees, also 4,000 packets of seeds, many of the latter finding their way all over the world; hoping, in return, to introduce the chestnut, larch, ash, beech, and every variety of oak into India. Experiments are being made with vines, fruits, and vegetables, specially potatoes; about thirty-five acres of Rhea plants eight feet high are under cultivation. Cinchonas have not done particularly well, but at Nynee Tal they are able to supply henbane, aconite, and kamala in annually increasing quantities.

The next fifty miles were accomplished in a three horse omnibus, about as comfortable as a bathing machine bumping over the roughest shingle, extremely conducive to hepatic or splenic mischief, to abortion, or to uterine displacement. Although March is the month for wild flowers, exquisite ferns, and the crimson blaze of tree rhododendra, now the lordly oaks, feathering bamboos, hardy pines, occasionally deodara cedars ornament the road or flourish on the green slopes of the welcome mountains, where the cuckoo cheers ascending travellers in the fresh early morning. The road dips into a lovely valley called Deyra Doon, where the women marry as many brothers as they like, where expensive female children are disposed of by pressure of the umbilical cord around the neck, else by the inunction of the maternal breast with opium or canabis indica, and where (if we are to believe the lies constantly concocted), the custom prevails of soothing children to sleep by placing their heads under a running stream.

Here the first tea venture, realizing £50,000, was made, and although a damp, moist, unhealthy heat is required, the results last year were satisfactory in the extreme. From Saharanpore 15,000 mulberry trees have been sent, hoping almost against hope, that the heat will not continue to damage the silk worms, also that the natives, male and female, will diligently endeavour to resuscitate the trade. One would imagine a woman with six or seven husbands would find domestic duties sufficiently engrossing without indulging in sericulture.

After a halt for breakfast at the foot of the mountains, the remaining seven miles to reach an altitude of 7,000 feet was achieved on a pony, in preference to walking or being conveyed on a kind of stretcher.

The day, June 12th, was very hot, the road, as a rule, good and wide, occasionally bad along the edge of yawning precipices, and the eye feasted on richly-wooded heights above, where the white houses apparently clung like limpets to the ledges, or were fantastically perched on the summits of sugar loaf-shaped hills; on deep richly-cultivated ravines; else wandered from the innumerable peaks, some green, others barren, to the broad expanse of the rich verdure of the Down, or the steaming plains beyond. Mountain scenery without water soon becomes monotonous, every stream was dry, just one insignificant waterfall caught the ear, and in a captious spirit I could not help reflecting on the ever-changing phases, the mesmeric fascination of Niagara.

Once or twice during the ascent, some miserable lepers seeking for charity crawled out of squalid, straw-built kennels; nearly all had lost their fingers and toes, the wounds perfectly healed, the skin rough, the face puffy, bloated, rigid, the ears thickened, the voice a squeak, the eyes lustreless, one leg atrophied, the other perhaps thickened and brawny, the gait that of locomotor ataxy, yet most of the men looked young, their chests well formed. All wore cruppers, the scrotum could not be noticed. The galled back of a London cab horse will give some idea of the character of the ulcers. The poor wretches, although ignorant of English, understanding the magic influence of the rupee making, have no objection to a Medical examination, such as it was. Clearly leprosy is a cerebro-spinal disease, induced, some say, by ill-assorted marriages, bad food, starvation, else the adulteration of salt with sulphate of magnesia, or sulphate of soda, the heat of the sun paralysing the nerves previously atrophied. Although non-contagious, this disease would easily be transmitted, the opinion being that lepers are not impotent. Why is there no leprosy in Canada, where intense cold induces similar gangrene? This reminds me of the poor assistant-surgeon who, fatigued after shooting, slept one night in a deep ravine just below Landour, although aware of the danger associated with malaria. Both legs became gangrenous, amputation was performed, nothing could save him. In addition to skin diseases, the natives about the Himalayas suffer from varicose veins, stone, cataract, and goïtre. Many are very strong indeed; for sixpence a coolie will carry a portmanteau the whole seven miles, either to Mussouree or Landour beyond. The beauties of Simla are interfered with by the numerous despatch boxes indicative of the presence of great officials. The lovely lake at Nyna Tal encourages fever, likewise neuralgia; whereas at Mussouree the most exhausted victim to heat will, in the enjoyment of cool breezes, drink in new life, only 120 miles distant from Meerut with a delicious English climate, a bracing air, suggestive of Scarborough. No wonder the invalids sent to Landour, 800 feet above Mussouree, so soon recover, provided suitable cases are selected, not suffering from hepatitis, syphilis, or organic disease, or neuralgia, unless associated with malarial cachexia. Very little hill diarrhœa, scrofula unknown; indeed, in addition to cases of uncomplicated debility, the early stages of phthisis are marvellously benefited. Weedy lads and fragile children put on flesh immediately. These stations, however, are very expensive to keep up, everything having to be brought from such a distance, and the difficulty to obtain good water at times most inconvenient. Soldiers, too, instead of being thankful for such a priceless boon, sometimes prefer the plains, where they can indulge in habits and pursuits most detrimental to their constitutions. Sir W. Muir considers that the real value of hill stations consists in keeping men well whose constitutions are yet unbroken, and that the balance of Medical opinion is against such stations as curative means or agencies; the suggestion being that each regiment, on arrival in India, should be stationed at the hills for two years with as little native establishment as possible; and out of ten years six should be spent on the hills, four on the plains.

The summit of Landour is a mile long, the stratum consisting of clay slate and limestone; the climate bracing in January; cold with snow in February; in March the days are warm, the nights cold, the following three months hot, followed by fogs, rains, and eventually delightful weather. Whereas, the sanitary arrangements of the Convalescent Depôt at Landour are under military supervision; on the other hand, Mussouree, lower down, with its four hotels, club, boarding houses, shops, college, convent, orphanage, several private schools, a population of about 6,000, is differently managed; drainage faulty, bad smells, scanty and indifferent supply of water just now, the bedrooms and the hotels small and stuffy. Yet the place is singularly healthy, and when sickness, such as diphtheria, breaks out, the type is seldom malignant and very amenable to treatment. Invalids soon pick up, and escaping from heat, tatties, punkahs, thermantidotes, and imprisonment in dark rooms, are able to open the windows, to walk, to breathe fresh air, the thermometer only 70° Fahrenheit; else to be carried along the mountain paths to gaze upon beautiful scenery culminating in the snowy range. Children also soon put on flesh, have English roses on their cheeks; the schoolboys pick up all kinds of mischief, and the girls are women early, none the better for many Indian habits. These hill stations being very expensive, many people prefer sending their wives for health, and the children for education to England.

"There's no place like Home."

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ANNUAL MEETING

OF THE

BRITISH MEDICAL ASSOCIATION,

HELD AT KING'S COLLEGE, LONDON.

PROFESSOR WOOD'S ADDRESS ON SURGERY.

In our last week's report of the proceedings at King's College, we had not space for an abstract of the address on Surgery, which we now proceed to notice.

Mr. Wood took as his subject the present state of surgical knowledge. He said that the present state of surgical knowledge indicated that movement which is the prelude to more perfect constructions. In face of the latest improvements of surgery, it became more and more difficult to endorse the opinion of Vincent, that it was doubtful whether the human race would be worse off if there were no doctors, no accoucheurs, no physic, and no instruments. The extinction of the weak and sickly might improve the race physically, but would press very hard on individuals, and would ultimately improve the whole tribe off the face of the earth.

He said it was incumbent on him to allude to subjects which occupy attention at the present time. Pyæmia, septicæmia, and erysipelas were undoubtedly the troubles of modern surgery. It was our duty, when a system of dressing wounds was brought before us, offering a means of escaping these terrible enemies, to give it a fair trial. The antiseptic system—in the use of coal tar and carbolic acid—was such a method. Coal tar had lately been employed in combination with charcoal by Beau, of Toulon. Mr. Wood said that he had given Lister's system a fair trial at King's College Hospital, and at the same time, and under the same conditions, he had employed the solutions of carbolic acid in oil and water, and those of metallic salts, as well as other antiseptic substances, such as chlorozone, &c., but without the elaborate attempts to exclude atmospheric air which Lister deemed essential.

He should not attempt to discuss the question of atmospheric germs, or of indwelling bacteria-like bodies, and their influence on disease.

He had the highest respect for Lister's system of treating wounds. On his theory of germs it was consistent and simple enough; but it was as a practical method that it must be estimated, and it was with that view that he had put it as far as possible to the test. He began it when the hospital was in a good hygienic condition, and for that time the cases did admirably. He had some cases quite equal to any described by Prof. Lister. He also tried the application of dry lint, and in many, especially in breast cases, the results were also perfect. He also tried the application of the chloride of zinc solution in the manner originated by Mr. De Morgan, and very good results ensued. After about six months a very unfavourable change came into the hospital. Erysipelas and pyæmia began to show themselves. The wounds began to suppurate more, primary healing was less common, and the erysipelatous blush appeared in cases treated in all ways, and almost as impartially on his own antiseptic side of the hospital as on his colleague Sir W. Fergusson's non-antiseptic side. But there was little or no putrefaction in any of his cases, as evidenced by the odour, which his eminent colleague, however, attributed to the carbolic acid smell overpowering all others.

In some cases of psoas abscess treated by Lister's method, he had had marked success so long as the hospital remained healthy. But when erysipelas and pyæmia appeared, he had others in which the pus in the abscess became putrid and offensive after the first evacuation under the spray and with all the precautions, and he was obliged to make free openings and introduce drainage tubes through which the abscess could be washed out with antiseptic. Such cases showed the danger of departing from the old rule of providing a free exit for all purulent and offensive discharges, for the want of which the exclusion of air was not a sufficient compensation.

He then alluded to Mr. Callender's paper and the advantages of cotton wool, which was preferred to any other dressing, he said, by Mr. Christopher Heath. He spoke of Professor Humphry's and Dr. Weil's views. He said that after frequent trials he considered that the readiest, lightest, coolest, and most generally useful application of the antiseptic method was a plan comprising the free use of Chassaignac's drainage tubes passing from the surface of the wound, or from its interior if deep and sinuous, and with their outer extremities embedded in cotton wool or oakum, well permeated with MacDougall's or Calvert's powder, or other disinfectant, or absorbent of discharges, the surface of the wound washed over after bleeding had ceased with a mixture of solutions of chloride of zinc or sulpho-carbonate of zinc; the same solution to saturate the lint, applied in the same way as in water dressing, and enveloped in thin gutta-percha tissue, the whole supported by strapping and a light bandage. An outer envelope of cotton wool or oakum completed a method from which he had obtained as good results as any, and which he had found it less difficult to ensure being carried out.

He agreed with Mr. Lund's view. Erysipelas did not seem to be much influenced by antiseptic measures. It was a constitutional disease. Although usually showing itself first at the wounded part, it did not invariably.

In four cases of pyæmic infection the treatment to which he had subjected his patients was attended with success. Besides persevering in the antiseptic local treatment, and giving free access of fresh air, he said he had surrounded his patients with a highly antiseptic atmosphere, by placing muslin bags of MacDougall's powder around and within the bed, and in abundance about the wound, so that he should both breathe the carbolic and sulphurous vapour, and imbibe it through the skin. If the stomach were not feeble or irritable, he also gave three to six grain doses of sulpho-carbolate of iron with the view of testing Dr. Sanson's practice. He took care not to give the drug soon after nourishment was taken, so as not to interfere with the first stage of digestion, and discontinued it at once if the appetite fell off, or there was pain after taking it. Three of the cases showed in a week or ten days the peculiar slate-coloured or olive-green colour of the urine. These four cases completely recovered.

Mr. Wood said he believed cases of recovery frequently occurred under other methods or no methods, and that as much depended on the age and reparative power of the patient, the amount of blood poison formed or absorbed, and the general conditions of the atmosphere as upon any system of treatment whatever. He attached much importance to free drainage in dressing wounds. When these were made by the surgeon a good deal might be done by a judicious choice of the direction of the incision in resections, &c., position of flaps, &c., in amputations. Mr. Hutchinson's plan of making a puncture in the popliteal space in excision of the knee-joint illustrated his meaning. The wound should be made to slope towards that part which was most dependent when the patient was laid in bed. For that reason the circular operation in amputations of the thigh was objectionable. Very good drainage was accomplished in the late Mr. Teale's plan of a single square anterior flap. He preferred in the thigh, however, an oblique double flap, with the outer end of the incision placed lower than the inner, and the front flap placed somewhat outside the limb, and longer than the hinder. He was convinced that this gave the most complete drainage, prevented the bone protruding, and made a shapely and serviceable stump, with the cicatrix placed well behind the point of pressure.

Another important point in favouring the escape of discharges from the interior of a wound, lay in the manner of securing the arteries. He believed, with Sir W. Fergusson, that so long as entire union was wanting, ligature threads might have the advantage of keeping open channels for the escape of discharges from the close neighbourhood of the tied arteries, the accompanying veins of which were frequently the source of effusions of blood after the wound was dressed, and these would afterwards clot and putrefy. He usually well steeped the ligature threads in carbolized oil, saturated so as to be unable to absorb discharges, and utilised so as to spread around an antiseptic influence. There was one point in the section of flaps which he thought might have influence sometimes on the introduction of pus or septic matter into the cut veins. When these were cut obliquely with the face of the flap, they were opened in a large conic section in the shape of a pen, and left, when placed on the underlying flap, in an attitude well adapted for receiving and conducting into their interior pus and putrid discharges, which gravitated from the surrounding hollow, and often funnel-shaped sides. To obviate this, he invariably, after a flap operation, cut off the larger veins transversely.

Mr. Wood next touched upon the radical cure of rupture. He said he had long thought we might prevent a return of the protrusion after the operation for the relief of strangulation. He believed that, in a healthy subject, the peritoneum might be dealt with as freely and as safely as any tissue; and that the chances of bad results from peritonitis would depend upon the injury sustained by the bowel in peritonitis, rather than upon any way of dealing with the peritoneal sac and parietes after the strangulation had been relieved, provided due drainage were secured. When the bowel and omentum were congested only, and most likely to recover when placed in their natural cavity, especially in young and healthy subjects, he concluded that the attempt would be justified and probably be successful. The advantage of preventing a lifelong trouble was obvious. He then narrated three cases.

He said that cases of ectopia vesicæ and epispadias possessed an interest for surgeons who had a tendency to plastic efforts. During the last ten years that his attention had been directed to this deformity, he had met with forty or fifty cases. More had been recorded by Prof. T. Holmes, who first practised successfully in this country in 1863, the plan followed by Paucrost and Ayres in America in 1858. It had apparently been suggested by M. Richard's unsuccessful application of Nélaton's principle of laying a flap upon the parts to be covered, with the skin surface downwards, and covering it with another. Other cases had been operated on in various ways by Messrs. Simon, Lloyd, Sydney Jones, and Thos. Smith, with, he believed, little success. He had himself operated upon sixteen cases.

For epispadias, he had operated by Nélaton's method twice with favourable results. For hypospadias, in which the urethra was deficient below as far as the scrotum, he had operated three times upon a plan somewhat similar, viz., a reversed flap upon the side of the opening, with another from the scrotum superimposed upon it.

A similar plan, combined with internal section and dilatation of the strictured urethra, he had found to succeed admirably and completely in two cases of penile urinary fistula communicating with the urethra in front of and close to the scrotum, accompanied with a hard cartilaginous stricture of the urethra.

Among the novelties of the year was the plan of M. Demarquay, of passing a long flexible hollow bougie through a perineal urinary fistula previously enlarged by the bistoury, and then one end forwards through the stricture and out at the meatus, and the other end backwards into the bladder.

Mr. Furneaux Jordan's plan of treating obstinate impassable strictures by attacking them in the rear through an opening from the rectum into the dilated urethra behind the stricture was a valuable contribution to surgery.

Much had been done in other kinds of plastic surgery of late years. Since his own successful case of transplantation of skin from the abdomen to the arm for the relief of a frightful deformity of the wrist (published in the "Medico-Chirurgical Transactions for 1863," vol. xlvi.), he had had two more successful cases. A similar operation had been also successfully performed by Mr. Thomas Smith in St. Bartholomew's Hospital; and his colleague, Mr. Hy. Smith, had lately had a very good case of operation upon the same plan, for the relief of an extreme contraction of the elbow. In rhinoplasty, in which so much good work had been done by Mr. Hamilton, of Dublin, he had had some good cases of restoration of the nose from the cheeks and upper lip, some of which were found among the photographs laid before the meeting. The last case he had undertaken was about the most difficult one he had ever had to deal with, in the width of the chasm and the extensive loss of substance. The nasal bones, the vomer, ascending process, and a considerable part of the alveolus of the superior maxillary, and the whole of the ethmoid except the cribriform plate, had necrosed away, as the result of scrofulous lupus. A great prominence of the frontal sinus also constituted a source of difficulty. To afford a basis for the new nose to be turned down from the forehead, he had resorted to the plan frequently followed successfully by Sir Wm. Fergusson, of dissecting off and bringing towards the median line both cheeks. To secure the union of these, and to afford a prominence to the point of the nose, he had followed a plan which he had before employed in bad cases with satisfactory results. At the same operation he turned up the middle third of the upper lip and split it from its lower edge, turning over the borders so as to afford a bridge of support and an extended raw surface for union with the apposed cheeks. This was rendered necessary to enable the cheeks to meet in the median line, as well as to ensure their union to each other. When this had entirely healed, by a second operation he dissected up the mucous membrane from the bridge made of lip tissue, and reflected it over the gap still left between the eyes, so as to form another bridge of support for the root of the new nose, and to prevent it from sinking into the gap so as to become too much depressed. He then turned down the new nose from the forehead, after the Indian method, fitting it on to the raw surface, which gave it admirable support, and kept up the point of the new nose in a manner which one does not commonly see after this operation.

He had practised with advantage M. Reverdin's method in many rhinoplastic cases to eke out any deficiencies of skin in corners where it was desirable to prevent puckering from contraction, or to substitute skin tissue for mucous membrane exposed by reversal of the upper lip structure, which was apt to show its parentage unless subjected to more friction than was agreeable or possible on a newly-formed nose.

Mr. Wood said he had barely time, among the recent innovations of modern surgery, to notice one which "*l'audace*" of the French school is applying in a manner which those who have reached the rest-and-be-thankful stage in surgery might call daring, if not rash. He alluded to the use of M. Dieulafoy's *aspirateur* to relieve distension by puncture of the bladder in cases of retention of urine, and of the intestine in abdominal obstruction, and in joints affected with hydrops articuli, and even to evacuate the fluid contents in strangulated hernia. In the first-named of these conditions, it was no doubt valuable as an adjunct to other remedies. Demarquay had not found it of much practical use in intestinal obstruction because of the rapid re-formation of flatus, which corresponded to his own experience of puncture in desperate cases without the aspirator. Mr. Wood said he had used it in the puncture of joints and the cure of hydatids, though not frequently enough to pronounce upon its capabilities; but he had not as yet arrived at the measure of audacity to use it in strangulated hernia, as it scarcely agreed with his own impression as to the importance of avoiding any injury to the bowel in dealing with strangulated or other herniæ.

He concluded by saying that there were so many regions in the domain of surgery now undergoing exploration and re-examination that he might fairly claim an excuse for having gone chiefly over ground which he had himself travelled, and for omitting many equally important territories perhaps more effectively mapped out, and some more interesting. In exploring this domain many pioneers were required, and many very qualified ones were busily at work.

ADDRESS ON PHYSIOLOGY—*continued.*

Dr. Sanderson next went on to discuss how fever can be produced.

The first step is to select among the constituent phenomena of fever those which are the most important—in other words, to classify the characteristics of the febrile state according to the greater or less degree in which they are essential. This can of course be done on one principle only, that according to which those phenomena are regarded as most important which are most constantly present. On this principle we have no difficulty in placing pyrexia first; next comes, probably, loss of weight; next frequency of pulse, and after these other concomitant phenomena more or less dependent on them.

Taking pyrexia as a phenomenon by itself we want to know how it can be produced. We have but two certainties to start from; first, that in the animal body heat is produced exclusively by chemical change; secondly, that in the particular case to be investigated the rate at which the body is warmed is greater than can be accounted for by any mere accumulation. The first of these propositions is axiomatic, being an almost immediate consequence of the law of conservation of force; the second arises from experiments like that of Liebermeister on the human subject, as well as from others more exact on animals. By the combination of these two propositions we come to the conclusion that such an increase of temperature as occurs in fever must depend on increased oxidation.

The next question relates to the seat of the process—where does such increased oxidation occur? Here we have no sufficient information. Admitting that the most probable answer is—everywhere, that is, that just as heat is produced normally in every tissue it must be so produced in fever, it would be most unjustifiable to assume that it is so.

Of the three or four tissues of which the mass of the animal body is composed—the nervous, the glandular, the connective, and the muscular—there is one only which has as yet been sufficiently investigated in its relation to ordinary heat production, viz., the muscular. With respect to this tissue, it cannot be shown that it is the special seat of the increased chemical activity which produces fever, but it can be shown that even if every other source of heat production were excluded the variations of intensity of which muscular oxidation is capable would be sufficient quantitatively to account for the variations of bodily temperature which occur in fever. In this respect, therefore, I propose to refer to some of the experimental facts known to physiology as to this heat-producing function of muscle.

I will first mention an experiment which belongs neither to the laboratory nor to the hospital, our two ordinary sources of information. A man works in an extremely hot place, for example the stoke-hole of a tropical steam vessel, where he is subject to a temperature of perhaps 120 to 130 degrees F. Under such circumstances a dog would soon die, but so efficient is the apparatus for the discharge of heat at the surface in the human body, that not only life but continued muscular work is possible. If now we place the same man under slightly altered circumstances, and set him to work in what is termed a "dead end" in one of the so-called "hot mines" in Cornwall, where not only the air is heated, but the workman is rained upon by the incessant dripping of water at a temperature of say 105 degrees F. so that the air is constantly saturated with moisture, we find that, although the temperature is nothing like so high as in the stoke-hole, he suffers so much more from the effect of it that continued labour is impossible. After remaining by a great effort of the will for ten minutes at the most, he can endure the distress no longer, but rushes out to cool himself, and after a few minutes' rest in a well ventilated gallery is himself again.

To understand the difference between the two cases, all we have to do is to compare the man's bodily temperature as he escapes exhausted from the hot working with that which he possesses while labouring in the stoke-hole. In both instances there is excessive production of heat, and as we know from other experiments excessive discharge from the body of carbonic acid, but in the one the over-production is balanced by the surface cooling, in the other such cooling is impossible, the man's body itself receiving the overplus, which goes on accumulating until, if I may use the expression, he is warmed up into fever—a fever which although transitory, yet so long as it lasts shows all the characteristics of the febrile state—the quick pulse, the muscular and nervous prostration, the increased temperature, and increased discharge of oxidised products.

The experiment I have been relating is a ready made one, and may be called a rough one; it exemplifies the physiological fact that the excessive heat production which is determined by muscular exertion, if not compensated for by increased discharge, raises the bodily temperature and thus produces functional disorders which closely correspond to those of fever.

The same thing may be demonstrated with greater exactitude by experiments on animals. Nothing, *e.g.*, could be more striking by way of illustration of the heat-producing function of muscle than the comparison of the effect of the two well-known poisons, curare and strychnia, on bodily temperature—curare by paralysing the muscles, cooling the body so effectually that, as every experimenter knows, it is impossible, with the utmost precautions, to prevent the temperature from sinking; while, under the influence of strychnia, the heat produced is so much increased that the temperature rapidly rises to that of fever.

I trust that, after what has been said, it is scarcely necessary to observe that I am not drifting towards a new theory of pyrexia. My object is not to show that fever has its seat in muscle, but that any process by which vital activity can be increased in a relatively large mass of living tissue is capable of producing a pyrexia which is, in every respect, excepting its cause, a counterpart of that of fever. Of the bearing of this conclusion, we can judge better if we put it into another form; for in other words it amounts to this, that pyrexia may be produced by any agent, whether originating in the nervous system, as in the case of the man working in the hot mine, or in the blood, as in the case of the animal poisoned by strychnia, which stimulates a great mass of living tissue to increased action. In this way we come back to a very old definition of fever—that fever is the reaction of the living organism against a stimulus. This definition is of value merely as a finger-post, as an indicator of the direction in which we must work. I understand it to mean that, if I am to seek successfully for the proximate cause of fever, I must look for it among agents which act either directly or indirectly as excitors or irritants of living tissue. Examples of indirect action I have already given. I now proceed to submit to your consideration a third example, which I conceive to be one of direct action.

It has now come to be an extremely well-known fact in pathology that if the exudation liquids of certain acute inflammations are mixed even in extremely small quantity with the blood-stream, the inevitable result is the production of a pyrexia, which, in its development, progress, and concomitant phenomena, so far as they have yet been studied, exhibits all the characters of the febrile state. I have no intention of entering at all into the consideration of this remarkable process, and refer to it here merely by way of illustration. I am altogether unable to state on what tissue mass the poison in question exercises its influence; all I want to do is to point out that whatever answer is eventually given by experiment to this question, the only possible conception that can be formed of its mode of action is that which regards it as a direct tissue stimulant.

I have not time to enter upon the other constituents of fever, each of which requires as careful and separate investigation as that of pyrexia—the phenomenon of shivering and the changes which accompany it in the circulation, affecting the arterial pressure and the distribution of the blood to different parts; the changes which occur in the hygrometric condition of the skin and mucous membrane, and in the glandular apparatus connected with the latter; the changes which occur in the tissues in fever, so well investigated by Dr. Beale in the fever of cattle-plague; and last, but not least, the chemical changes which occur in the blood. Each of these requires to form the subject of a separate and detailed investigation, and until this is carried out it is premature to go any further in theorising than is necessary for the purpose of obtaining what I have already indicated as finger posts.

I have now come to the end of my time if not of your patience, and I must attempt what I feel myself singularly incompetent for—I must appeal to you to use all your influence to promote the prosecution of pathological research in this country.

Having this in view, I chose the subject of fever, partly because I am myself deeply interested in it, and partly because fever and inflammation have always in the history of medicine been the pivots on which pathological teaching has turned. If, therefore, pathology is of any value at all, if it is of use to know not only the external characteristics on which we base our diagnosis of disease, but the internal and hidden processes which constitute its essence, the question of fever cannot fail to interest us. But it is not in support of this or that line of inquiry in particular that I would appeal to you. What I would urge is that this Association ought to help forward pathological research as a thing distinct from, though highly serviceable to practical medicine and surgery; that we should support it, not merely on the ground of its immediate utility, or of the direct applicability of the results to be obtained, but on the broad principle of its scientific value.

As regards the eventual utility of scientific research in general it is not needful for me to address you. You have heard the subject argued, and probably read the numerous publications which have recently appeared in connection with the work of the Royal Scientific Commission, the result of whose labours I earnestly hope may be to obtain from our legislature a permanent recognition of the national importance of research. As regards physical science in general, indeed, there can I think be no doubt that eventually, and it is to be hoped at no very distant period, this country, which owes its boundless wealth no less to its scientific men than to its statesmen, will tardily but freely and fully acknowledge its obligation.

It is quite possible that our science will not at first participate in the advantages of this change. The question whether it does so or not will, I think, much depend upon the Medical Profession, of which this Association is the representative body.

By the earnest and energetic pleading of men belonging to our profession, the public ear has been successfully gained for the claims of other branches of physical science not immediately connected with medicine. At the present moment we have a scientific inquiry in progress on a large scale at the public expense which has for a principal object the investigation of a physiological question, viz., that of the physical conditions which govern the distribution of living beings at the bottom of the deep sea. Many of us, I do not doubt, take a deep interest in the success of this undertaking, for the carrying out of which the best instrumental appliances have been provided, and the most skilful and carefully trained observers selected.

ADDRESS PREPARED FOR THE OBSTETRIC SECTION.

By J. Braxton Hicks, M.D., F.R.S.

The illness of Dr. Braxton Hicks prevented his delivering the address he had prepared for this section; but it has been published, and we have received slips. Dr. Hicks took for his subject recent advances in the anatomy and physiology of the organs concerned in obstetrics, which, after some introductory remarks, he thus passed in review:—

Within the last few years the opinions as to the development of the ova and Graefian follicles have undergone much change. So long ago as 1859, E. Pflüger published in a paper, "*Ueber die Bewegungen der Ovarien*," in Reichart, and Du Bois Reymond's *Archiv*, an opinion that the Graefian follicle originated in tubes, and he pointed out therein the analogy to the seminal tubes of the testis, and that these were formed in the stroma, and continued to do so even after the birth of the fœtus. In near accordance with this view is Kólliker's, and more recently Waldeyer, in a work, "*Eierstock und Ei*" (1870), and still later in an article in Stricker's *Histology*, while agreeing as to the tubular origin of the Graefian follicles, has pointed out that these tubes are formed by the inflection of the surface of the ovary by the growth of the stroma around; that the ovary is covered by columnar epithelium, and not by tesselated epithelium, as is the case in serous membranes; and, that this epithelium lines the inflection throughout. He then points out that among the epithelium from very early life (four days in the chick), there are enlarged epithelium cells, and these are drawn into the inflected portion, and ultimately become the ova. He says that the ordinary epithelium cells about these large cells arrange themselves so as to surround them, and form not the Graefian follicle, but the outer membrane of the ovum or zona pellucida. Where there are many of the large cells, the tube separates up into as many ova, and these become so many centres of Graefian follicles. Waldeyer further says that in all animals the ova seem to be simply more highly developed epithelial cells of the ovary, which have undergone some peculiar modification, so that the follicular epithelium and the egg-cells stand in direct genetic relation to each other. Waldeyer's account is generally well received, though hardly sufficient time has elapsed to give confirmation, or otherwise, to his opinion.

One is tempted here to ask whether these cells have any more direct and immediate descent from proplasmic matter of the ovum which has only itself just started into life. It is only a few hours since it assumed activity, and at once it multiplies certain cells, which it stores up, and which endure without renovation till required for reproduction. Are these immediate descendants of the mother ovum, or are they like the other cells of the body differentiated off by the general laws which cause this also wonderful phenomenon? One is tempted also to remark upon the force which is evoked by the fusion of the male and female elements. It may prove ultimately to be simply chemical; in any case it is the highest example of what we may still, for the want of a better name, call vital force. And it has this peculiar property, that the product of the fusion not only holds the force within itself, but upon the tissues on which it rests it acts as a powerful stimulant, and that not leading to its destruction, but enduring it with an increased vitality, whereby each elementary tissue is increased and multiplied.

Simultaneously with the investigations on the nerve distribution in other parts of the body, attention has been directed to their arrangement in the uterus and the vagina by various observers. The investigation of the termination of the nerves in the nonstriated muscular fibre of the uterus will be acknowledged by all to be a very difficult matter; still, the researches of Frankenhäuser in his work *On the Nerves of the Uterus, and their Mode of Termination in the Smooth Muscular Fibres* (1867), agree very much with the researches of J. Arnold in his article on Organic Muscles in Stricker's *Histology*. They have, at least, traced the ultimate fibres into the interior of the nucleus of the muscle cell, but they differ as to whether the extremities end by a plexus in the nucleus, or end in its granules. In any case, so close and intimate a relationship exists between nerve and muscle that one can hardly look upon muscle as otherwise than the outward expression or exponent of nerve force. The termination of nerves on the inner surface of the uterus has not yet been satisfactorily traced out. A nerve has been said to pass into each papilla of the cervix, and still further Lindgren even finds a fine plexus of granular masses, which, breaking up in a brush-like manner, extend to the epithelium; upon this point, however, there is some doubt, though it is much in accord with what has been noticed in other surfaces.

Very recently the termination of the nerves of the vagina has been made the subject by Chrschtschonovitch before the Imperial Academy of Sciences of Vienna. Here it is stated that there is a network beneath the epithelium from which branches pass between the epithelium cells, but which do not join the connective tissue cells. This arrangement much approaches the description given by Klein in *The Quarterly Journal of Microscopical Science*, of the peripheral distribution of non-medullated nerves on the cornua, for he says that the fibres, having reached the base of the epithelial cells on the anterior surface of the cornua, and forming there a deep intra-epithelial network, run up between the cells and form plexuses between the superficial layers, being all but exposed on their surfaces, from which, indeed, they are separate by only one or two of the thin laminated cells, and form here a superficial intra-epithelial plexus. This arrangement is not peculiar to these mucous membranes, at least, the close contact of the epithelium with the ends of the nerves is marked in all—so much so, that in some the nerves appear to enter the epithelial cell. Besides this, the recent investigation of Frankenhäuser, Koch, Kehrer, and others, show that, as in other parts of the internal organs, there are ganglia in the sub-mucous membrane with which two or three pale nerve fibres are in connection. These researches point out to us that we cannot ignore in our clinical pathology, indeed, that we must give a prominent place to, the nerve element. May I be permitted to make the remark that this very free inblending of nerves with the other tissues has not received, at least, judging from the writings of authors, that general consideration which it deserves? Blood-vessels and exudations, mechanical pressure and obstructions are freely mentioned; and instruments are used as if the uterus were a simple elastic tissue to be dilated by main force like a piece of india-rubber. Considering the large nervous supply to the os and cervix uteri, we can understand the great effect, of a reflex character, which a small abrasion may produce; and can point out a satisfactory explanation to those who still remain incredulous to the practical experience of all gynæcologists. Obstetricians more than others have the opportunity of viewing the effect of the reflex function, both of the spinal and the sympathetic system. The uterus is almost the only organ which, endued in the main with nerves from the sympathetic, is capable of being seen and freely handled. It should neither cause surprise nor disbelief if the phenomena recorded by careful observers do not in degree, or exactly in kind, tally with observations made upon organs not so much dependent on the sympathetic nerves.

Then, again, the addition of sexual desire can never be completely left out of consideration, and often has to receive considerable attention, both in explanation of the phenomena which are brought before us, and in the correction of the abnormalities.

Since the admission that the ovaries are a very influential factor in many of the great phenomena of woman's life, we cannot in any case leave their influence out of consideration, but this only removes the causation one step back, and it still remains to be explained what influence it is which excites the ovaries, and how it is set going. It may be the regular growth of the ovum in the Graefian follicle which stimulates the nerve by pressure, causing an increased flow of blood and some congestion, and this by putting pressure on the contents of the ovary causes the ripe follicles to burst. The same irritation causing stasis in the blood-vessels of the uterus, a rapid growth of the mucous membrane elements, and the other phenomena of menstruation ensue. Let anyone listen carefully to those who suffer at the menstrual period, and it will readily be perceived how widely the general nervous system is affected by the nerve disturbance of the uterus. Need we then wonder at the distress which, in highly sensitive conditions of the system, is felt in the various other disorders of the uterus?

Neither is there any other organ of the body which grows as the uterus does in pregnancy. This is, of course, through the agency of the nervous stimulation and not from immediate contact; because the uterus grows in a marked manner in extra uterine pregnancy, where the ovum is at some distance from the corpus uteri. And this brings me to the question, whether the once disputed point, as to whether the nerves of the uterus grew during pregnancy, has received any recent answer. Dr. Chrobah, in his article on the "Structure of the Uterus," in Stricker's *Histology*, makes this remark: "There is an indubitable growth of the nerves also during pregnancy (Tiedeman, Remak, and others), and, according to Kilian, the double-contoured nerves may be followed further in pregnancy than in the virgin state." If decentralisation of the sympathetic nerve be the character of its arrangement, then it is easy to understand that, although an increase corresponding to the growth of the muscular tissue may take place, yet this does not necessitate a large increase of the nerve trunks which come from the hypogastric plexus.

I feel that I have already detained you long enough on anatomical points, but must just mention some interesting observations made by Kundrat, (*Medizin. Tahr.*, vol. ii., 1873, and *Med. Times and Gazette*, July 26th, 1873), on the mucous membrane of the uterus, before, during, and after menstruation. He describes the ordinary characters of the mucous surface as markedly altered at the monthly period of uterine activity; it is swollen, thick, and loose, and almost affluent, covered with a whitish or bloody mucus, freely injected in parts, and in many cases uniformly coloured of a deep red. A microscopical examination reveals increased abundance of the cellular matrix, with great elongation and dilatation of the glands. But what he especially points out is that the condition of the uterus, just described, probably precedes the occurrence of the discharge of the ovum, and, what is perhaps more striking, the menstrual flow by several days. The uterus appears prepared for the receipt of the ovum a certain time before the rupture of the Graefian vesicle. At the menstrual flow, and for a short time after it has ceased, careful examination shows a remarkable change in the microscopical appearances. The cells of the stroma and the vessels, as well as of the epithelium of the glands and surface, are dull in appearance, and filled with fat granules. Kundrat believes that the hæmorrhage does not cause the fatty change, but is caused by it. The anatomical sequence of events is the swelling of the mucosa, fatty change in the cells and vessels, vascular rupture, and hæmorrhage. The type of the impregnated uterus is seen in the active uterus when the mucosa is swollen and menstruation has not yet commenced. If the bleeding does commence, it is a sign that the ovum has perished, and that the mucosa is returning to its state of rest. According to this view, a developing ovum or growing embryo belongs, not to a menstrual period just past, but to one just prevented by fecundation.

One of the most important questions in obstetric physiology under discussion of late, has been that of the forces employed in labour. Many have raised the question, as, for instance, Haller; and Lithopædus Scriverensis, quoted by Swift in his *Tale of a Tub*. Both these place the force at a high point, the latter, indeed, at 400 lbs. The question, however, remained latterly in abeyance, until Dr. Matthews Duncan, and, at the same time and independently, Poppel, of Munich, carried out numerous experiments on the power required to burst the membranes. Dr. Duncan found the toughest membrane of an easy labour to require 29 lbs. for an os uteri of four and a half inches; Poppel 13 lbs. for an os uteri of four inches. Two or three years after these experiments, Professor Haughton calculated that the full force of the uterus itself was about 52 lbs. on an os uteri of four and a half inches, calculating from the area of the uterus, the thickness of its walls, and its curvature. Having obtained this result, he argues that, as nature does not employ more power than is required, the resistance of labour is only somewhat below this. But, in calculating the force of the accessory powers, he came to the conclusion that they were far in excess of that of the uterus, equal, indeed, to 523 lbs. on the area of four inches and a half diameter. That is for the maximum power exerted. It would be out of place to go into the calculations, but I may say that he took two bases of calculation; one, the weight of a mass of given size, capable of being lifted on the centre abdomen, and then calculating for the whole area; and the other, the thickness, area, and curvature of the abdominal muscles. He assumes that the uterus itself does no more than rupture the membranes, and that the auxiliary forces do the major portion of the remainder.

It is evident that, before this important point is thoroughly cleared up, some further experiments must be made; because, I think, most persons accustomed to operative midwifery, would find it difficult to acknowledge that a force equal to a quarter of a ton can be, in even the most forcible labour, put on the parturient passage. Either some loss of force takes place, or else Professor Haughton has overstated the strength of the muscular tissue of the uterus and the auxiliary forces. No doubt, where the waters have escaped, the pressure is not so direct nor so great as when plenty of fluid is present, because a considerable amount of force is exerted laterally against the body of the child; and we know that, in some forms of labour, although the uterus is acting most violently, the effect on the fœtal head, *quoad* descent, is next to nothing, the whole force being exhausted in compressing the child, to its great detriment. Again, although in easy labours the contractions of the body and fundus take place universally on the contents, yet those who believe in the peristaltic nature of the contraction, will see that the whole of the uterus is not engaged in the action at any one time, and that something must be taken off its total force when considering its expulsive power.

The power of the uterus could be roughly reckoned by finding the tensile resistance of its attachments. Now we know that in some cases the uterus does rend its attachment to the vagina; in ordinary cases, of course, it does not, but we may say roughly that the force of the uterus alone is rather less than the total resistance of its attachments—*i.e.*, the vagina, the round ligament, and the peritoneal reflexions, the broad ligament the principal. Of course the auxiliary forces, by pressing on the abdominal contents, support the uterus, and prevent it recoiling when the head has escaped, and thereby rending its attachment. But should the auxiliary forces not be capable of acting, as from paralysis, extremely lax abdominal walls, heart or lung mischief, then the force of the uterus, supposing the head has escaped and the uterus meets with an obstacle, is thrown on the attachments. Thus a gauge may be approximately made as to its force. With regard to the auxiliary forces, put at so high a figure by Professor Haughton, I think that his data as to women must be much reduced. The muscles of women are much less and less powerful than those of men; they are seldom in anything like condition. This last observation, however, does not always hold; because in some women who work as hard as men the labours are very severe, and doubtless in them the total labour power is at the maximum. Supposing Professor Haughton correct in his data, then I think it has yet to be shown experimentally that on the brim or cavity the downward force is so great as he believes, or nearly so.

Some observations have been recently made on the contractions of the uterus during pregnancy. Uterine contractions have been generally recognised towards the end of pregnancy, but in a recent paper I have shown that they occur spontaneously throughout pregnancy from at least the third month, and are of great value in the diagnosis of pregnancy. The cause has been attracting some attention abroad. Drs. Aser and Schlesinger, in the fifty-second number of the *Centralblatt für die Medicinschen Wissenschaften* (1871), pointed out that in rabbits, whenever the blood in the brain or the uterus became highly charged with carbonic acid, tetanic contractions of the uterus occurred. They experimented in various ways with the same result. Excitation by galvanism of nerves, such as the femoral or radial nerve, produced contractions; but when the spinal column was divided as high up as possible, compatible with respiration, the effect was the same, even though the nerve chosen was above the division. The channel by which the effect was carried would seem to have been the sympathetic branches. At any rate, it would appear that the uterus is excited in many ways. But the suggestion which I threw out in the paper to which I have referred, to the effect that the uterine contractions act as a supplementary heart to relieve the stagnant state of the blood in the uterus, receives some confirmation by the first-named experiments.

Dr. Reimann, of Kiew, has also published some observations on the innervation of the uterus and on its contractions. He experimented on bitches and cats, and subjected the uterus, partly or wholly separated from the body, to various kinds of irritation. He found that the uterus, separated from the cerebro-spinal axis, and even removed from the body, responded to the irritation by peristaltic and rhythmical movements of the whole organ, even when only a portion of it had been subjected to the irritation. He also found that the uterus separated from the body, but maintained at its normal temperature, spontaneously contracted and relaxed for about an hour after the death of the animal. Dr. Reimann concludes, from these experiments, that the contractions of the uterus are under the influence of certain organs (ganglionic) not yet anatomically demonstrated, but which are situated in the uterus itself; and that, like the contractions of the heart, they are independent of the cerebro-spinal system, though physiological and pathological facts prove that the latter has certain influence over them.

Regarding the great question as to the cause or the causes which conduce to set up labour at full term, we are still without definite information. There may be, as indeed I believe there is, more than one factor. But in regard to the direction in which the forces act when once established, there is yet some uncertainty. Does the fœtus, during a pain, enter the area of the brim with its long axis coincident with the axis of the brim? If we refer to the description of authors, we find them varying much. Formerly, as most of you remember, it was believed that the axis of the fœtus inclined more forward by a few degrees than that of the brim. Some later writers, amongst whom I may name Dr. Leishman, have endeavoured to show that they are coincident, or, as it has been called, "synclitic." Again, Schatz and Schultze have been over the subject, and they, in contradistinction, make out that the axis of the fœtus is more perpendicular than that of the brim. This would tend to throw the axis of the head of the fœtus against the pubes. The condition of the abdominal parietes would probably regulate the direction to a great extent. Unquestionably the uterus, having fallen forward owing to the relaxed abdominal parietes, would not, even in the most forcible contraction, straighten or erect itself completely. This I have noticed to be the case even when the uterus has not been fully developed.

It has been thought that a lateral inclination of the axis of the uterus has been discovered, and Dr. Matthews Duncan i this country, having followed out this point, has noticed that there is a distinct inclination in the majority of those cases which he has observed. What influence this may have on the direction of the head and upon the relative frequency of one parietal bone overlapping the other, has not yet been determined. More numerous investigations are yet required to establish the value of these observations.

The line of the auxiliary forces is said by Schultze and Schatz to be directed still more in the line of the perpendicular—that is, the uterine action, so that there is a loss of power by the head being driven against the pubes instead of against the sacrum. But, as Dr. Duncan points out, this condition has been looked upon not as the natural position, but rather as an unnatural one.

Although accuracy on these points may be of little importance in a natural case, because any slight error is readily overcome, yet in difficult cases it is not so. The position of the transverse rupture of the upper vagina and cervix uteri depends on the inclination of the forces. If the fœtal head presses with undue angularity, then it can readily be seen how the wall against which the head projects would be liable to be rent, provided the pressure be great or the tissues weak.

It has been the generally received opinion that the vertical axis of the head in its passage through the pelvis does not correspond with the mesial axis of the pelvis, but latterly Dr. Küncke has, in a work called *The Four Factors of Labour*, endeavoured to show that it is synclitic throughout; in other words, that not the angle of the parietal bone, but some point in the antero-posterior diameter is the presenting part. This has been contested by Dr. Matthews Duncan, and he asserts that the head descends to the middle of the cavity as it entered the brim, synclitic, because it meets with no opposition, but that after this point the axes never correspond. He and Schrœder observe that the pressure of the head is mainly against the posterior wall of the cavity, and at the point of contact there is retardation by friction of that side of the head to a greater extent than the anterior, which bears but slightly on the pubic bone. A familiar illustration of this mechanical point may be seen on any railway curve. Of course it will occur to many that the variability of the size and shape, both of the fœtal head and also of the pelvis, must render this point a difficult one to investigate, for it will always be difficult in any given case to say how far the conditions of both were normal. It can only be by observation of a large number of cases that the natural tendency can be made out.

The examination of the form of the head after delivery, and particularly after laborious labour, is a point which has perhaps not received the attention which it deserves. Many practical hints might be gathered in this way.

Tied as I am to time, I must omit much interesting matter regarding the circumstances which determine the various presentations and positions of the fœtus. Of late years, as most of you are aware, much information has been gained on these points. It was also my intention to have spoken a little in detail of a subject of great interest to all engaged in obstetrics and gynæcology. I refer to what Dr. Matthews Duncan has called *the retentive power of the abdomen*. But I must hasten to point out that Schultz and Duncan have taken up a very interesting but surprisingly neglected subject, namely, the mode by which the placenta is naturally expelled. Bandelocque and Schultze agree in saying that blood is effused between the placenta and the uterus, and thus having been dislodged nearly to the os uteri, the placenta is expelled by a contraction. Duncan asserts that this mode is not to be considered natural, but that the placenta is in a normal state, rolled together in a long roll, with its animal surface inside; this shape adapts it to pass readily through the os uteri. I believe further observations will confirm Duncan's assertion, so far as those cases where the placenta is attached to the side of the uterus more than the fundus are concerned, but that when it is mainly attached to the fundus, particularly if the funis have been dragged upon, that the description of Schultze is at least one of the modes of delivery. But this latter mode is often attended by considerable hæmorrhage. Every one must admit that any facts which bear upon this stage of labour possess a highly practical interest.

In conclusion, let me mention that investigations have been carried out with a view to determine the size of the fœtus, and also the sex of fœtus in utero. Ashfield, of Leipsic, has attempted to ascertain the size of the child, in order to calculate the period of gestation, and more especially to make out before labour if any disproportion exists between the fœtus and the genital passage. He pays special attention to the size o the head, the hardness of the bones which form it, and the condition of the suture and fontanelles. The patient being placed on the back, with the thighs flexed, if the long axis of the uterus be from above down, the position of the fundus uteri is marked on the abdomen, and then one arm of Bandelocque's pelvemeter is guided by the finger along the vagina to the occiput of the child. The length from head to breech is thus ascertained, and by doubling this we have the entire length of the child. Ashfield has collected the results of measurements made in two hundred and fifty cases, and gives much interesting information. In one of the tables which he gives, the relation between the length of the child and the two transverse diameters of the head is recorded. So far as these investigations go they are very valuable.

The interesting fact, that the sex of the child can in a large proportion of cases be ascertained by auscultation during pregnancy, has also lately been made known. When the fœtal pulsations number 144 per minute, the child is probably a female; when they are 124 per minute, probably a male. It is said that a little variation from 124 upward, and from 144 downward, will not alter the dianogsis, provided auscultation be practised towards the end of pregnancy. Steinbach was correct in forty-five out of fifty-seven cases which he examined, while Frankenhäuser was right in all the fifty cases which he examined with a view to determine the sex of the child.

The Medical Press
RETROSPECT
OF
MEDICINE, SURGERY, AND THE COLLATERAL SCIENCES.

> "The multiplicity of subjects with which the mind of the Medical man who attempts to keep pace with the progress of his science is constantly occupied, renders it desirable that ideas which are intended to be of practical utility to him should be submitted to his grasp in the smallest compass and most defined form of which they are capable."

No. IX.

N.B.—Authors are invited to send copies of their works, with such passages marked as they deem worthy of special notice in these Reports. All communications should be addressed to "The Editor of the *Medical Press Retrospect*," at either of the Offices of Medical Press and Circular.

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MEDICINE.

GENERAL DISEASES.

De Cavazzani.—"On Hypodermic Injection of Atropia in Articular Rheumatism." *Lo Sperimentale*, Jan., 1873. In the cases recorded this method of treatment has been very successful. The solution which he uses is ·77 grain of atropia in 6 drops of sulphuric acid and 100 grammes of water. Of this he injects from 6 to 20 drops. As soon as the disease is relieved, he at once stops the treatment.

Girard, Marc.—"On Propylamine in the Treatment of Acute Rheumatism." *Bordeaux Méd.*, March 16. Speaking of a case in which he employed this drug, he says: "I have never seen articular rheumatism generated in the principal joints pass through so rapid a course and disappear so completely in so limited a space of time."

Ord, W. M.—"On the Relation of Gout to Uric Acid." *St. Thomas's Hosp. Rep.*, vol. 3. The following is a summary of the author's views: Gout is a mode of decay of the whole system marked by the deposit of urate of soda in and about joints, and by local inflammation of a particular kind. The deposit of the urate is a result of local or general disintegration, and is not to be regarded as a means of eliminating urate from the blood. The local inflammations do not necessarily depend upon the deposit of urate, and the deposit is not a consequence of inflammation; at the same time, it is probable that excess of urate in the blood produces irritation of the tissues. The local inflammation is peculiar in respect of the ease with which it is produced, of the pain by which it is attended, and of the products, which are chemical rather than structural; chemical substances of low molecule tending to crystallise or to be dissolved, being formed in the part instead of substances of high molecule tending to be organised. Interstitial subcrystalline deposit is common, suppuration rare, in gout. The local inflammations are set going to local exciting causes. The local degenerations and inflammations tend to infect the rest of the system through the blood, and to set up similar actions elsewhere through reflex nervous action.

FEVERS.

Desmos.—"On Digitalis in Enteric Fever." *L'Union Méd.*, Feb. 6. He speaks unfavourably of it as a remedial agent, either for reducing the temperature or in any other way.

DISEASES OF ORGANS OF CIRCULATION AND RESPIRATION.

Cryan, Robert.—"On Extreme Contraction of the Tricuspid and Mitral Orifices, unattended by Presystolic Murmur." *Dub. Path. Soc.*, April 20. From this case Dr. Cryan concludes that we may be justified in diagnosing mitral constriction, even though there be no presystolic murmur, from a very small weak pulse, an enlarged right ventricle, and a normally-sized left one. In the case recorded, such were the physical signs. After death it was found that the mitral orifice would not admit the point of the little finger.

Kuhn.—"On the Internal Treatment of Diphtheritis." *Berl. Klin. Wochenschrift*, Feb. 10. The author regards diphtheria as of fungus origin, and he endeavours "so to modify the nutrition of the mucous membranes" that they will be unfavourable to the growth of this fungus; this he proposes to do by the use of strong alkaline solutions. He gives fifteen to thirty grains daily of carbonate of potash to a child under three years, and so on in proportion to age.

Becchini, S.—"On Diphtheria." *Lo Sperimentale*, Feb.

AFFECTIONS OF THE PERITONEUM.

Kundrat.—"On Retro-Peritoneal Hernia." *Allg. Wien. Med. Zeit.*, Jan. 21.

DISEASES OF LIVER, &c.

Schiff.—"On the Treatment of Biliary Calculus by Cholinate of Soda." *L'Imparziale*, Feb. 16. He gives this salt in doses of 7½ grains twice daily, until disturbance of the circulation or digestion ensues. He considers that the salt acts by holding the cholesterine in solution, thus preventing further deposition.

DISEASES OF THE NERVOUS SYSTEM.

San-Martin.—"On an Endemic Paraplegia." *El Siglo Medico*, Feb. 9.

Magnan.—"On the Pathogenesis of Epilepsy." *Soc. de Biol.*, Feb. 22; *Gazette Hebd.*, Feb 28. The author induces artificial epilepsy in a rabbit by injecting essence of absinthe into the veins. He observed that during the convulsion the brain is distended, the hemisphere becomes of a roseate tint, and the pupil is dilated.

DISEASES OF THE SKIN.

Emminghaus, H.—"Psoriasis with Severe Nervous Symptoms." *Berl. Klin. Wochenschrift*, March 10.

SURGERY.

CONSTITUTIONAL EFFECTS OF LOCAL INJURY OR DISEASE.

Asprea, V.—"On Tetanus." *Lo Sperimentale*, Feb.

Coryllos, C.—"Case of Traumatic Tetanus treated with large Doses of Hydrate of Chloral." *Allg. Wien,* *Med. Zeit.*, Jan. 14. In a fortnight the patient had taken eighteen drachms of hydrate of chloral and four grains of acetate of morphia. Mercurial ointment and extract of belladonna were used externally. The case was successful.

VENEREAL DISEASE.

Fournier, Alfred.—"On Nervous Affections in Secondary Syphilis." *Gaz. Hebd. de Méd.*, Jan. 24.

Fournier, Alfred.—"On Syphilis affecting the Sympathetic System." *Gaz. Hebd. de Méd.*, Feb. 7.

Fournier, Alfred.—"On Secondary Glandular Affections in Syphilis." *Ann. de Derm. et de Syph.*, 1872-3. The author points out that syphilis affects the lymphatic glands more generally than any other disease.

Vidal, E.—"On Constitutional Syphilis having the Soft Chancre for its Starting Point." *L'Union Méd.*, Jan. 23.

JOINTS.

Jones, Sydney.—"On the Surgical Treatment of Diseased Joints." *St. Thomas's Hosp. Rep.* Eleven cases of knee-joint resection are given, one case of excision of the wrist, and another of the ankle. This paper is well worth perusal, all the cases being of great surgical interest. Many valuable hints may be gathered from this paper, which space will not allow us to epitomise.

AFFECTIONS OF ORGANS OF CIRCULATION.

Lidell, John A.—"On Thrombosis of the Arteries of the Extremities." *Amer. Jl. Med. Sci.*, Jan. The author holds that the blood may coagulate spontaneously in the peripheral arteries during life. Cases by Dupuytren and Romberg illustrating different varieties of thrombosis are commented on, and the various diseases in connection with which arterial thrombosis occurs are described. The following causes of the affection are enumerated: Increased coagulability of the blood, atheromatous and calcareous degeneration of the arterial walls, feeble action of the heart and lodgment of embolia. The symptomatology of thrombosis is finally discussed.

INJURIES TO THE HEAD.

Luigi Porta.—"On Traumatic Destruction of one Hemisphere of the Brain without Functional Disturbance." *L'Imparziale*, Feb. 1.

SURGERY OF THE NECK.

Holmes, T.—"A Case in which a Large Bronchocele was removed with Fatal Result." *Amer. Jl. Med. Sci.*, Jan. Operation was resorted to as affording the patient the only possible chance of life. In commenting on the case, Dr. Holmes says that the suppuration caused by the bursting of the tumour is a condition which may justify an attempt at extirpation.

SURGERY OF THE EYE.

Kittel, A.—"On Conjunctivitis set up by the Irritation of Schweinfurth Green" (a mixture of arsenite and acetate of copper). *Allg. Wien. Med. Zeit.*, Jan. 7.

Knapp.—"On Intraocular Enchondroma." *New York Med. Record*, Jan. 1. The details of an unique case.

Kugel, L.—"The Diagnosis of Muscular Insufficiency." *Von Graefe's Archiv. für Ophth.*, vol. 18, part 2.

Samelsohn, J.—"On Amaurosis after Hæmatemesis and loss of Blood from other Causes." *Von Graefe's Archiv. für Ophth.*, vol. 18, part 2.

Schmid.—"On Tumours of the Cornea." *Graefe's Archiv. für Ophth.*, vol. 18, part 2.

Sperino.—"On the Treatment of Ectropion and Entropion." *Lo Sperimentale*, Jan.

Strawbridge, G.—"Case of Dermoid Tumour of the Cornea." *Amer. Jl. of Sci.*, Jan.

Talma, S.—"On Keratitis." *Von Graefe's Archiv. für Ophth.*, vol. 18, part 2. He concludes that all the pus-cells found in a traumatically inflamed cornea are white blood corpuscles which have migrated.

Woinow, M.—"On the Use of Glasses." *Von Graefe's Archiv. für Ophth.*, vol. 18, part 2.

Woinow, M.—"On the Use of Strychnia in Amblyopia." *Von Graefe's Archiv. für Ophth.*, vol. 18, part 2.

AFFECTIONS OF THE BLADDER.

Carter, Vandyke.—"On the Pathology of Vesical Calculi." *Path. Soc. Lond.*, Feb. 18.

Clemens, Th.—"On the Treatment of Chronic Diseases of the Bladder." *Deutsche Klinik*, Feb. 15. He injects healthy blood-warm acid urine.

AFFECTIONS OF THE EXTREMITIES.

Anderson.—"On Sloughing of the Calf two years after Ligature of the Iliac Artery for Elephantiasis Arabum.' *Canada Med. and Surg. Jour.*, Jan.

Velasco.—"On the Treatment of Elephantiasis by Compression." *Anfiteatro Anatomico Espanol*, Feb. 28. The treatment adopted was the application of a strong bandage four inches wide, spirally from toes to groin. The limb regained its normal size in less than a year.

MIDWIFERY, AND DISEASES OF WOMEN.

Chiarlone, G.—"On Medicated Intra-uterine Injections in the Treatment of Puerperal Eudometritis." *Gaz. delle Cliniche*, Feb. 11 and 18.

Comucci, E.—"On a Case of Obstinate Hysterical Hiccough, and its Tolerance of Subcutaneous Injections of Hydro-chlorate of Morphia." *Lo Sperimentale*, Feb.

Gallard.—"On Ulceration of the Neck of the Uterus." *Le Mouvement Méd.*, Jan. 25. Gallard disputes the opinion that the diathesis modifies the character of the ulceration. He recommends nitrate of silver, chromic acid, and nitrate of mercury according to the condition of ulceration.

Lhotsky, Peter.—"On Manual Compression of the Uterus as a Hæmostatic in Post-Partum Hæmorrhage." *Med. Chir. Centralblatt*, Jan. He compresses the uterus with the hand backwards and downwards, thus pressing the anterior against the posterior wall. This practice he has followed with great success, the most severe hæmorrhage being checked within a quarter of an hour.

Ræis.—"On Abortion, the result of Perimetric Adhesions." *Gaz. Méd. de Strasbourg*, Jan. A case is recorded in which abortion arose from adhesions round the uterus. The patient had had a severe attack of perimetritis and parametritis after a previous labour.

DISEASES OF CHILDREN.

Barnes, H.—"Eclampsia Nutans, or the Nodding Convulsions of Infancy." Manchester, 1873.

Turk, Theodore.—"On the Treatment of Diarrhœa in Children by Acorn-Coffee." *Med. Chir. Centralblatt*, No. 1, 1873. The author concludes that in chronic catarrh of the bowels roasted acorns prepared as coffee will succeed when all other drugs have failed.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 20, 1873.

A PURE WATER SUPPLY.

If anything more were wanting to show the dangerous nature of the doctrine preached by Sir William Fergusson to the members of the British Medical Association, it has been supplied in a very marked manner during the past week, in an outbreak of typhoid fever in Marylebone. Here we have the remarkable coincidence of carelessly-washed milkcans carrying disease and death to hundreds of persons. A small quantity of contaminated water left in the milkcans served the purpose of distributing about an infinitesimal dose of the poison over a large area of our town. The diffusion among families of an alarming fever is a matter of no little anxiety for all concerned; and, at the same time, is a source of grave consideration for the Profession. The facts speak for themselves of the extreme danger to the public health of a contaminated water supply, and that quality *versus* quantity is a far more serious and important question than Sir William supposed when he dwelt upon the salutariness of his "beautiful Scottish lakes."

We are reminded that it is just two years ago since a great fight took place between a section of the more sensible of the inhabitants of Edinburgh, and the Town Council Water Trustees, on the question of bringing into the city a good —or rather a very bad—water supply. Thanks to a determined and devoted band, the attempt made by this Water Trust "to tap" St. Mary's Loch and bring its dirty surface water into every house was most successfully resisted. There is a lesson, however, to be learnt from this, although the Royal Commissioners have often had occasion to enforce the same sort of a lesson, and even remind the inhabitants of towns that they are at the mercy of parties who undertake to supply them with water. The health, nay, even the life of the inhabitants is too often placed in the hands of water companies, and it is, therefore, a matter of paramount public interest that the manner in which they exercise this immense power for good or evil should be jealously watched and efficiently controlled.

At the present moment it will serve our purpose if we more especially dwell upon the water supply of certain Scotch towns, as illustrating what we desire to say on the question of *soft versus hard water* for general domestic use, and also because Sir William Fergusson in his address drew particular attention to these "classic Scottish lakes," and spoke of them as affording all that man can desire in the way of a pure water-supply, "quality and quantity of course considered." In the appendix to the Report of the Royal Commission on the water-supply to towns, there will be found a table, presented by Drs. Letheby, Odling, and Professor Abel, of much interest and value. The design is to show the relation between the quality of water, its degrees of hardness, and its bearings upon the rate of mortality in a number of cities and towns of England and Scotland. If for the sake of convenience we divide the table into four groups, and as showing various degrees of hardness from ten to two and less of the water, we find in proportion to the greater hardness of the water there is a diminished mortality. In towns in which 10 degrees prevailed, the death-rate was 21·9 per thousand. In the next group, and when it fell to six degrees, and in spite of the advantages of a smaller population, and in which Edinburgh and Leith take their place, the mortality increased to 24 9 per thousand. Passing to the third group, and with a decreasing hardness varying from six to two degrees, and in which we find Dundee and Paisley, and with a still smaller population, but with an increasing mortality of 26·3 per thousand. In the fourth and last group, and with a still further decreasing hardness of water, and in which Glasgow, Greenock, Aberdeen, Perth, with a surface supply of soft water, find a position, we have a still higher average mortality of 28·5 per thousand. Can we regard such a result as a bare coincidence? Dr. Letheby and his colleagues believe not. It is perfectly true that the condition of health of a community is contingent, not on a single natural influence, but on the mutual actions and reactions of a variety of agencies in relation to regimen, food, air, water, and on the presence of which, in greater or less purity and cogency, the general issue depends. But it is the province of statistics, should the result, in any particular example appear to be affected by the failure or predominance of any individual agency, to spread the inquiry over an enlarged field, so that the disturbing element in one direction becomes neutralized by the existence and addition of a compensating element in another. And, above all, it is to be noted whether, however other elements may waver, there is one element that is uniformly present, and in a ratio that is capable of being very nearly determined. Such an element so capable of being known and measured, we have here, along with the water itself, in the varying quality of its hardness, and as denoting its degree of impregnation with carbonate of lime, besides which must be placed the other superior properties of a water with which that impregnation is customarily associated. In every such case, also, the weight of educated opinion should override that of ignorant opposition.

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WORK AND AGE.

DR. GEORGE M. BEARD, of New York, has lately published some rather startling statistics. It has been said that figures will prove anything, so our aged friends may take courage, although Dr. Beard has little faith in their mental powers. He seeks to show that the mind ripens as rapidly as the body. His method was to note down the age at which the greatest achievement was made in the life of as many men of eminence as he could obtain the particulars of. The result he reaches is that the majority accomplished their life work at an early age, and so he deduces the following general results of the investigation:—

The golden	decade	is between	30	and	40
The silver	"	"	40	"	50
The brazen	"	"	20	"	30
The iron	"	"	50	"	60
The tin	"	"	60	"	70
The wooden	"	"	70	"	80

From this table Dr. Beard proceeds to argue that seventy per cent. of the work of the world is done before 45, and 80 per cent. before 50. The golden decade represents about 25 per cent. more dates than the silver. The difference between the first and second half of the golden decade is but slight. The golden decade alone represents nearly one-third of the work of the world. The best period of fifteen years is between 30 and 45. Over one thousand dates are found between 25 and 45. The advantage of the brazen over the iron decade, of 20 and 30 over 50 and 60, is very striking, and will cause surprise. There is considerably more work done between 30 and 40 than between 40 and 45. Dr. Beard adds:—

"I have prepared a list embracing nearly all of the greatest names of history, whose lives are recorded in sufficient detail to be of value in such an investigation, and have noted the age at which they did the original work by which they have gained their fame. I have noted the ages at which philosophers have founded and announced their systems; at which divines and religious teachers have originated their creeds, and have been most effective as preachers; at which statesmen have unfolded their highest acts of legislation, of diplomacy, and reform; at which men of science have made their greatest discoveries, and written their best works; at which generals and admirals have gained their greatest victories, and carried on their most successful campaigns; at which lawyers have led the bar, and physicians made their explorations in medicine, and artists have painted their masterpieces; at which musicians have composed and performed their most illustrious creations; at which architects and engineers have planned and executed the greatest monuments to their memories; at which actors and orators have been at the zenith of their power, and at which teachers and professors have led eras in the service of education. From these data, which, though not absolutely exhaustive, are sufficiently so for a final and convincing settlement of the questions involved, I have derived the period, the decade and year of maximum productiveness, and the various grades."

We are not disposed to accept Dr. Beard's conclusions. The fallacy may be that he has not taken into consideration the immense proportion of the race that dies early. Any actuary would tell him that this makes a great difference. Whether this be the error or not, we feel sure there is one somewhere in his figures. At any rate, in the old world we see no signs of premature decay. Age will bear comparison with youth in politics, literature, science, and art.

Notes on Current Topics.

Impotence.

Dr. Emil Duval mentions (*Gazette M. de Paris*) a case of spermatorrhœa and impotence in a young man aged twenty-one, who had been a masturbator, and who had suffered from a severe attack of melancholy, for which he sought refuge again in masturbation.

He was pale, thin, and remarked emissions continually. There was pain in the loins and weakness in the feet, with headache, weakness of intellect, and melancholia, loss of voice, with sleeplessness, diurnal loss of semen, and nocturnal also.

He was treated by ablutions of water at 24° C. mornings and evenings, and the forenoon to a sitz bath for fifteen minutes. Short walks and the use of cold water were enjoined.

In a short time the temperature of the water was lowered to 20° C., and then to 15. Lastly, in place of the evening ablution, a shower-bath of twenty minutes' duration was substituted, together with a douche for one minute over the whole back and loins. The front of the body, also the parts above the symphysis, and the internal aspects of the thighs were also treated with the douche.

Next an entire cold bath was ordered for three minutes after the shower-bath. Continuance in this treatment for three months produced a perfect cure. The nourishment and intellect became excellent, and the pollutions and spermatorrhœa left off.

Dangers of Anæsthetics in Slight Operations.

Dr. Rodolfo del Castillo, in a pamphlet published at Cadiz in the current year, alludes to the very common use made of all kinds of anæsthetics in the practice of London operators on diseases of the eye. He speaks of nitrous oxide as the safest of the anæsthetics, but counsels a far more careful use of all kinds of remedies of like nature in operations which are undertaken for diseases not endangering life, such as cataract, &c., in case the remedy be worse than the disease.

Mydriasis Caused by Syphilis.

The paralysis of the third nerve is not very common in syphilis; but paralysis of the motor branch of the ophthalmic ganglion is still rarer. Drs. Perocchi and Porlezza (*Gior. Ital. d. Mal. Vau*) mention the case of a man aged forty, who, after suffering from syphilis, presented in 1872 great dilatation of the pupil of the right eye. There was no other lesion. Although no syphilitic symptoms were seen, the diagnosis was given as syphilis, and iodide of potassium and iodide of mercury were given. In twelve days the iris was sensitive to light, and the diameter of the pupil was reduced. In a month the cure was perfect.

The Provident System at Manchester.

The progress of the movement for the reform of the Medical charities is summarised by the *Manchester Guardian*, in which paper we are told the authorities of the Royal Infirmary were the first to move, by inviting the other principal Medical charities of the district—twelve in number—to appoint delegates from their managing committees in order to form a general committee to consider what should be done. This committee added considerably from other sources to its number, and appointed a subcommittee which arranged for a public meeting of a very representative character. This meeting was held about a month since, and affirmed the desirability of establishing provident sick societies for the benefit of the class intermediate to the pauper class and that which is able to pay the ordinary Medical fees. It also recommended that nine Medical men to be named by the three Medical societies of Manchester and Salford should be added to the existing Committee of the Medical Charities. At a meeting of this committee last week these resolutions, which of course were up to this time not formally binding, were approved, and the nine new members accordingly added to the list of the general committee. A sub-committee was at the same time appointed to draw up a scheme and report. This sub-committee is rather a large one. It consists, says the *Guardian*, of seven Medical men and eight laymen. But it is thoroughly representative—even Dr. Royle, who has throughout appeared as the uncompromising advocate of things as they are, being included—and any recommendations which it may make must necessarily carry great weight. It will probably be some months before the report can be presented to the general committee.

Supervision of Prescriptions by Apothecaries.

The safeguard against poisoning by misadventure which the care and experience of a vigilant dispenser interposes between the doctor and his patient is one of the best reasons for keeping the pharmacist's duty separate from that of the prescriber. It is most necessary and proper that the apothecary should exercise precaution whenever he is called upon to dispense an excessive dose prescribed in the hurry of practice, and every Medical man is conscious of the advantage of such a check. We are therefore sorry to observe that a chemist in Ramsgate has been subjected to censure by a coroner's jury because he objected to make up a draught containing half an ounce of tincture of digitalis. The patient for whom it was prescribed died, and his doctor swore he would have lived if he had taken the draught, which, according to evidence, was eight times as strong as that authorised by the Pharmacopœia. In our opinion the chemist was not only blameless, but meritorious in the matter.

Heroic Sedatives.

THE *Canada Lancet* informs us that a Dr. Jones, of Toronto, is dead. No wonder. His Medical advisers had put him under the influence of chloroform, and before he had perfectly recovered from the anæsthetic state, administered forty grains of chloral, and in less than twenty minutes another forty grains and a quarter of a grain of morphia. The *Canada Lancet* regards it as a "curious coincidence" that a second death had taken place "from similar quantities of chloral." The curiosity seems to us to consist in the fact that Medical practitioners who give eighty grains of chloral and a dose of morphia to a patient who has barely returned to consciousness after anæsthesia, are—in America—allowed to go scot-free of punishment.

The Administration of Irish Lunatic Asylums.

AT the last meeting of the Board of Governors of the Limerick District Asylum a former inmate presented himself, and preferred a charge against one of the keepers of having eighteen months ago broken the arm of a lunatic by extreme violence, and the charge having been partially investigated, it was determined to hold a sworn inquiry.

A letter was also read from Lord Monteagle to the Under-Secretary, declining to accept his selection of him as Governor, owing to the unsatisfactory relations existing between the Executive and the Board, and therefore the former need not be surprised at the reluctance of country gentlemen to undertake duties where authority was severed from responsibility.

The Great Unscavengered.

A GREAT number of the papers have lately endeavoured to take advantage of the fear of cholera to urge on sanitary reform. Last week, in an excellent article, the *Globe* remarked :—

> "Take a walk round suburban London, and it may be seen at a glance when cholera will, in the nature of things, find its stronghold. Notice the diminutive cistern which, perched on the projection at the back, looks more like a bath, for the convenience of the cats on the tiles than a receptacle of water for human consumption. There is no cover to the tiny tank, and the botanical and zoological accumulations render the aquarium quite a scientific study. For washing it is abominable, for drinking purposes deadly, and yet this is the fluid which a large proportion of Londoners use. If cholera breaks out, the first impulse will be to fly at the old *bête noire*, the water company ; but no water company on earth can give supply where there is no accommodation, any more than they can pour Niagara into a tea-cup. The first gravamen of the Great Unscavengered is a fatal deficiency in cistern arrangements. Other incidental machinery is equally defective. There is no proper fall of water, because there is no pressure from the ridiculous box above. The cistern is supplied on the very cheapest terms to a landlord, who does it all 'by the job,' and if the tenant is not rich enough to pull down his water arrangements and build greater, he at once falls into the ranks of the Unscavengered, and becomes a promising candidate for the cholera. From the cistern we pass to the dustbin, a nauseous accumulation of decaying filth, dating from an unknown epoch, and spreading pestilential miasma around. The long-suffering of suburban London in respect of its dustheaps is most exemplary. There is a pleasant fiction that by putting a big D in the window, the Great Unscavengered will secure the attendance of the dustman ; but there the big D remains, and the dustmen are engaged elsewhere, or go by chanting their 'dust-ho,' in monotonous cadence. Still the last week's cabbages fester, and the potato-peelings exhale their odours. Suburban Hammersmith sits quietly down, or sends a formal letter to the Vestry Clerk requesting the dust contractor to be sent round, and so the matter ends. It should, however, be clearly understood that there is such an officer as an Inspector of Nuisances who would look into the little matter of the cistern at the ratepayer's request, and set it right without trouble or expense to the tenant, simply sending the bill to the landlord. The Medical Officer of Health might be induced, in prospect of cholera, to suggest that the dust contractor should be mulct in some portion of the possible £20 fine if he proved obstinate. At all events, an appeal to the authorities should be tried. There is, of course, a certain *esprit de corps* among these gentlemen. They will not get one another into trouble if they can help it ; still they are open to conviction. The screw can be put on somewhere. The only difficulty—and that not an insurmountable one—is to find the most vulnerable point in the Vestry. Whether cholera reaches us or not, we shall be all the better off for a change in some of our sanitary conditions. The momentary ruffling of the serenity of a parish officer, the enforced attendance of the dustman to their duties—and the work is done. These do not seem contingencies so terrible as necessarily to scare the British ratepayer from what may without exaggeration be termed the New Crusade."

Prices for Dispensing Medicines.

IT will be recollected that a year ago one of the London papers published a comparative statement of the price which had been paid for the dispensing of the same prescription in various different parts of London, and it based, thereupon, a phillipic on the extortion said to be practised by a certain class of pharmaceutists. The system which obtains in Germany in these matters is described in the last issue of the *Chemist and Druggist*, and may be read with interest in connection with this question :—

> The tariff of drugs in Germany is compulsory, and every apotheker must strictly adhere to it. Each article has its fixed price for the year being, and this price once affirmed in the tariff must be retained to the end of that year, never mind how high or low the market prices may rise or fall. This sometimes happens awkwardly. The price of herbs, for instance, is just now double that of last year, because those who used to gather them can obtain better remuneration for their labour in other ways. During the last six months iodide of potassium was, as is well known, subject to considerable variations in price. The purchase price per pound in November was 60 schillings. Later it could be had at the rate of 20, and now for 30 schillings. Yet, since the 1st of November the price for 10 grammes has been 1½ schilling, and that price will be maintained until the 1st of January, 1874, no matter what its market value may be.

The Prussian tariff not only defines the price of every article that is to be had in the apotheken, but it also states the rate to be charged for any vessel used in the dispensary, while each flask or bottle, and even each box has a price according to size. Not less minutely are the prices regulated at which certain manipulations are to be charged. Thus, under the heading Solution, we read :—

> For the dissolving of one or more extracts (with the exception of fluid extracts) of sugar or gum arabic in any liquid, filtration not being necessary; for triturating electuaries and pulps, as also for triturating powders with any liquid if the powder does not or only partially dissolves in such liquid, 1 groschen.
>
> For dissolving of one or more salts of sugar or manna in water or other liquid, including straining or filtering of the solution, 1½ groschen.
>
> The preparing an emulsion is to cost 2 groschen; a plaster from 1½ to 6 groschen, according to size; pounding and forming thirty pills, 2 groschen; an ointment which requires no melting, 1 to 5 groschen; ditto, with melting, 2½ to 8 groschen.
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> Each separate operation of weighing or counting out drops is priced 3 pfennige.

[We may mention that the Prussian currency is as follows:—12 pfennige = 1 silbergroschen, 30 silbergroschen = 1 thaler. A thaler (or reichsthaler, which is its full name) is worth 3s. of our money. Therefore, a silbergroschen is worth not quite 1¼d. of English money.]

Bucolic Science.

A PAIR of Devonshire chawbacons have undertaken to inform the world through the newspaper that they have discovered the cause of the potato and foot-and-mouth diseases. Here is their scientific exposition :—

> "We were then of the opinion that it (chemical manure) caused the disease. We find it contains an article very active, and the most deadly poison in existence (sulphuric acid). Its particles are said to be grosser than those of water, and smaller than those of earth, and are much less fixed; they are endowed with great attractive force, in which their activity consists, and thereby they dissolve all bodies they come in contact with. They readily attract the particles of water, producing fermentation, and sometimes causing putrefaction of the compound they adhere to. If it is applied in a wet season the rain causes great fermentation; the effluvium ascends in the atmosphere, and, mixing in the vapours, helps to constitute clouds, when there is (poisoned) rain and dew on the potato and other bodies as well.
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> "With reference to the foot-and-mouth disease, the cattle and other animals travel and browse where the poison has fallen, and it is taken in with their food. The active particles adhere to their feet, lips, and mouth, destroying the scarf skin and mucous membrane of the mouth and throat. The symptoms are such as sulphuric acid and other corrosive acids will produce."

The last paragraph is the *bonne bouche* of the extract.

"We trust we have given sufficient proof to convince the public generally that sulphuric acid has done all the mischief, and to induce them at once to petition to Parliament to introduce a law to prohibit the use of it and all other corrosive poisons for making or preparing any kind of manure."

Adulteration of Cocoa.

WE referred recently to the theory on which certain large manufacturers of cocoa avow that they proceed—that sugar and starch are not to be understood to be adulterations—and we pointed out that, in pursuance of that doctrine, the well-known "homœopathic" cocoa, which has made a monstrous fortune for its manufacturer, is more than half starch. Another celebrated firm of dealers in cocoa—Cadbury Brothers—write this week to the *Chemist and Druggist* in elucidation of the difference between cocoa and chocolate, which has long been a mystery to the uninitiated. They state that many manufacturers are in the habit of supplying the very same identical article in 14-lb. tins as chocolate powder and in small packets as cocoa. "With the exception of ourselves," say Cadbury Brothers, "and perhaps one other firm, all the largest manufacturers make this their practice, and would not dispute it. The genuine nut is in all cases cleared and imported as cocoa. The word chocolate is derived from the Mexican word 'Chocolatl,' which is taken from the clashing sound of the stone between which the cocoa is bruised and mixed with sugar and spices, and is thus understood in every civilised country. When the Adulteration Act came into force we did not think it straightforward to label our articles prominently 'Cocoa,' and then to contradict ourselves by stating in small letters at the end of the packet that it was not actually cocoa but an admixture of cocoa with sugar and flour. As soon as we could alter our labels we called all genuine articles 'cocoa,' and all admixtures 'chocolate' or 'chocolate powder,' and have found this to give general satisfaction to our customers, as the words thus used clearly define the character of the article."

It is very proper that nothing but cocoa should be called by that name, but is not quite so clear to us that cocoa *plus* starch and sugar should be called chocolate, or that it can be assumed that such a word "clearly defines the character of the article." Does any one suppose that an old woman who buys a packet of chocolate knows anything about Mexican derivations or imagines that she is buying for her penny a halfpennyworth of starch and the same quantity of cocoa?

Believers Wanted.

DR. SAYRE, of Burlington, Kentucky, reports in the Cincinnati *Clinic* a case in which—a month after impaction—he removed through an opening in the abdomen a stick of firewood, *sixteen inches long and two and a half in diameter*, which had been forcibly driven in *per vaginam*. That miracle is not enough. He recounts how the woman was at the time seven months pregnant, that she gave birth in due time to a healthy boy, and three days afterwards was delivered of another stick a foot long and two inches thick. The case, though gravely and circumstantially related, must, we presume, be intended as a satire on Medical literature, for the author concludes with the remark :—"If any one doubts the truth of this story, I could prove it to their satisfaction had not my witnesses all been killed during the late war."

The Introductories.

THE coming session is casting its shadow before, and already several schools have announced the names of their Introductory Lecturers. At St. Bartholomew's Hospital the old custom is still left in abeyance. At Guy's the lecturer is to be Mr. Hinton; at the London Hospital Dr. Prosser James; at St. Thomas's Dr. John Harley; at Charing Cross Mr. Bellamy; at the Westminster Mr. Cowell; at King's College Dr. Sheppard; at University College Dr. Roberts; at St. Mary's Dr. Shepherd; at the Middlesex Mr. Morris.

The *Boston Journal of Chemistry* tells us of a student who was asked what was the use of starch in germination, and who replied that "in the German nation, as elsewhere, starch is used for doing up linen and similar laundry purposes."

An appointment to the office of Resident Assistant-Surgeon at St. Thomas's Hospital will be shortly made by the Grand Committee, and candidates must be Fellows of the Royal College of Surgeons of England. Furnished apartments, with commons and £100 per annum, are assigned to the appointment.

Professor Joseph Bohm has communicated to the Academy of Sciences of Vienna some curious and interesting observations in vegetable physiology. He has found that young plants produced from seeds germinating in pure oxygen gas of ordinary density speedily die, although they continue to consume oxygen to as great an extent as when they are growing in atmospheric air. The young plants thrive, however, in pure oxygen when the density of the latter is reduced so as to represent only a pressure of about six inches of mercury, or when pure oxygen of ordinary density is mixed with four-fifths of its volume of hydrogen. Professor Bohm has also investigated the action of carbon upon the growth and greenness of plants, and found that an intermixture of only two per cent. of carbonic acid in the air in which plants are growing suffices to retard the formation of green colouring matter (chlorophyl), and that the process is almost or entirely suppressed in an atmosphere containing twenty per cent. of this gas. No germination of seeds took place in an atmosphere consisting of one-half carbonic acid. From his experiments the professor concludes that either the atmosphere of our planet was much richer in carbonic acid than at present in early geological periods, especially during the formation of coal deposits, or the plants of those periods, in their relation to carbonic acid, must have been very differently constituted from their existing descendants.

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Foreign Medical Literature.

ON THE SUBSTITUTION OF WEAK BUT PERMANENT CONTINUOUS CURRENTS FOR ENERGETIC INTERRUPTED CURRENTS.

(Translated from the *Union Médicale* by Francis M. Luther, M.D., Cappoquin).

In the last *séance* but one M. Lefort exhibited two patients cured by continuous currents, weak but constant; one a paralysis of the muscles of the fore-arm, the other a contraction of the muscles of the calf. The first, a young man æt 18, had presented himself at Hospital Lariboisière to be treated for a sprain of right wrist supervening on a wrench in removing furniture. Paralysis showed itself a fortnight after his entering the hospital, accompanied by rapid atrophy of the muscles of the fore-arm. M. Lefort used a current produced by two elements of Callot's Pile, placing one of the rheophores (conductors) on the arm, and the other on the back of the hand. The application was constant, and only ceased for some hours on Thursday and Sunday. In a fortnight motion gradually re-appeared, finally completely, and the atrophied muscles had almost regained their volume when the patient was presented to the Society.

The second patient attributed his contraction to a sprain of distant date. The posterior muscles of the limb, atrophied, but contracted, maintained the foot in extension and hindered flexion. Walking was, if not impossible, at least very difficult, and accompanied by marked limping. A constant current furnished by three elements of Callot caused the contraction to cease in a few days; the atrophied muscles have in part regained their volume, walking has become normal without any limp.

M. Lefort in his communication alludes at first to the beautiful experiments of M. Duchesne on faradisation (the electro-magnetic or interrupted current). The action of this agent appeared to him to be to excite artificially the contractility of the muscular fibrillæ (gymnastique fibrillaire) when the nervous influence would be impotent to determine it. Thus atrophy of the muscle is arrested, its already diminished volume is even augmented, but this method is not applicable to all cases. It appears not to succeed when the muscle, instead of being attacked by simple atrophy, is attacked by atrophy with degeneration of the anatomical elements; but without doubt, there are cases in which the most energetic currents do not succeed in causing the paralysed muscles to contract. It was after having met similar cases that Romak tried the effect of direct currents of the galvanic pile, that is continuous currents, instead of the interrupted currents produced by the electro-magnetic apparatus. He perceived, as did Hiffelsheim, Legros, Onimus, and Hetzif after him, that contractions can be produced by this method which faradisation had failed to evoke. But in order to obtain this result, it was necessary to employ an apparatus consisting of many elements, 20, 30, or 40. They quickly recognised that the continuous currents have much more influence on the nutrition of muscle than the induced currents. Since 1865 M. Lefort thought that in order to act on nutrition so high a tension was not requisite, and that a weak current, continued for a long time, might suffice to evoke and assist, not muscular contractions, but the phenomena of innervation presiding over nutrition. He tried this method on a patient in La Charité suffering from diabetes, but the treatment was interrupted by his departure from the hospital, and could not be continued up to a perfect cure.

A primary objection which may be made to this mode of employing electricity, is that the weak electric tension is not sufficient for the passage of a current. That a current *does pass* is proved by some slight accidents occasionally noticed, when the patient deranging the conductors applied to the skin through the medium of a wet compress, lets them come in direct contact with the skin. Slight ulcerations of the cutis are then produced, an accident easily avoided, but which materially testifies better than a galvanometer to the passage of the current of electricity.

After having enumerated the works published on the employment of the continuous currents in paralysis, and sought in the works of MM. Gavarat and Becquerel an explanation of the efficacity of weak continuous currents on nutrition, M. Lefort examines their mode of employment in contractions.

In those cases there can be no question of the induced currents of the electro-magnetic machine; they may, it is true, for the moment lessen the deformity produced by the contracted muscles, by exaggerating the contraction of the antagonistic muscles, as M. Duchesne, of Boulogne, did; but no permanent cure is thus obtained, and the application of faradisation to the affected muscles would, on the contrary, have the effect of increasing the contraction. Romak has shown that continuous descending currents produced by twenty or thirty elements applied directly to the contracted muscles cause the contraction to disappear, and thus permanent cures are obtained.

M. Lefort has shown that the same result may be obtained by the employment of weak and permanent currents.

His principal conclusions may thus be summed up. Faradisation is very useful in paralysis without muscular wasting, or with wasting unattended by muscular degeneration, when it is simply wanting to excite muscular contraction that the innervation is unequal to produce, and thus the nutrition of the muscle is acted on although indirectly.

What is certain is, that in cases of paralysis with atrophy, of paralysis that may be called reflex, of atrophic paralysis with certain acuteness, and especially in contractions, continuous, weak, but permanent currents may be substituted for energetic and temporary ones. When you have to deal with *wasting*, continuous, weak, and permanent currents are *superior* to others.

As regards professional practice alone this substitution may be already a great advantage. One must employ by preference elements of wide surface and weak electrochemical action; thence cumbrous apparatus not easily moveable. Moreover, those apparatus are all costly. The physician should therefore procure them and carry them with him to the patient's house, and only proceed by more or less short *séances*. With weak currents two or three or four of Trouvé-Callot's elements are required, the cost of each being one franc and a half, three or four yards of wire coated with gutta-percha, a bit of zinc, copper, tin, or simply a bit of pasteboard, that is to say, an outlay of five or ten francs at the most, within the means of any patient; and, as M. Lefort says, if this consideration is only pecuniary, still it has a certain weight when it comes to deal with practical science and professional medicine.

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PROFESSIONAL RELATIONS IN COURTS OF LAW.

In referring recently—anent the case of Lambe *v.* Bennett—to the relations of Medical men to each other in Courts of Law, we alluded to the case of Hayes *v.* Alton, which had been tried at the last Tralee assizes, and which raises the question of medico-ethical relations of Medical men in a very serious shape. The length to which our reports of the proceedings of the British Medical Association have extended, and other urgent claims upon our space, have prevented our dealing with the subject. It will, perhaps, receive now a more dispassionate consideration than it could have met with if its discussion had followed close upon the noteworthy chloroform prosecution.

It may be remembered that in this case a patient sued Dr. Alton, late surgeon to the County Infirmary, for having, as alleged, failed to discover and reduce a dislocation of the shoulder, and after the hearing of voluminous evidence, it was concluded that the dislocation was caused by the manipulations of a bone-setter after the man had been with Dr. Alton, and consequently a verdict for the defendant was returned.

We are more especially interested, however, in the relation of two of Dr. Alton's Medical brethren to the conduct of the case than by the surgical questions raised in it, and we venture to say that the state of professional feeling which appeared to influence these gentlemen, as manifested by the evidence, cannot but inspire disgust and indignation.

Unfortunately it is not necessary for us to analyse phrases or deduce conclusions. We are relieved of such a task by the character of the naked evidence of Drs. Crumpe and Lawlor, the Medical advisers for the prosecution, which we republish as reported in the local journals.

Dr. W. H. Lawlor examined—I am physician and surgeon; I am surgeon of County Infirmary.

Cross-examined—Witness said he was surgeon to the infirmary and succeeded Dr. Alton; there had been litigation and there is some going on; he had some talk with Dr. Crumpe on the matter; he heard Mr. Tincler mentioned as an attorney in the matter, and others, such as Mr. Neligan, and Mr. M'Gillicuddy; he *was in Dr. Crumpe's in November, and he asked him if he would charge anything for his fees if an action were brought against Dr. Alton; he thought it a joke, and said he would not,* whereupon Dr. Crumpe asked him to reduce it to writing; when he found afterwards that it was sent to Mr. Tincler he withdrew his promise; *the guarantee was that he would not charge expenses if the case was adverse.*

Dr. Francis Crumpe examined by Mr. Heron—I am a physician and surgeon; I was surgeon of the infirmary for half a century; he asked me for God's sake to do something for him, *and I said a solicitor could do more for him than I could to recover redress and compensation*; I have given him nothing to carry on this case.

Mr. O'Brien—What you said was that he wanted an attorney more than a doctor?—Yes; I saw an attorney about him; I saw Mr. Neligan; I know a Mr. Tincler; I think he was first asked to take the case up.

Mr. O'Brien—Did you go to Mr. M'Gillicuddy to take it up as a speculative action?

Witness—I thought to pay him a compliment.

Mr. O'Brien—What about the bleeding? Who is to pay for the suit?

Witness—Whoever is able.

Mr. O'Brien—Who will—Well, I don't think that I will.

Mr. O'Brien—What about the costs?

Witness—With reference to the costs, the attorney seemed to decline the case as the man was a pauper.

Witness—I said if this man was rich and a good mark you would grab at it at once; but he is a pauper.

His Lordship in summing up the evidence referred to Dr. Crumpe, and said he thought as he had retired from the Profession, he should find some other way of investigating those cases.

If it be the opinion of the Profession that is a scandalous breach of propriety for a surgeon to advise evidence in an action against a professional brother, even under the influence of a subpœna and a retainer—and we believe the Profession is of one accord in this feeling—how shall the conduct of Medical men be characterised, who not only urge upon the patient a recourse to law, but enter—heart and pocket—into the *rôle* of secret prosecutors? In our opinion, it has become the duty of the Profession to nip such proceedings in the bud, lest the day may come when we shall see a surgeon touting for opportunity for a legal onslaught upon his rival in practice and taking his seat beside the plaintiff's attorney at the trial.

We cannot admit that Dr. Crumpe's age or eccentricities are any palliation of such conduct, and we trust we shall never again have the distressing occasion for a censure such as we have now been obliged to pass in this case.

LE DOCTEUR NOIR.

The death of this singular character has lately been reported in the papers, and his history is recapitulated in the *Chemist and Druggist*. He came to England from Trinidad, bearing with him high testimonials, one of which was from the Governor of the island. He professed to cure cancer, especially such cases as had been pronounced hopeless. He was a creole, dark as jet, with woolly hair; hence his soubriquet. In person he was handsome; dressed with faultless taste, and kept a brougham, being always attended by a servant in livery. This excited the anger of our American visitors, who were astonished to see a black man with a white domestic. He commenced London practice in a street running out of the Strand, and soon attracted considerable patronage and attention. His patients were almost exclusively derived from the upper classes, his three chief remedies being an astringent ointment made with powdered sanguinaria, decoction of sarsaparilla made extemporaneously from the root, and steel wine prepared by digesting iron filings in Malaga wine. After due maceration a red hot bar of iron was cooled in the solution. Stimulated by his success he went to Paris, where he set up in an extravagant style in the Rue de Rivoli. Unfortunately for himself, he came in contact with Velpeau, who demolished his pretensions. He speedily lost his reputation; he became involved in legal and pecuniary difficulties, and finally died in absolute destitution.

A RAID UPON THE AMERICAN QUACKS.

Dr. Reynolds, *alias* Dr. Lispanard, and Dr. Paul Davis, who were arrested for sending obscene articles through the United States mails, were examined before the United States Commissioner, and each was held in 5,000 dols. bail to appear at the next term of court. Dr. Goff and Dr. Reeves, who were arrested on the 19th of June, were also examined on a similar charge, and held in bail in 3,000 dols. each. Mr. Comstock also arrested Dr. Cobbs, *alias* Mme. L. Colton, who was held to answer in the sum of 5,000 dols. M. W. Macomber, of Albany, was also arrested recently, and held in 5,000 dols. bail. A large seizure of pills, medicines, books, circulars, &c., was made on the premises of a man named Hudson, who went under a number of fictitious names.

MASCAGNI'S ANATOMY.

The magnificent anatomical atlas of the celebrated Mascagni, which was issued originally on a great scale of size, and at the price of 2,000 francs, is about to be republished on a smaller scale and at a price—300 francs—which is within the reach of anatomical teachers. The engraver, Antoine Lerantoni, the same who executed the plates under the direction of Mascagni, has prepared the reproductions with all the finish and perfection of the originals. The work forms a splendid folio divided into 25 *livraisons*, comprising 150 plates and the explanatory text. The representations are one-third life-size, and are depicted in duplicate, one being figured for reference. The price is 600 francs for coloured copies, and 300 plain, with a discount of 10 per cent. for cash.

STONES IN BREAD.

Dr. Cameron, the Dublin city analyst, has discovered that a quantity of flour supplied to the North Dublin Union was largely adulterated with Welsh limestone ground to fine powder. It is the scandalous fact that not only has the rogue who committed this fraud not been prosecuted, but his name has been carefully screened from observation by the Dublin newspapers. He is a London contractor.

STIMULANTS FOR EDITORS.

Amongst the curiosities of Medical criticism, which has recently received so extensive a development in the matter of whisky, wine, and other sorts of "pick me up," may be classed a verdict on the insatiable "Robur," which appears in our most scientific contemporary this week. We are oracularly informed that the Editor "procured a bottle on his own account." He finds "the liquor of a dark-red colour—somewhat oily-looking—having a taste pleasantly aromatic at first, afterwards slightly bitter." Lastly—climax of benignant qualities—the liquor "produces a feeling of warmth at the epigastrium." Who can venture to estimate the value to society of a fluid which—albeit oily in consistence and bitter in the mouth—is capable of warming an editor's epigastrium? Under the benign influence of such qualities how charitable and complacent must leading articles become! Would it not be worth the while of the Roburites to send a dozen to the *Saturday Review?*

PROMISED AMENDMENT OF THE ARMY MEDICAL WARRANT.

The *Army and Navy Gazette* has announced that Mr. Cardwell has intimated his intention of shortly promulgating an amended warrant, in which those objections raised by the Medical officers to the last manifesto will be dealt with and redressed.

Correspondence.

DEATH FROM CHLOROFORM.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I have read attentively all that has been advanced in the Medical Press upon the above subject, but I imagine I differ widely in opinion. I am of opinion that the first direct action of chloroform is upon the brain, because it has to induce a state of insensibility, but in this case its action had been too powerfully exerted, because it had destroyed cerebral vitality, and hence paralysis of the lungs, and as a matter of course the heart's action ceases. As it was through the lungs the poison was received—for in this instance it always acts as a poison—they were the first to suffer; the brain, having been deprived of its vitality, rendered all artificial action useless. Is there any peculiar state of the system, or is there any peculiar idiosyncrasy which causes or produces such a fatal effect? Galvanism or electricity can never increase cerebral power directly or indirectly; it may for a time increase nervous power from a part to a part, as the nervous current runs, but, even when applied to the nape of the neck, and that is about as near to the brain as you can possibly apply it, it even cannot affect the cerebellum, the artificial current cannot be made to run upwards against the natural current running down.

I am, Sir, your obedient servant,
Alexander Lane, M.D., R.N.

Bucknall, Salop, 7th August, 1873.

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CHOLERAIC SYMPTOMS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Dear Sir,—A man named Thamas Kelly, aged forty-five years, consulted me with the following symptoms:—

August 4, whilst at work in a brick-field, he was attacked with diarrhœa, and the bowels were moved every hour or two during the dry, the motions watery and light-coloured. No pain at night; his thirst became intolerable; cramp of the legs and stomach now followed. The next day he became so weak as to be obliged to stay in his lodgings. Diarrhœa still continued, his thirst uncontrollable and incessant; sickness followed. The next day he consulted me at the surgery, and though I was well acquainted with the man, I found he had so much altered in appearance, that I scarcely recognised him. His face was emaciated, of a blanched, livid hue; his eyeballs and cheeks sunk in; the thorax prominent, and the stomach collapsed; and so faint he could scarcely speak to me. He told me his story, and I prescribed for him. I forbade all kinds of liquids, except in teaspoonful doses every fifteen minutes, a poultice to his stomach, &c. In the evening I saw him. He was then in a state of collapse, cold perspiration running off his face and hands and chest. His feet felt warm; he had constant cramps of the legs and thighs, with sickness and thirst intolerable.

There was little or no diarrhœa now. He had total suppression of urine for three days. The next morning I found him in the same condition, and felt that I ought to report it to the Medical Officer of Health as a case of *cholera* (not mentioning what kind of cholera).

The Medical Officer of Health visited my patient, and before leaving the house stated to the family that it was not a case of cholera, without consulting me in the matter, and rushing into the columns of a public newspaper in reply to a private note sent to him personally in his official capacity.

I shall now feel much obliged if you will kindly answer the two following questions in next week's issue of the Medical Press:

First, do you consider that I was right in reporting the case as one of *cholera?*

Second, is the conduct of the Medical Officer of Health consistent with his duties as such, and is it in accordance with the rules of Medical etiquette?

Apologising for trespassing on your valuable time,
I remain, yours faithfully,
Woolton, Liverpool. Edward Bellis.

[In our opinion Dr. Bellis acted properly in reporting his case as at least one attended with choleraic symptoms. That would be his duty whether the case were or were not the epidemic disease. If he made that representation to the Medical Officer of Health in the proper manner, we are decidedly of opinion that that official acted with impropriety if he went out of his way publicly to contradict Dr. Bellis's diagnosis without conference with him. To do so would be no part of his duty, and would tend to prevent early reports of such cases being made.—Ed. Med. Press.]

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International Exhibition.

REPORTS ON SURGICAL INSTRUMENTS.

No. V.

(Continued from page 87.)

Messrs. Matthews's Cases.

In this case are Sir William Fergusson's collection of lithotrites from the earlier forms down to those of the present day. Some of these instruments have a unique interest, *e.g.*, one made by Sir William himself. In the same case is Liston's lithotomy knife. Playfair's probes, Wood's gag and his trusses are also here, together with a great number of new instruments designed by various practitioners. There is also a good-looking battery for galvano-cautery.

Messrs. Matthew's Reflex Pad (Fig. 1) is composed of two pads in two rings, which communicate and reflect the action of the abdominal muscles. It is intended for umbilical hernia.

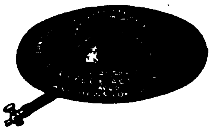

Fig. 1.

A compact vapour and hot-air bath (Fig. 2) is also exhibited, and it has appliances for using calomel. Vapour or hot-air is used by merely changing the tops, the patient sitting on a chair in the usual way.

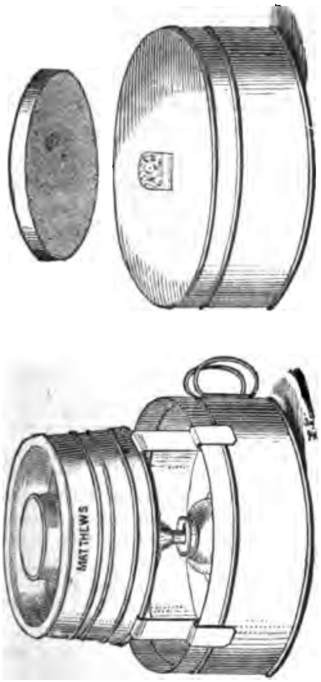

Fig. 2.

Medical News.

Indian Medical Service.—The Military Secretary, India Office, presents his compliments to the Editor of the Medical Press and Circular, and begs to enclose a list of the Candidates for Her Majesty's Indian Medical Service, who were successful at the competitive examination in London in February, 1873, and who have undergone a course of instruction at the Army Medical School, together with the total number of marks obtained at the examinations in London and at Netley :—

Wilkie, D., Glasgow and Berlin, 6,142 marks (has obtained the Herbert Prize).
Battersby, W. E., Dublin, 5,745.
Wall, A. J., London, 5,613.
Moodie, R., Edinburgh and Vienna, 5,511.
Goldsmith, S. J., London, 5,144.
Thomas, A. A., London, 4,651.
Tushy, F. S., Cork, 4,616.
Moynan, W. E. B., Dublin and Galway, 4,586.
MacDonald, D. P., Dublin, Cork, and London, 4,413.
Browne, W. R., Dublin and Belfast, 4,360.
Baker, O., London, 4,343.
Mallins, H., Dublin, 3,915.
Wright, F. W., Edinburgh, 3,904.
Robinson, M., London, 3,865.
Leapingwell, A., London, 3,460.
Dill, J. S., Belfast and Dublin, 3,200.

Sanitary Order for the Port of London.—The Corporation of London, as the Sanitary Authority of the Port of London, has issued a notice requesting all officers of customs, officers of the mercantile marine, masters of ships, pilots, Thames police officers, waterside authorities, and other persons connected with or doing business in the port of London, to forward all communications on sanitary matters in connection with the port of London to Dr. Harry Leach (Medical Officer of Health for that port), addressed to him at his office in the Foreign Cattle Market, Deptford, S.E., and also to report to that officer without delay all cases of cholera, small-pox, or other contagious or infectious diseases that may occur within the limits of the port.

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NOTICES TO CORRESPONDENTS.

Notice to Subscribers.—Gentlemen who have not paid their Subscriptions for the past year are respectfully reminded by the Publishers of the omission.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

Local Newspapers, &c.—When forwarding newspapers containing news or articles to which our attention is wished to be drawn, correspondents will oblige by marking the copy, as it is impossible for us to wade through all the country papers we receive.

Inquirer.—We are glad to say there is no published list of the "specialty" doctors in Dublin. If you want the advice of a surgeon who has given peculiar attention to some particular subject, you must consult some Medical friend as to who is the best man for your purpose.

The Editor of the Irish Medical Directory earnestly requests that the members of the Profession, who have received their circular for return of their qualifications, to be published in the next issue of the Directory, will oblige by sending it back at once *whether any correction be required or not.*

Although it might naturally be supposed that Medical men would be anxious that their qualifications and professional status should be accurately recorded in a work which has now become the standard of reference, as regards the Profession in Ireland, the editor complains that every conceivable means prove inadequate to obtain the required information. Hardly one in five of the Medical men who have been asked this year for the returns have made any response, and last year, although they received three urgent applications, at least one half the number did not honour the communications with a reply.

It can easily be conceived that this impracticability not only imposes upon the editors vast labour and heavy expense, but greatly interferes with the accuracy of the work, and although by vigilance and perseverance this latter drawback has been counteracted, the editors cannot but be much discouraged by such want of sympathy with their efforts to provide a reliable Irish Record for Irish Medical men.

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APPOINTMENTS.

Berresford, Mr. W. H., House-Surgeon to St. Mary's Hospital, Paddington, vice Hickman, appointed a Medical Officer to the Newbury Union.

Bruce, J. M., M.D., M.R.C.P.L., Assistant-Physician to Charing-cross Hospital.

Cameron, Dr., Analyst to the Queen's County, Ireland: £50 per annum.

Cox, W. A., L.R.C.P.L., M.R.C.S.E., House-Surgeon to the North Staffordshire Infirmary, Hartshill, Stoke-upon-Trent, vice Cotterill, resigned.

Dobson, A., M.R.C.S.E., Resident Medical Officer to the Birmingham and Midland Free Hospital for Sick Children, vice Whitehead, resigned.

Goldie, Dr., of Kirkstall House, Leeds, Medical Officer of Health for Leeds.

Jordan, F. W., M.R.C.S.E., L.R.C.P.L., Assistant House-Surgeon to the Sheffield General Infirmary.

Lakin, F. H., M.D., M.R.C.P.L., Assistant-Physician to the Victoria Hospital for Sick Children, Chelsea, vice Cavafy, appointed a Physician.

MacCormac, W., F.R.C.S.E., F.R.C.S.I., Surgeon to St. Thomas's Hospital, vice F. Le Gros Clark, F.R.C.S.E., resigned.

Mann, D., M.R.C.S.E., Medical Officer to the Leeds Police, vice Price, deceased.

Rendle, R., F.R.C.S.E., Visiting Surgeon to the Seamen's Hospital, Greenwich.

Ross, Mr. W. A., Assistant to the House-Surgeon of the Stockport Infirmary, vice Shaw, whose appointment has expired.

Shea, J., M.D., B.A., Assistant-Physician to the Royal Berks Hospital, Reading.

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OPERATION DAYS AT THE LONDON HOSPITALS.

Wednesday, August 20.

Middlesex Hospital.—Operations, 1 p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
St. Bartholomew's Hospital.—Operations, 1½ p.m.
St. Thomas's Hospital.—Operations, 2 p.m.
St. Mary's Hospital.—Operations. 1½ p.m.
King's College Hospital.—Operations, 2 p.m.
Great Northern Hospital.—Operations, 2 p.m.
University College Hospital.—Operations, 2 p.m.
St. George's Hospital.—Ophthalmic Operations, 1½ p.m.
London Hospital.—Operations, 2 p.m.
Throat Hospital.—Demonstration, 2½ p.m.
Cancer Hospital.—Operations, 3 p.m.

Thursday, August 21.

St. George's Hospital.—Operations, 1 p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
University College Hospital.—Operations, 2 p.m.
Throat Hospital.—Demonstration, 2½ p.m.
Royal Orthopædic Hospital.—Operations, 2 p.m.
Central London Ophthalmic Hospital.—Operations, 2 p.m.

Friday, August 22.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Royal South London Ophthalmic Hospital.—Operations. 2 p.m.
Central London Ophthalmic Hospital.—Operations, 2 p.m

Saturday, August 23.

Hospital for Women, Soho square.—Operations, 9½ p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Royal Free Hospital.—Operations, 9 a.m. and 2 p.m.

Monday, August 25.

Royal Westminster Ophthalmic Hospital.—Operations. 1½ p.m.
St. Mark's Hospital.—Operations, 2 p.m.
Metropolitan Free Hospital.—Operations, 2 p.m.
St. Bartholomew's Hospital.—Operations, 1½ p.m.
King's College Hospital.—Operations, 1½ p.m.
Charing-cross Hospital.—Operations, 2 p.m.

Tuesday, August 26.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Guy's Hospital.—Operations, 1½ p.m.
Westminster Hospital.—Operations, 2 p.m.
Throat Hospital.—Demonstration, 2½ p.m.
National Orthopædic Hospital.—Operations, 2 p.m.
West London Hospital.—Operations, 2 p.m.

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Deaths.

Brown.—On the 2nd of May, Lucy Hannah, the child of Dr. R. Brown, Coroner of Buninsong, Victoria, Australia (formerly of Manchester), aged 2 years and 6 weeks.

Gell.—On the 12th inst., at Southam, Warwickshire. Clara Beatrice Maude, daughter of Alfred Scott Gell, M.R.C.S.E., aged 1 year and 10 months.

Griffith.—On the 2nd inst., J. Griffith, M.D., of Smarden, Kent, aged 70.

Mein.—On the 5th inst., T. Mein, Surgeon R.N., of St. Boswells, Roxburghshire, aged 93.

Thorowgood.—On the 8th inst., at Bourton-on-the-water, Gloucestershire, John Ashwin, infant son of John C. Thorowgood, M.D., of Welbeck street, Cavendish-square, aged 14 months

White.—On the 7th inst., S. White, L.S.A.L., of Bayswater, aged 80.

Advertisements.

DUBLIN INFIRMARY for DISEASES of the EYE and EAR.

Ophthalmic and Aural Surgeon:
ARCHIBALD HAMILTON JACOB, M.D.Dub., F.R.C.S., Ex-Ophthalmic Surgeon to the City of Dublin Hospital.
Consulting Physician:
EVORY KENNEDY, M.D. (Hon. Caus.), T.C.D. and Edin., Ex-President College of Physicians.
Consulting Surgeon:
GEORGE H. PORTER, M.D., and M.Ch. (Hon. Caus.), T.C.D., Surgeon in Ordinary to Her Majesty the Queen in Ireland.
Obstetric Physician:
JOHN CRONYN, M.D., F.R.C.S., Examiner in Midwifery, Roy. Col. Surgeons; Ex-Assistant Physician Rotunda Hospital.

Work, Income, and Expenditure for Twelve Months, proportionately to 48 Weeks ending June 30.

Annual number of Dispensary Patients	729
Number of visits paid by such patients	5,847
Number of patients within the Infirmary	124
Number of operations performed	163
Total gross expenditure per bed per annum ..	£27 15 0
Average expenditure per intern patient	1 10 6

The Infirmary is wholly dependent on private benefactions, and is in debt to the Medical officer. Subscriptions are earnestly requested.

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SCIENCE AND ART DEPARTMENT.

ROYAL COLLEGE of SCIENCE for IRELAND,
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This College supplies, as far as practicable, a complete course of instruction in Science, applicable to the Industrial Arts, especially those which may be classed broadly under the heads of CHEMICAL MANUFACTURES, MINING, ENGINEERING, and AGRICULTURE.

A Diploma of Associate of the College is granted at the end of the Three Years' Course.

There are four Royal Scholarships, of the value of £50 each yearly, with free education, including Laboratory instruction, tenable for two years. Two become vacant each year. They are given to Students who have been a year in the College.

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Applied Mathematics and Mechanics, Mechanism and Machinery, Descriptive Geometry, Geometrical and Mechanical Drawing, Experimental Physics, Chemistry (Theoretical and Practical), Botany, Zoology, Geology and Palæontology, Mining, Surveying, Engineering, and Agriculture.

The Session commences on MONDAY, OCTOBER 6th.

Programmes may be obtained on application to the Secretary, Royal College of Science, Stephen's Green, Dublin.

FREDERICK J. SIDNEY, LL.D., Secretary.

RED HEART RUM.

CELEBRATED FOR ITS GREAT AGE, SOFTNESS, AND PURITY.

It was specially supplied to the Sick and Wounded during the late War, and is strongly recommended in cases of

CHOLERA, DIARRHŒA, SEVERE COLD, &c.

Price 42s. per doz., bottles and case included. Samples can be had at 3s. 6d. per bottle.

Dr. R. H. ALLNATT considers the Red Heart Rum a pure and generous spirit; and in certain cases of cerebral debility, or loss of brain power, recommends its judicious administration, as exercising a more salutary specific influence than any other form of alcoholic stimulant.

Agent—J. G. Turney, 158 New Bond Street, London.

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OFFERS UNUSUAL ADVANTAGES

FOR the Insertion of announcements, from its extensive and largely increasing circulation in each of the three divisions of the United Kingdom and the Colonies. Being also supplied to the Hospital Libraries, &c., it will be found a most valuable medium for Advertisements of Books, Vacancies and Appointments, Sales and Transfers of Practices, Surgical Instruments, Chemicals, and Trades generally.

The scale of charges is as follows:—

Seven lines and under	£0 4 0
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When advertisements are given for a series of insertions, a very considerable reduction from the above scale is made.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 27, 1873.

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By C. A. Gordon, M.D., C.B.,

Deputy Surgeon-General, &c., &c.

At the present time, when the state of public affairs on the Gold Coast is attracting public attention, and an expedition is believed to be in contemplation for service in that unhealthy part of Africa, it is considered that some remarks on its climate may not be without interest. The following particulars are accordingly extracted from notes taken during a residence there, and although a good many years have elapsed since they were written, yet, as the meteorological conditions of a country do not change very rapidly, particulars taken in 1848 may still be applicable.

Properly speaking there are only two seasons on the Gold Coast of Africa, namely, the wet and the dry. The former begins in April, and continues till the end of August or beginning of September; the latter occupies the intervening months, and each is ushered in and out by thunder-storms and *tornados*. Those that usher in the rainy season are often extremely violent; they first occur from the east, thence veer round by the south to nearly south-west, and from that point continue during the succeeding four months. Heavy as the downpour is in all parts of the tropics during the rainy season, it is impossible to conceive anything to exceed that which takes place at Cape Coast, accompanied as it is by thunder, lightning, wind, and blackness, absolutely terrific while they last. Rain does not continue to fall uninterruptedly during the whole of what is called the rainy season. After the first outburst clear sunshiny days occur from time to time. When they do, exhalations from the wet earth rise and hang over it like sheets of fog. Wind is very uncertain and often altogether absent; *malaria* accumulates; the European, if walking abroad for the sake of exercise, and as he *must* do in the absence of horses on the Coast—for they cannot live—experiences a sense of sickness and lassitude, and the chances are that before many weeks have elapsed he is "down" with fever, "the seasoning," as it used to be called on the Coast. Thus the rainy season advances; heavy downpours, thunder-storms, and tornados, varied by short intervals of hot, clear, oppressive, unhealthy weather, until August. The showers then become somewhat lighter; dense fogs now prevail at night, nor are they dispelled till late in the succeeding day. They receive on the Coast the very characteristic name of "the smokes," and usually last throughout September.

As to the *dry* season, although *by courtesy* it is said to begin in August or September, it really does not fairly commence till October. In November it is broken into by what are called "the second rains," and with the exception of these, the weather remains for the most part clear, and the climate agreeable till the succeeding April. Those who have been fortunate enough to pull through the previous seven months *improve* in health, for it is seldom indeed, if ever, that a white man is altogether unaffected by this ordeal; the spirits rise; life is considered somewhat more secure than it has been; sickness gradually disappears or materially lessens; the havoc in the small society of the place is gradually forgotten, various means of amusement are thought of, and for the time, residence on the Coast is robbed of half its horrors. Not, indeed, that the *dry* season is altogether uninterrupted by falls of rain, any more than the *rainy* season is by glimpses of *dry* weather. Scarcely a day passes without a shower, and often so unexpected, that the most wary and weather-wise are unable always to guard against a sound ducking while taking their walks along the only promenade the Settlement affords, namely, the road leading along the beach westward to the salt pond.

At a date varying in different years from the middle of January to the first half of February, the *Harmattan* wind occurs. In 1848 it was ushered in by a tornado so late as the 9th of February. The hurricane over, a dry parching breeze set in from a point a little westward of due north, bringing with it a profusion of impalpable dust sufficient to cover the furniture and other articles in our rooms, entering through every crevice, even coating papers in our desks, while, by its extreme dryness, it curled up corners of books into so many "dog's ears," caused veneering to separate, and, strange enough, made some glasses crack and fall to pieces as they stood upon the table.

The actual temperature in the shade during the only two days the Harmattan lasted was 80° F. The usual duration of the wind is a period of ten to fourteen days. Its occurrence is eagerly looked for and welcomed. So long as it lasts agues disappear, old ulcers heal, constitutions are for the time being renovated, and among the older residents—for there are, or used to be, some such—it becomes known as "the doctor." Among the newly arrived, however, the effects were less favourable. They suffered from a sense of fulness in the head, of heat and dryness of the surface of the body, and in some instances from inflamed eyes and attacks of fever, but of a milder nature than that of the rainy season. The extreme dryness of this wind is further indicated by the very great extent to which evaporation takes place during its prevalence. It is said to amount to not less than nine and a-half inches per day, whereas in England the total evaporation per annum is thirty-six inches. No doubt much of this extreme dryness is accounted for by the circumstance that the Harmattan blows from the great desert of Sahara, but its moderated temperature by the time it reaches the Coast, so very different from the hot winds of upper India, must arise from the fact of its having in its course to cross a deep tract of rank vegetation.

During the dry season the land and sea breezes alternate with tolerable regularity, the former setting in about sunset and from the north-west, the latter about sunrise and from about south-south-west. In the rainy period of the year, however, such alternation cannot be said to exist. From May till July the sea breeze occasionally occurs, but that from the land is inconsiderable and uncertain, hurricanes and squalls being frequent. In July and August heavy squalls and high winds prevail. In September the weather is foggy and close. In October and November the breeze blows fresh along the coast from the westward, interrupted only by the tornados, which usher in the "little rains." In December, which really is the hottest month of the twelve, the weather is usually clear, the sea and land breezes daily succeeding each other with complete regularity. From January till the end of March the direction of the prevailing winds varies; sometimes it blows from the eastward, bringing with it upwards along the coast, heavy falls of rain, varied from time to time by a tornado. In March and April the breeze shifts round by south to west; tornados increase in frequency and violence, accidents to vessels at sea often occur, and the rainy season sets in with full force.

The Fantees, who inhabit this part of the Coast, not only observe the changes of the seasons here indicated, but have particular names for each. Thus, according to them, that of the *Ahermantee*, or Harmattan wind, extends from the 1st of December till the middle of February following; the *Inskera* from 1st March till the equinox; the *Pempina*, or Tornado season, from March till the end of May; the *Abremana*, or rainy season proper, from the beginning of June till the end of July, it being subdivided into three periods named respectively the old man's, the old woman's, and the children's season. Following these we have the *Atukogan*, or season of high winds, squalls, and rain, which includes the first half of August; that of *Warobukown*, including the three succeeding weeks during which the rains break up; *Mawarrah*, the three close, *muggy* weeks of September; *Boutch*, which lasts six weeks, there being during the time no land breeze, and what wind there is coming down along the line of coast; finally *Antrophi*, or the season of tornados, with occasional heavy showers, otherwise "the little rains," fills up the remaining time till 1st December.

The actual range of temperature on the Gold Coast is by no means excessive. In fact, it is decidedly small, the highest observed throughout the year being 86° F. in a room through which the breeze, when there was one, and it moderate, was allowed to circulate freely; the lowest degree reached being 78° F. But only during the presence of a tornado did the mercury descend below 80°. Europeans are thus not prevented, as in India, from walking out during the day, the only precaution they need being a broad-brimmed Panama hat. As a rule, indeed, on account of the extreme moisture of the atmosphere the sensations usually are those of cold, or, at all events, chilliness, rather than heat, so that residents usually wear clothing of much heavier description than is by the masses considered necessary so near the Equator; and they, moreover, find it necessary for various reasons to have a fire in their bedroom for some hours before they retire to sleep. Such, indeed, is the extreme moisture of the climate, except during the Harmattan season, that iron rapidly becomes oxidised, bolts and nails speedily "eaten through" by rust, woollen clothes and shoes mouldy, salt becomes liquefied while on the table, glue and paste cease to be adhesive, and dead matters, whether vegetable or animal, rapidly decompose.

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A Course of Lectures

ON THE

NATURE AND TREATMENT OF DEFORMITIES OF THE HUMAN BODY,

DELIVERED IN THE MEATH HOSPITAL, DUBLIN, BY

LAMBERT H. ORMSBY,

Surgeon to the Hospital, and Demonstrator in the School of Surgery Royal College of Surgeons in Ireland.

LECTURE II.—(*Concluded from page 28.*)

Causes of Non-Congenital Deformities.

WHEN pursuing an inquiry into the causes of Non-Congenital Deformities we find, if we study them with any degree of accuracy, that they are attributable to a numerous and varied set of circumstances; such as—1. The Age of the person; 2. The Sex; 3. The Business or Calling; 4. The Constitutional Temperament; 5. Disease; 6. Accident; 7. Rickets; 8. Debility. This last, however, is more an effect, and while we are considering the causes that may give rise to deformity we also at the same time should study most particularly all their different effects, knowing as well as we do that one cause alone may produce a whole series of deformed effects. *In disordered nervous influence,* for example, we may name as an effect, Spastic Contraction of every voluntary muscle in the body, or again some central cerebral lesion producing paralysis of a certain set of muscles.

I. *The Age.*—Infancy certainly is a period of life when deformities very frequently occur. In support of this opinion many causes may be mentioned, such as—1. The period of dentition, which is characterised and accompanied by a highly nervous state of system, giving rise to so many spasmodic muscular affections, which may be either clonic or intermittent, tonic or permanent. 2. Intestinal irritation caused by a change of diet, or the use of unwholesome food. 3. Retained fæces. 4. Irritation of the sympathetic nervous system, caused by intestinal worms, producing reflex motor action in some remote part of the body. How frequently have we seen convulsions arising from such a cause in young children! I remember some years ago seeing two cases, the notes of which I have at present, where convulsions of the most violent kind were produced by intestinal irritation; on removing the cause the convulsions quickly became amenable to treatment.

Many of these spasmodic muscular affections occurring in infancy produce precisely the same kind of deformities as I enumerated under the head of Congenital Distortions, such as the various forms of talipes and club-hand, contracted wrist, elbow, shoulder, hip and knee-joints; also all the different kinds of paralysis of the muscles in the upper and lower extremities. Squint in early life is frequently produced by spasmodic action of either recti, or by fright, fit of passion, &c.

There is another deformity which occurs, and has some reference to age, and that is the curvature of the spine in advanced life. We all know that as a man advances and reaches extreme old age, his spine is very much bowed, and this is due to a purely anatomical reason, namely, an increase in the physiological dorsal curve backwards, owing, no doubt, to the thinning of the anterior portion of the bodies of the dorsal vetebræ and intervertebral substance, to relaxation of the spinal ligaments, and to debility of the muscles, whose use and function it is to maintain the most perfect equilibrium in this region.

II. To *Sex* are attributable certain kinds of deformities, although we frequently see the same kind of distortion affecting the male and female both alike; in some cases, however, they are imaginary. In the *female* may be enumerated all those hysterical affections so peculiar to her sex, producing numberless kinds of deformities impressing the deluded patient with a firm conviction in her own mind that her leg is contracted or paralysed, or that she suffers from spinal affection and is unable to rise from her bed. I remember seeing such a case three years ago in Gorey, co. Wexford, when a young girl chose to remain in bed, apparently suffering from spinal disease, when all the time it was quite a delusion, as no disease whatever existed.

In the *male,* deformities of the sexual organs frequently occur, such as phymosis and paraphymosis; and in warm, tropical climates, as India and the Mauritius, we find enormous hypertrophies of the scrotum taking place, producing hideous deformity, and termed elephantiasis of the scrotum. Some of these immense growths weigh as much as 40lbs., some reaching 60lbs.

III. *Business, Calling, Habit, or Trade* no doubt predispose to different kinds of deformities. How easy it is to tell and diagnose a horse soldier or jockey by his peculiar gait in walking! In many of the different callings there are deformities acquired peculiar to the trade; for instance, the different kinds of finger cramps which I have before enumerated. Messengers, hall-porters, tramway car conductors by their constant standing render themselves liable to varicose veins, swelled limbs, flat foot, &c. Frequent repetition of an attitude in which the spine is curved will, after some time, produce deformity. Young ladies ought to be warned against the over indulgence of horse exercise, for only consider for a moment the oblique position in which the female form rests when seated on the side-saddle, rendering it impossible for the spine and hips to hold their normal position as regards each other. Since the introduction of croquet a new curvature of the spine is mentioned, called the "Croquet Curvature." The sewing machine is also blamed for giving rise to curvature of the spine, which, when it does occur, is generally in those delicate and poverty-stricken sempstresses whose incessant labour with hand and foot is the only means they have for supporting themselves, and very often large families besides.

IV. *Constitutional Temperament.*—By this term I would wish to be understood to mean those temperaments that are closely allied to a scrofulous diathesis, and nearly always accompany it. There is no doubt that scrofula predisposes to deformities of the spine, and in fact nearly every joint in the body. Also in the nervous temperament how many deformities do we meet with? I am quite sure many of them are imaginary in the beginning, but how often do we see what are delusions at first converted into stern realities afterwards!

V. *Disease.*—This is one of the most common causes of non-congenital deformities, such as rheumatism, gout, cancer, lupus, scrofula, and syphilis, with all their accompanying symptoms, viz., inflammation, effusion, and ulceration, with their final results and sequelæ, namely, contraction, adhesion, and anchylosis. What unsightly and helpless deformities characterize one who is a martyr to rheumatism, and what a deformed appearance the patient suffering from gouty concretions on the joints of the fingers and toes presents! What a sad and truly melancholy spectacle it is to behold the deformity caused by the ravages of that ruthless and insatiable disease, cancer What tale-telling and distressing deformities are the result very often of constitutional syphilis; a timely warning to the beholders, and a keen pang of remorse to the victims affected!

VI. *Accidents.*—Under this head we may enumerate all the accidental causes that may give rise to deformities, as severe burns and scalds, the application of the mineral acids or other corroding substances, gun shot and machinery injuries, &c.

VII. *Rickets* in young children is certainly a most common cause of deformity, and more particularly as it is essentially a disease of early life. It seems apparent to us in the bones of the upper and lower extremities, but it is not as we might suppose, confined to the osseous system alone, for we find it involving every tissue in the body. It is a disease, no doubt, of mal-nutrition, which renders the bones in the extremities less stable, and predisposes to that curved position we so very often meet with in rickety and scrofulous children. Mothers and nurses ascribe the bending of the bones to allowing children to walk too soon, before the inorganic constituents are laid down in the osseous system. This may, to a certain extent, have some truth in it, when coupled with a total neglect of all dietary and sanitary arrangements as regards the care of the infant. The order and frequency in which the bones are affected are as follows: the bones of the lower extremities first, beginning with the tibia and fibula; then the femur; then the thorax, clavicle, radius, and ulna, the spine and pelvis. What unfortunate results and accidents do we see occur in childbirth when the bones of the pelvis have been affected with rickets!

VIII. *Debility,* which may be due to wasting of the muscles through want of action, very often causes deformity: flat foot, due to relaxation of the plantar fascia; and genu valgum, or knock-knees, due to debility and relaxation of the internal lateral ligament. This debility of the muscular system may arise from a variety of causes, among which I believe paralysis to be the principal. Do we not find the use of a muscle entirely destroyed by some lesion of the nerve supplying that muscle? Paralysis of one set of muscles, say the extensors, is not unfrequently seen when the flexors of the same limb are quite healthy and in action. We very often find paralysis affecting children, causing loss of motion, and in some cases of sensation as well.

I have now, gentlemen, very briefly drawn your attention, in the first place, to the history of deformities; secondly, to the deformities themselves, giving you a classification which I considered thoroughly practical, namely, the *Congenital* and *Non-congenital*; thirdly and lastly, I enumerated the causes of each kind; and I trust my remarks may be of use to you in your future practice. The operations for deformities are by no means difficult; but, at the same time, simple as they may appear, a thorough knowledge of anatomy and surgery is indispensable. Aneurisms, disease of joints, abscesses, and paralysis of muscles have frequently been the results and consequences of bungling orthopædic operations. I may mention that operations alone are not the only means at our disposal for the cure of many cases. Mechanical skill and ingenuity have frequently to be resorted to when operative measures are not deemed necessary.

Manipulation is another means which I do not think is practised as much as it might be. What a grateful relief to a patient it is to remove a mechanical instrument worn for some time, and have recourse to manipulations and gentle rubbing of the limbs! And as regards changing and re-adjusting mechanical instruments I cannot speak too strongly. I know a case in point, a patient suffering from spinal distortion, in which an extensive sloughing sore was the result, owing to neglect in changing the spinal support adopted for its relief.

Baths are also in great request, and of undoubted efficacy, and were among some of the ancient means resorted to in many deformities; the *cold douche* has been largely employed in stiff joints, &c. Falling water from a pump, or bathing in water in which different herbs have been boiled, potato water in this country, is a very popular remedy in cases of old sprains and anchylosed joints.

Inunctions are sometimes employed, and very often with great effect. I had a gentleman under my care some time ago, suffering from partial anchylosis of the knee joint and inability to flex it. He had fallen on the knee a year previously. He had painted the joint with iodine, he had it blistered on two or three occasions, and many other remedies applied which it is unnecessary to mention, but all seemed to do him very little good; he walked with two sticks, and his mode of locomotion was trying and painful. Bearing in mind all the means that had been adopted, and all without success, I advised him to rub his knee with cod-liver oil night and morning for about five to ten minutes; he accordingly tried this treatment, and it was eminently successful. He threw away one stick in a few months, and now he walks without one at all; can flex his leg perfectly. He is an officer in a militia rifle regiment, and can perform all his duties, such as drilling, marching, &c., without any incapacity whatever.

Electricity, whether galvanisation (direct current) or Faradisation (induced current), is also a valuable means at our disposal. A paralysed deltoid I have often seen benefited by electricity. In wasting and atrophy of muscles, and in fact all those cases of deformities caused by local paralysis, I think electricity fairly deserves a trial.

Gymnastics, for many reasons, are not only a valuable means for curing deformities, but better still for preventing them. In every school throughout the land I should like to see a gymnasium attached. In many large boys' schools they are now being instituted, but not so frequently in girls' schools, where, perhaps, to speak truly, they are far more required; for consider the delicate and fragile nature of growing girls, add to that their sedentary habits, the strict and constant discipline in which they are kept, and that popular and nonsensical idea so firmly engendered in their minds, that to romp and enjoy their holiday in a playful use of their muscles and an exercise of their physical strength is *unwomanlike* and the *essence of vulgarity*. Sad indeed does it seem, we cannot impress the minds of mothers and matrons with the folly of such a course, and change entirely for the better the present system of things, and thereby abolish the frequency of spinal complaints, so much on the increase of later years; also all that lassitude and weakness so common among the young, of the gentler sex. Why do we see in both sexes such debility and weakness and deterioration of race? I believe it is due very much to the want of proper and moderate exercise in our growing young.

In this rushing and go-ahead age, *higher education*, *competitive examinations*, and *colleges for women* are the only themes talked of; physical strength and development of body are sacrificed for the exercise of *brain power* and *nervous tension*, driving men to desperation, increasing deformities, and filling lunatic asylums.

From what I have now said I trust you will see the force of my remarks, that in the case of deformities, as well as many other things, prevention is better than cure. And in conclusion, after mentioning all the different means at our disposal for the cure of deformities, you will find some cases utterly obdurate to any kind of treatment, and at times flag your warmest energies. For such a case I would recommend nothing but a long continued perseverance in a proper and most approved of method, and such a patient line of treatment cannot but turn sooner or later the most difficult case to a successful issue.

In my next lecture I will draw your attention to the subject of club-foot, illustrating it with cases, &c.

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REPORTS ON SYPHILIS.

By Charles R. Drysdale, M.D., M.R.C.P.L., F.R.C.S.E.,
Senior Physician to the Metropolitan Free Hospital.

A. Despres on Treatment, &c.

(Continued from page 137.*)*

With regard to mortality, Dr. Després states that at the Lourcine Hospital almost all the infants with syphilis die rapidly; at the Hôpital des Enfants Assistés the proportion of deaths is still higher. They generally succumb to diarrhœa or convulsions.

When infants acquire syphilis from nurses, or from vaccination, &c., the disease follows the normal progress of syphilis, when no mercury is given; and the older the child is the less the gravity of such an infection. An infant who has been in the uterus of a mother affected with the disease, is in a far worse position. When a syphilitic mother has milk it is infinitely better to give it the breast than to bring it up by the bottle.

The third part of Deprés' work is on the treatment of syphilis; and this is, in the writer's opinion, the most interesting portion of his very remarkable and most ingenious work. Thus, there is a very long account of how it came to pass that mercury was first of all used in the treatment of syphilis. Després shows that the Arabian doctors used mercurial ointment in itch; and it was, therefore, used in eruptions by others. The internal use of mercury was first made by Matthiolus (1535) or Paracelsus, according to our author.

Gonorrhœa was treated by mercury shortly after syphilis was recognised, both in the form of injections of calomel and of green mercury, taken internally. In 1519 Ulrich von Hutten extolled the virtues of guaiacum, as also Brassavolus, who tried to make it supplant mercury. Sarsaparilla was introduced about the year 1546. Fernel, in 1556, abandoned the use of mercury; and Fallopius spoke against the excessive use of mercurial frictions. Mercury has been given in China, Després informs us, since the sixteenth century.

Boerhaave (1720) advised the use of calomel internally, and mercurial frictions externally; and thought salivation necessary. Lalouette (1776) recommenced, for the third time, the use of mercurial fumigations without making the patient inhale them. Van Swieten (1770) recommended corrosive sublimate internally.

Up to the time of John Hunter, gonorrhœa was treated with mercury, because associated with syphilis. This was the first blow to the mercurial treatment, and it received a second when soft sores were next withdrawn from syphilis. Hunter considered that a treatment of two months was sufficient in constitutional syphilis. He considered mercury a specific for syphilis.

Beddoes proposed nitric acid in the treatment of syphilis in 1799, and opium was praised in the north of Europe about the same epoch. It is not clear who first recommended mercurial ointment in the treatment of syphilitic infants. Bertin, in 1810, gave small doses of corrosive sublimate to infants, and at the same time treated the mother. He did not agree with Doublet, that mercury tended to make pregnant women abort, but just the contrary. In such cases he used frictions and corrosive sublimate baths. Berthollet said, however, that mercury was not found in the milk of nurses treated by it.

Bru, Abernethy, Balfour, Tode, and B. Bell denied the syphilitic nature of some sores and of gonorrhœa; and thus founded, says Dr. Després, the non-mercurial treatment. Alley, of Dublin (1804), described an eruption caused by mercurial frictions and fumigations. Fergusson (1813), Guthrie (1817), Rose (1817), Hennen (1818), and Evans studied syphilis without using mercury. Thompson related many cases of syphilis treated without mercury. In 1827 Desruelles, admirer of the physiological doctrines of Broussais, treated syphilis entirely without mercury, and by low diet and local blood-letting and cauterisations in gummy tumours.

In 1838 Ricord commenced his career as a practitioner in syphilis, and as he was accustomed to the mercurial treatment of syphilis at the Saint Louis Hospital, this treatment again became fashionable. Ricord considered that mercury has a specific or unexplainable influence in syphilis. He has adopted the iodide of potassium invented by Wallace, and recommends it especially in tertiary cases, where mercury has exhausted its action. The green iodide of mercury was given by Ricord internally and blisters applied to exostoses, or cautery when gummata ulcerated.

Iodine was used in medicine for goïtre by Coindet in 1820. Although the traditions of the Saint Louis Hospital attribute to Biett and Lugol the idea of using the iodide and iodine from 1825 to 1830, it is Wallace (*Lancet*, 1836), of Dublin, who introduced iodide of potassium as a remedy for syphilis. This author employed it for iritis and especially cutaneous syphilis. He gave thirty grains a day, Ricord gave as much as ninety grains a day, and Puche far larger doses. The pills of Belloste and Sedillot contained metallic mercury; those of Dupuytren, the sublimate. The English remained long attached to calomel in ointment, pills, or powders, and in Germany Van Swieten's remedy remained in vogue.

Orfila's researches on the effects of corrosive sublimate, and Mialhe, who showed that mercury is absorbed in the form of corrosive sublimate, showed that green iodide of mercury was the least poisonous of all mercurial salts, giving only one-third the amount of corrosive sublimate that calomel does. Mialhe showed that giving iodide of potassium along with the green iodide afforded far more corrosive sublimate. The bichloride, the biniodide, the acetate, and the cyanide of mercury are the dangerous compounds of the metal.

Merat (1812) described mercurial colic, and mercury was described by some authors as causing sweating, diarrhœa, anæmia, trembling, vertigo, and cachexia, and caries or necrosis of the jaws when salivation is employed. Colsen (1828) described a case of trembling produced by mercurial treatment, and Pinjon gave a case (1842) to Orfila of rapid mercurial poisoning. Ayres, in England (1842), showed that mercury caused deglobulisation of the blood. Melsens said that iodide of potassium dissolved the compounds of mercury with albumen, and thus set it free to quit the body.

Fricke, of Hamburg, after long using mercury, left it off (1827), to treat without mercury and with nitric acid caustic potash, &c., for treatment of ulcers. He noticed that caries and necrosis were very uncommon in syphilis treated without mercury; and Baerensprung, Bœck, Hermann, Lorinser, Billroth are all more or less opposed to mercury. Thus Hermann (1855) stated that the late accidents of syphilis were caused by mercury; Lorinser and Barensprung asserted similar tenets. Trousseau and others in company with Hermann have shown that mercury is long in leaving the system, and when not eliminated, it gives a grave aspect to the case of syphilis.

Sigmund, of Vienna (1859), and Virchow (1858) recommend mercury; the latter for all cases of syphilis, even tertiaries. Arastia (1856) praised bichromate of potash in syphilis, and Dolbeau (1865) has praised this treatment greatly.

In 1851 Auzias Turenne invented syphilisation, which was taken up by Sperino, in Turin, Bœck, of Christiania, and Melchior Robert, but has fallen into oblivion. Tartarised antimony ointment was introduced as a revulsive by Hjort, of Christiania, but it has also been abandoned.

In 1858 Bärensprung pronounced for the anti-mercurial side, and Syme, of Edinburgh, also (1856). Hughes Bennet (1860) also spoke warmly against mercury, and Cooke and Drysdale, says Després, employed Fricke's method with the aid of iodide of potassium and chlorate of potash. Bœck showed, in his treatise, that the treatment by mercury at Christiania was far longer and more dangerous than the non-mercurial treatment. Bazin, of Paris, remained eclectic, remarking that mercury, given carelessly in the third and fourth period of syphilis, appeared to hasten the evolution of tertiary and visceral symptoms.

Diday (1863) mentions eighteen cases of syphilis treated without mercury, which got well, five years having elapsed. He describes anæmia, dyspepsia, and even apoplexy and madness as caused by mercurial treatment, and reserves mercury for cases of strong syphilis. He asserts that mercury gives "no certain guarantee, either against the return or progression of this disease."

Hebra (1864) first employed hypodermic injections of sublimate. Scarenzio in 1865 employed injections of calomel, about three grains being injected. Liegois (1869) injected 1-12th of a grain of sublimate; but this is now abandoned at Paris.

Hunt employed arsenic with bromide of potassium in secondary eruptions in 1852, and Hardy (1859) uses arsenic in some cases of rebellious syphilitic skin disease. Sulphur baths are also used.

J. Guillemin (1865) proposed to substitute tincture of iodine for iodide of potassium; and in 1867 there was a discussion on the treatment of syphilis at Paris, when Verneuil, Depaul, and others were in favour of mercury, whilst Després, Dolbeau, Perrin, and Cullerier, all more or less spoke against it. Diday, on that occasion, believed in the parasitic nature of syphilis, and administered mercury as a parasiticide in large doses in bad skin disease (two grains of green iodide daily with frictions being used).

"Bleeding," says Després, "has never been as much discussed as mercury, and yet bleeding has now fallen into universal oblivion." Mercury cannot be compared, says our author, to bleeding, and must follow its fate. Després adds that mercury acts like bleeding, starvation, and purges; by lowering the strength of the patients it makes the eruptions paler; but relapses are graver, just as the patient has been more debilitated by the drug. "Diday and myself," says Després, "have for first effect of our observations obtained the administration of mercury in small doses, then good diet and tonic medicine instead of mercury; the rest will doubtless soon come, and mercury will be relegated to the rank of souvenirs of therapeutics."

There is (says Després) no specific remedy against blood poisoning; and the real treatment of syphilis is to favour the separation of the diseased elements of the blood. Thus, hygiene should be well attended to, good roast meat should be given, and baths to cleanse the skin. Iron and quinine should be given when eruptions appear.

The local treatment consists, according to Després, in cauterisation by chloride of zinc (Canquoin's paste) of chancre and mucous papules. A solution of chloride of zinc of fifteen grains in ten ounces of water may be used to cauterise eruptions in the mouth, &c.

In gummy ulcers chloride of zinc is also most useful as a caustic, says Després.

The early fever must be treated by expectation; headache by quinine. Iritis is treated by dilatation by atropine and blisters, and leeches to the temples, and then lasts fifteen days to three weeks, when no synechiæ have formed. Persons with skin eruption may prevent iritis by wearing coloured glasses, and avoiding reading, &c.

In baldness the hair should be cut short, and a pomade, composed of lard, mixed with oil of cade, used.

He treats gummata of the velum palate by cautery and astringent injections. In nodes counter-irritation by tincture of iodine is to be used.

Such is the treatment Després thinks sufficient in normal syphilis.

In abnormal cases he uses sulphur baths, chlorate of potash gargles, &c.

When syphilis is modified by scrofula, cod oil may be given, and the iodides of iron and potassium are most useful, whilst ulcerated gummata should be cauterised. When modified by scorbutus, syphilis should be treated by iodide of potassium. Puche did not poison the patients to whom he gave 150 grains of iodide daily; and in doses under fifteen grains, iodide of potassium never does any harm, says Després. Bazin found it more useful than mercury in precocious malignant syphilitic skin eruptions.

Pregnant syphilitic women should take iron and nourishing meat diet. Such women should be very careful in sexual exercise, and sometimes lie down at monthly periods. There are so many facts of abortions in women who take mercury, that it is impossible to believe it useful in other cases.

Syphilitic infants should be suckled by their mothers. They are certain to die if the eruption appears at birth. Mucous plates should be cauterised, and a solution of chloride of zinc injected into the nostrils. Mercurial treatment cures no infant from one to eight months. Hospitals show this plainly.

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THE PHILOSOPHY OF VOICE.

By Charles Lunn.

(*Continued from page* 69.)

As in death so in life; there are two octaves of full vibrations natural to all voices. These two octaves, if in the male, are usually classed under one term—"chest"; while in the female, they are always classed under two and sometimes under three terms; this confusion has arisen, owing to persons mistaking re-enforcement for generation.

Then there is the "falsetto" which does not extend equally in both voices, but extends collaterally, if desired, with the greater part of the full vibration; it is, as its name implies, a false production; it is created by the air in passing causing the edges only of the vocal cord to vibrate on account of the cords being insufficiently approximated. In point of fact, this production is a partial catching of the air in transit, and has not what may be termed the "tonicity" of voice, consequently it is not capable of any great variableness in intensity. Then there is the harmonic or "node," which weakly people and persons of small thoracic power substitute for about the last five notes of the full vibration. This results from skill, not from the possession of a superfluous cartilage, but it is to be observed, excellence n one method of production involves defect in the other, o that vocalists usually select one or the other, and always retain that special way. The singular thing, however, is this, that while the high A of Mr. Reeves, the high G of Mr. Santley, interpolated in "Oh ruddier than the Cherry," and the high B flat of Mdlle Titiens in "La dove Prende," are all identical in method of production, they are called respectively, male "chest" and female "head," while the full vibrations of Mdlle. Titiens and the harmonics of Madame Sherrington differ in production, but are classified by masters under one term.

These errors arise clearly from a confusion between first and second causes. Now any difference which is observed to exist between the results obtained from the larynx attached and when detached, must be owing to the different conditions under which observations are made; as we cannot accept a difference in the generating cause of voice, any apparent antagonism between hue tingeing created sound in man, as contrasted with that of woman, must be traced to auxiliary influences (*a*). We know air imprisoned will re-enforce sound created elsewhere; thus a difference in thoracic form necessarily throws an influencing power on to the tone—the intrinsic nature of the vocal cords. For obstetric reasons the breathing of woman is pectoral, while that of man is abdominal; owing to this deeper breathing on the part of man, the whole scale of his tones when under full vibration, is tinged by this under re-enforcement, but this under tone soon ceases in woman—it ceases when the larynx, by its ascent, has caused the plane of the vocal cords to assume a position so diagonal that the full force of tone is thrown forward into the arc of the mouth. The deeper breathing, then, in man accounts for the first fallacy of singing masters, and sweeps away the apparent discrepancy between the results attained by experimenters, and the exemplifications presented by our songsters, and also accounts for the extraordinary assertions made by our teachers respecting the male as contrasted with the female "chest." It may safely be predicated, that the vocal cords are subject to the same natural laws as all sounding bodies, and that as the sole difference between the male and female larynx is one of size, the voice from the latter is a reproduction of the former on a higher scale.

Madame Seiler attempts to account for the fallacy held by voice trainers thus: "As the male larynx is about a third larger than the female, it is plain that the registers in the male voice have a greater expansion" (p. 67). This is false, the expansion would be exactly similar; the writer evidently deduced a conclusion from excess in length, irrespective of additional breadth and thickness. The difference between the male and female larynx is uniform, thus greater change of state would be required of the larger larynx to produce a similar result to that obtained from the less. Of course a slight modification of expansion might arise from some little difference in the intensity of attractive force, but this would be an individual, not a sexual difference, and might exist in cords of similar length, and one would be likely to attribute greater elasticity to members of the more delicately organised sex; this, however, is inadmissible in laying down abstract principles.

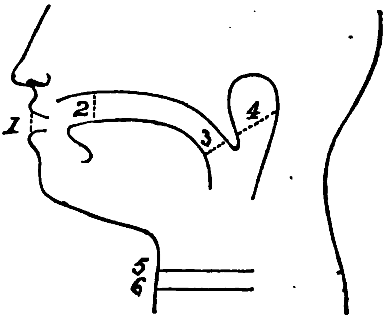
To obtain a true theory of vocal emission the conclusions arising from different aspects of observance must be made to coalesce. First, as a scientific basis, we have the observations of the anatomist, who has pointed out, irrespective of results, what the instrument is. Secondly, we have what he has gained from the instrument acting by itself. Thirdly, we have a number of hypotheses, more or less tenable, deduced from the complex results obtained from the instrument acting in connection with other influencing causes. Of these hypotheses, some have been deduced from the instrument acting in strict accordance to natural laws, others, as in the case of laryngoscopic observation, from the instrument more or less distorted.

(*a*) "In my own experiments I found very little difference could be observed between the sound of the male and of the female larynx, farther than the fact that the voice of the former was set several notes lower than that of the latter. The absence of the peculiar characteristics in both cases I ascribed to the removal of the pharynx, and the other parts of the vocal tube."—Dr. Wyllie.

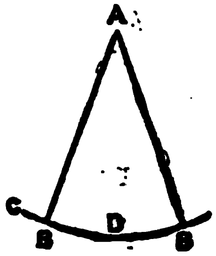
Now the voice trainer has to reinstate a control incidental to nature, which control, as shall be shown, has become weakened by the association of articulate speech with vocal utterance, causing (1) a horizontal, and (2) a perpendicular weakness; purely a physical disadjustment, in effect causing the sound to be feeble, dead, and only partially responsive to the will. Briefly, sound is air in motion obstructed, or air stationary put into motion by an elastic substance. Noise is either a single disturbance of air or conflicting disturbances; pleasurable sound, on the other hand, is the result of successive and equi-formed disturbances. A noise then, arising from a single disturbance, may only want continuity to transform it from offensive into agreeable sound. Where sound results from air resisted forcing itself through a fissure, that sound cannot be musical unless the fissure be symmetrical, that is unless it be divisible by two straight at right angles into four equal and symmetrical parts. Without going deeply into the acoustical part of the question, it may be stated musical sound is compounded of clearness, smoothness, volume, and intensity. In air passing through a fixed fissure, clearness results from the smallness of the fissure, smoothness from its form, intensity from the force of blast resisted, and volume, so far as the present subject is concerned, from air imprisoned in a cavern, to which the fissure is the entrance (of course there is consensual vibration in all the parts surrounding the organ of voice, but the science of voice production has not to do with the permanent, but with the occasional influence). In a vibratory material, the clearness, the basis of the clang-tint, results from the intrinsic nature of the thing; the smoothness, from unimpeded swing; the intensity is owing to width or amplitude of swing; and volume to re-inforcement from attached parts. A vibratory tuning-fork placed on a table has its sound so strengthened thereby, that a child judging by sense of hearing alone, would ascribe the sound to the table: vibratory laminæ placed above air imprisoned in the chest cause sound to be so strengthened that many ascribe the sound to the chest voice, hence the vulgar term "chest" register. Thus much for generalities; now for particulars. As the late John Stuart Mill pointed out, all that we do is dependent upon resistance; there is a resistance acquired, and there is a resistance incidental to our being; there is a resistance permanent, and another temporal. In all our relationships with the world without, our control is an acquired knowledge of forces acting in opposition, this knowledge results from numerous past experiences, and has grown with our growth. In our own construction there are forces placed in opposition, so that, when in a state of repose, muscles are not inert and flaccid, but balance each other; this condition is what we term "tonicity." Now, with the organ of voice, there is an exactly similar condition, which may be termed "the tonicity of voice." This condition is volitional, but under it the wind and reed synchronise, and the pressure and resistance are equi-poised, save the small yielding surface presented by the vocal cords, which, it is to be noted, are approached by the blast at an acute angle. We have, then, to consider our two forces—air in motion (breath), and the elastic obstruction. The following synopsis of our motory power will settle one part of the business:—

	Immoveable.	Residual Air.	120 Cubic Inches.	Immoveable	
Intraction.	Involuntary	Supplementary Air	130 Cubic Inches	Voluntary	Propulsion.
		Ordinary Inspiration	26 Cubic Inches	Involuntary	
		Ordinary Expiration			
	Voluntary	Complementary Air	100 Cubic Inches		

As there is no occasion for a public speaker or singer to do the work himself, when the involuntary contractile thoracic force will do it for him, it may be laid down as a universal axiom, that complete inflation is the first condition of true use of the organ of sound. Next, for resistance; and in this it will be seen that Nature's law is one, and that a simple one; and however complex language may appear, speech is reducible to a few fundamental principles.



The first place where air can be resisted is at 1. This resistance results from a partial action of the sphincter muscles of the mouth, aided by cohesion of the smooth surfaces brought into contact. By ceasing to will to hold, an explosion of the condensed air takes place, in result the letter *p*. By holding with the tongue at 2, the air is imprisoned and condensed behind; ceasing to will to hold an explosion takes place called *t*. In ordinary expiration, the breath escapes either through the greater passage terminating at the mouth, the column of air in motion impinging on the soft palate and elevating it so that air cannot pass through the nares, or it escapes through at 4, and thus acts by the nose. By holding breath at 3 and 4, both passages are blocked, the uvula acts directly in this by occupying the indentation at the base of the tongue, thus aiding the resistance; by ceasing to will to hold an explosion takes place called *k*. These consonants, *p*, *t*, and *k*, may be termed simple complete obstructives; one a labial, one an arco-palatal, and one a faucial obstructive. The principle in each is one, and that the simplest one, an act of the will acting in different localities, and causing, owing to the nature of the obstructing force, one explosion of condensed air, in effect noise. By going lower down still to 5 and 6, we come to vocal utterance as contrasted with whispered articulation—that is, we find the same power of obstruction, but which, on release, causes a continuous vibration, in effect musical sound. This we will settle. Here is an abstraction of the horizontal force.



Let A B, A B′, be two straight lines revolving on the axis A, and describing the segment of the circle C. Let the enclosed triangle represent space through which the air in breathing passes. If we suppose an equally diffused force propelling a fluid through the triangular fissure, the fluid would escape the most rapidly where the two straight lines are at their greatest disjunction, this escape would, of course, be unequal along the whole plane of the fissure, increasing in an equal ratio to the increased size. This inequality in escape would be less or greater, according as B B′ were attracted to the point D, or repelled from it. Now, having a fixed point A, it is clear that a fissure having two sides greater than the third, can never be symmetrical unless there be a fixed point at D. The apices being equal, the lines A B, A B′ would assume a parallel position, being so, if elastic, they would alternate between parallel lines and ellipses, thereby making the escape of the fluid through the fissure relative and equal, *i.e.*, beautiful as a sensation called sound. Dr. William Marcet, in his "Clinical Notes on Diseases of the Larynx," thus clearly expresses the action: "When air is blown into the windpipe, it must force its way through the vocal cords, and, by so doing, cause them to bulge outwards; but the air, now finding a freer exit, and the pressure being relieved, the cords, from their elasticity, will immediately resume their former position. At the same instant the blast, meeting afresh with resistance, will again move the parts aside, and, by that repeated action, the current of air will be divided into a number of (equal) sections, reaching the ear in a succession of waves, and thereby producing a vibration, perceived as a sound." But there are two forces at work for evil to prevent this; one derived from the association which has grown up between the nerve currents ruling the differing positions of obstruction; the other, owing to the use of vocal utterance as a secondary thing upon which articulation has been superposed.

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THE OPHTHALMOSCOPE IN MEDICAL PRACTICE.

In a paper on "The Ophthalmoscope as a means of Diagnosis in Tubercular Meningitis and the Diseases which Simulate it," by Dr. Reuben A. Vance, of New York, lately read before a Medical Society and published in the *Canada Medical and Surgical Journal*, we find a series of observations that we think worth attention.

Dr. Vance says there are two classes of infantile diseases which, from their gravity and common occurrence, deserve more than the ordinary amount of consideration usually bestowed upon such subjects by the general practitioner. One class comprises the acute inflammatory and congestive affections of the brain; the other, the cerebral conditions which simulate these diseases. The former group includes all hyperæmic states and certain disorders which, in addition to the increased quantity of intra-cranial blood, are accompanied by organic changes in the brain or its coverings; while the latter is characterised by an anæmic state of the intra-cranial organs, which in the large majority of cases is secondary to primary disease in other parts of the body.

The great similarity which exists between the symptoms of inflammatory and anæmic conditions of the cerebral organs renders a diagnosis in many cases a matter of grave doubt.

In 1866 Bouchut published his well-known work on the ophthalmoscope in diseases of the nervous system, in which he gave the subject of intra-ocular changes in connection with tubercular meningitis a very careful consideration (*a*). He examined fifty-nine cases and observed symptomatic changes in fifty-seven—in one case the observation was unsatisfactory, and in another the diagnosis was doubtful, the patient recovering. Among those who had their attention excited by these astonishing results was the late Professor George T. Elliott, M.D., of New York, who spent a great deal of time in investigating the subject, although he never published anything relating to it. It was mainly through his teachings and precepts that the ophthalmoscope as a means of Medical diagnosis, was introduced to the Profession in America.

During the past five years Dr. Vance has seen and personally examined twenty-nine cases in which there was reason to suspect grave cerebral disease, and in which the symptoms pointed strongly towards tubercular meningitis. Of these twenty-nine cases twenty-three proved fatal and six recovered. In each case there was reason to suspect the existence of tubercular meningitis, and, in fact, in the greater number that was the diagnosis of the attending physician. The symptoms, although varying widely in different cases, were yet similar in the whole series. The ophthalmoscope was used in every instance, and in eleven cases he observed the intra-ocular circulation daily from the commencement to the termination of the disease.

Seventeen of the twenty-nine cases so examined revealed evidences of intra-cranial hyperæmia, while the remaining cases presented indications of encephalic anæmia. Sixteen of the hyperæmic cases died, one only recovering. Of the twelve cases in which the ophthalmoscope demonstrated anæmia, seven died, the remainder making good recoveries.

The Ophthalmoscopic Appearances.—They are referred to as anæmic and hyperæmic for convenience simply, and not because these terms express the whole truth. While the whole characteristics of these two widely opposite central conditions can be expressed by terms indicative of the state of the intra-ocular vascular supply, yet it is to be borne in mind that other important phenomena are revealed by the ophthalmoscope. These refer to the nutritive changes manifested in the nerve and retina, some of which are present in the majority of cases, and especially so in those where active inflammatory changes are occurring in the cranial cavity.

The principal alterations in vascularity and structure which can be studied with the ophthalmoscope in tubercular meningitis and the diseases which simulate it are thus laid down :—

1st. Slight congestion of the disc and retina;
2nd. Intense congestion of the disc and retina;
3rd. Intense congestion with œdema of the disc;
4th. Inflammation of the disc and surrounding retina;
5th. Anæmia of the disc and retina.

It is of course necessary that a person desiring to detect morbid changes with the ophthalmoscope should first thoroughly familiarise himself with all the varying and various details of the fundus oculi as they appear in health. The ophthalmoscopic appearances of healthy individuals of different ages and complexions should be carefully studied, while such anomalies as myopia and hypermetropia deserve attentive consideration from the fact that they exert a special and peculiar influence upon the size and appearance of the optic disc, and apparent fulness or emptiness of the discal and retinal vessels. As soon as the observer has attained his idea of the healthy appearances of the intra-ocular structures, and is able to make due allowances for such disturbing influences as the anomalies of accommodation and refraction, he is in a position to carry his researches into those pathological states which are the result of intra-cranial disease.

The ophthalmoscopic appearances of a normal eye are described in all text-books relating to ophthalmoscopy, and can be dismissed here with the single word that while such descriptions may be excellent, they can never, however, convey to the student the clear and exact ideas which he can obtain from a few hours' practice with the ophthalmoscope, under the guidance of a competent instructor.

(*a*) Bouchut, "Du Diagnostic des Maladies du Système Nerveux par Ophthalmoscope." Paris: Germer Baillière. 1866.

Having described, first, slight congestion of the disc and retina; secondly, intense congestion of the disc and retina; thirdly, intense congestion, with œdema of the disc; fourthly, inflammation of the disc and adjacent parts of the retina, and fifthly, anæmia of the disc and retina, Dr. Vance adds the following remarks:

After twenty-nine cases which came under my observation, many were seen but once or twice, and I did not have an opportunity of watching the intra-ocular appearances throughout the different stages of the disease. In eleven cases, however, I was more fortunate, and my examinations were repeated daily or every other day, from its incipiency, to the termination of the disease, in each patient. Of this number three recovered and eight died. In the fatal cases, seven presented evidences of intra-ocular hyperæmia, and one of anæmia.

The symptoms were nearly the same in all the cases. Those in which the ophthalmoscope revealed anæmia presented as strongly marked evidences of acute hydrocephalus as those in which the intra-ocular structures indicated inflammatory cerebral disease. It would have been impossible for any one, however skilful, to have discovered anything in the pulse, respiration, temperature, or general appearance and behaviour of the patients, which would have enabled him to distinguish between the anæmic and hyperæmic cases.

There was but little difference in the duration of the disease in the fatal cases. In none was the period greater than thirty-one days—the case of anæmia dying within twenty-one days from time of attack. In this case the pupils were neither dilated nor contracted, responded readily to light, were alike on the two sides and the ophthalmoscopic appearances were essentially those I have described as characteristic of intra-ocular anæmia.

In the seven fatal cases characterised by intra-ocular congestion, the ophthalmoscopic appearances were not only different in the different cases, but they varied in the same case from day to day. In one instance, when I first saw the patient, the hyperæmia, if there was any, was so slight as not to attract attention, yet on my second visit, a day or two later, there was extreme congestion of the retinæ, with œdema of the discs. This condition persisted until the child died, some two weeks subsequently. In another, neuro-retinitis was well marked at the first examination, and in a third, congestion with œdema of the discs, was the earliest ophthalmoscopic sign that presented itself. In the remaining four cases, three were seen during the stage of intense congestion, one remained in that condition, and the other two developed neuro-retinitis, while the fourth, from the stage of slight congestion, in which it was first observed, gradually developed intense congestion, then œdema of the discs, and, finally, neuro-retinitis.

The cases which recovered were three in number. Two were characterised by anæmia, and one by hyperæmia. The former were from thirty to forty days in duration and their restoration to health was accompanied by a change in the intra-ocular circulation. From a comparatively bloodless state these parts resumed a normal appearance. The arteries and veins of the retinæ, as also the proper vessels of the discs, increased in size, and the fundus oculi assumed a healthy look. The case which had been characterised by hyperæmia was much slower in its progress. Œdema of the discs, with intense congestion of the intra-ocular structures, was apparent during the early part of the disease, but during convalescence it gradually subsided, and with recovery, the discs and retinæ lost their abnormal appearance and gradually recovered that of health.

The eighteen cases which were not under my immediate observation during their progress, but were seen only occasionally—some once, others more often—resulted in fifteen deaths and three recoveries. All those which resulted fatally were characterised by hyperæmia, varying in amount from slight congestion to neuro-retinitis. The exact state of each case was not noted, as it was impossible to follow them through the various stages the intra-ocular structures underwent, but it is certain that in none of the fatal cases were there any indications of anæmia. The cases that recovered, or were likely to recover—and in which the fact that they did recover is established beyond the shadow of a doubt—were watched for a length of time, and their history preserved all difficulties. Without exception, these cases were characterised by intra-ocular anæmia. One case was constantly under observation for three months, another for nearly the same length of time, but the third recovered in about eighteen days. In one case only—the third—was there any implication of the abdominal organs, and in all three, aside from the ophthalmoscopic appearances, the evidences of tubercular meningitis were as strongly marked as in any of the fifteen fatal cases, in a number of which *post-mortem* examinations revealed the existence of that disease.

The careful observation of cases of tubercular meningitis will frequently reveal a succession of intra-ocular phenomena closely resembling the various forms of hyperæmia and organic changes which have already been described. In fact, I doubt if such is not the ordinary course of the intra-ocular changes in the majority of cases. The state of slight congestion marks the incipiency of the disease, and in regular course, we have intense congestion with œdema of the discs. Following this latter condition —one which very seriously impairs the nutrition of neighbouring parts—comes inflammation of the disc and retinæ, to be in turn succeeded by what is commonly the sequel of inflammatory changes in such delicate structures —atrophy of the parts involved—a condition foreign to our present inquiry, but which is of great importance in connection with the ultimate results of this disease in those rare cases which recover.

The close connection existing between the vascular supply of the brain and the degree of fulness of the intra-ocular vessels, is so well established that its consideration can be omitted. The manner in which organic changes of the disc and retina succeed different varieties of intra-cranial disease, though not so well understood, need not be entered into, as it is not essential to our present enquiry. That the vascular changes in the disc and retina accurately represent those occurring within the cranial cavity, and that organic alterations of the intra-ocular termination of the optic nerves, when not due to local disease, in like manner indicate organic changes in the brain, can be accepted as facts, and the question with which we are concerned is: Can we make the information afforded us by the ophthalmoscope of value, in discriminating between the different affections of the brain which are likely to be confounded with tubercular meningitis, thus enabling us to apply proper treatment in the one class of cases, and to avoid injurious measures in the other?

This question is readily answered, and the answer is in the affirmative. The vascular, œdematous, and neuritic, processes which are characteristic of tubercular meningitis are so radically different from the anæmic conditions which accompany spurious hydrocephalus, that, however similar the other signs and symptoms, one glance at the intra-ocular structures with the ophthalmoscope will at once settle the diagnosis. The nature of the disease having been decided, the proper therapeutical measures are likewise indicated. In the one case, cerebral vascular excitement has to be subdued; in the other, an increased supply of blood has to be sent to the brain. Physiological experiments and clinical observations have demonstrated that certain remedies—such, for example, as the bromides of potassium, lithium, sodium, and ammonium, the oxide of zinc, &c.,—when properly administered, diminish the quantity of intra-cranial blood; while others, of which the preparations of strychnia and quinia are leading representatives, under similar circumstances, tend to produce a state of cerebral hyperæmia. The former are indicated in all cases in which the ophthalmoscopic appearances denote cerebral congestion, the latter, when anæmia is present; and neither should be administered for any length of time unless their effects upon the cerebral blood-supply is carefully observed by means of the ophthalmoscope.

Reports
ON
DISEASES OF THE THROAT.

Edited for the "MEDICAL PRESS AND CIRCULAR."

BY PROSSER JAMES, M.D., M.R.C.P.,
Lecturer on Materia Medica and Therapeutics at the London Hospital.

THE following selections from the *New York Medical Journal* will probably prove interesting to the readers of these reports.

FUNCTIONAL APHONIA OF SIX AND HALF YEARS' DURATION.—INTERCURRENT LEAD-POISONING AFFECTING THE ARYTENOIDEUS.—RECOVERY UNDER THE USE OF ELECTRICITY AND IODIDE OF POTASSIUM.

BY ANDREW H. SMITH, M.D., of New York.

MRS. G., æt. 32, married ten years, no children. Had not been very strong for many years, when, during the winter of 1865-66, she lost an excessive amount of blood during her menstrual periods. For three or four months she noticed that with each return of the catamenia her voice became noticeably weaker, until in March, 1866, it became merely a faint whisper, in which state it remained until I saw her in October, 1872, a period of six years and a half. During this time she suffered more or less from uterine troubles, and her general health was not good. In September last, she came to this city from her home in Newburg, and was under the care of Dr. Janvrin, for displacement of the uterus and neuralgia of the coccyx. By Dr. Janvrin she was recommended to me, and I saw her near the end of October. Her general health had by this time improved, but her local troubles remained about the same. Her voice was a very faint whisper, and even a short conversation caused great fatigue of the muscles of the chest. This was at once explained by the laryngoscopic examination, which showed that there was not the slightest approximation of the vocal cords on attempting to speak, and, the glottis remaining widely open, a large volume of air was required to be forced through it in order to produce even the faint whisper above mentioned. This demanded an effort of the expiratory muscles which was very fatiguing. The larynx appeared in every way healthy.

Recourse was at once had to the faradic current, the negative pole being applied directly to the vocal cords by means of Mackenzie's electrode, while the positive pole was placed upon the outside of the throat. The first application produced a slight movement of rotation of the arytenoid cartilages, and after two or three sittings there was a considerable improvement in the strength of the voice. In the course of ten days, the battery being applied daily, the lateral crico-arytenoids and the thyro-arytenoids had fully resumed their action, the ligamentous portion of the rima coming together perfectly. The voice had become very much louder, so that it could be heard the length of a large room, and the patient no longer complained of fatigue even after a long conversation. But at this point the improvement rested. On attempted phonation there still remained a triangular opening in the glottis posteriorly, showing that the arytenoideus failed to act. I then applied the electrode in the pharynx in such a way as to cause the current to pass directly through the recusant muscle, but without the least response. This was continued daily for nearly three weeks, the current being applied externally also at each sitting; at the same time 1-50th of a grain of strychnia was injected under the skin of the throat every alternate day until the muscles of the neck and face twitched to an extent very uncomfortable to the patient. But still I could not induce the slightest action in the paralysed muscle, and I began to fear that I was destined to be completely baffled.

Finally, it occurred to me that there might be some intercurrent cause at work to defeat my efforts; and lead poisoning at once suggested itself. On inquiry, I elicited a complete history of lead-colic and of wrist-drop, occurring a few months before. Several of the front teeth were gone, and those that remained had a deposit of tartar about their necks causing an unhealthy condition of the gums, so that I could not decide definitely as to the presence or abscence of the characteristic blue line. Still the other points were made out so clearly as to leave no doubt in my mind that the patient had recently been poisoned with lead, and she stated that she had for some time used water supplied through lead pipes. I concluded therefore, that there was lead still in the system, and that it was localized in the arytenoid muscle, to the exclusion of the other muscles of the larynx; just as we find it affecting the extensors of the wrist, while the flexors escape entirely. Accordingly, I addressed a note to Dr. Janvrin, calling his attention to the new point in the case, and asking him to prescribe accordingly. This he did, ordering forty-five grains of the iodide of potassium daily. After ten days of this treatment, during which I did not see the patient, she again presented herself at my office. She had, apparently, lost all that she had gained. Her voice was as feeble as at first, and she was wholly despondent. The very first application of the current, however, brought back the former volume of the voice, and, after three or four sittings, I had the pleasure of seeing a slight action of the arytenoid muscle. At the end of ten days, she could utter occasionally a laryngeal sound, and in two days more the voice was fully restored, and has remained so since. For the first five or six days, the vibration of the voice caused a very unpleasant sensation in the head, and, as she expressed it, nearly drove her crazy. This passed away, however, as she became accustomed to the jar.

In this case, the aphonia was at first entirely functional, but, during the last year, an organic element was superadded which nearly defeated the cure. But for the discovery of this element, all local treatment would doubtless have been unavailing, as regarded the full restoration of the voice.

A CASE OF CATARRH OF THE EUSTACHIAN TUBES, FROM NASO-PHARYNGEAL CATARRH, WITH CONSIDERABLE DEAFNESS, TINNITUS AURIUM, AND VERTIGO, CURED IN ONE WEEK BY INFLATION, AND NITRATE OF SILVER TO THE TUBES, BY THE FAUCIAL EUSTACHIAN CATHETER.

BY O. D. POMEROY, M.D.

I. J., æt. 24, applied on January 10, 1872, with a considerable deafness, tinnitus aurium, and symptoms of vertigo.

The tinnitus was located in the head, and not in the ears, as is occasionally the case, and was very annoying.

The last series of symptoms has continued for four weeks. Last winter he had a similar attack, except there was no perceptible deafness, which lasted until warm weather. On examination, I found the membranes somewhat sunken, with the light point diminished in size; otherwise they were normal. The hearing distance was 4″ for right, and 6″ for left, which by inflation by means of the faucial Eustachian catheter arose to 12″ for right, and 14″ for left. The throat was red, granular, swollen, and œdematous; the uvula swollen and elongated. I at once applied a half drop of a 4·80 gr. solution of arg. nit. to each Eustachian tube by means of the faucial catheter. This was repeated three several times, at intervals of two days, when the patient was found to be cured; the hearing distance had risen to the normal for watch and voice; the tinnitus and vertigo had entirely disappeared. The patient is still (February, 1872) under treatment for the naso-pharyngeal catarrh by means of carbolic acid, ʒj. to the Oj. of water every other day by the hand-rubber spray instrument. This case illustrates the nature of tubal catarrh dependent on pharyngeal catarrh. The latter has been present for a long time, but has failed to involve the region of the Eustachian tubes sufficiently to disturb their function, except on this occasion, and once last winter, when the ear-trouble, true to its catarrhal causation, continued until warm weather.

This case is peculiar in not at first exhibiting the maximum hearing distance after inflation, which in cases of this description is usual. The surgeon ordinarily is only able to state to the patient that the restoration of the hearing is equal to the best attainable result of inflation on the first or second interview—the object of the treatment being to maintain a normal perviousness of the tubes, so that inflation after a while is unnecessary. The catarrh of this patient should be treated several months at least, and in the meantime we may observe a relapse to the hearing distance, which will only be temporary. It will also be found, as the experience of the writer has proved by many cases, that relapses of throat or ear trouble will occur much less frequently after a course of treatment than before; the patient not "taking cold" in the head and throat as readily as previously, or, if he does, it is not as severe or long-continued an attack.

A CASE OF OTITIS MEDIA SUPPURATIVA, WITH MASTOID PERIOSTITIS; COMPLETE RELIEF BY INCISION, WITHOUT THE EVACUATION OF THE PUS.

By O. D. Pomeroy, M.D.

Mary V., æt. 23, recently married, of slight figure, light complexion, good general health, but not able to endure much hardship, on the 7th of January, 1872, was attacked with great pain in the ear and side of the head, which had lasted until her visit to the Manhattan Eye and Ear Hospital three days subsequently; not allowing her any rest day or night. Her appearance indicated prolonged and acute suffering; she was thoroughly demoralized by it. On examination, the external meatus was swollen so as to make inspection of the membrana tympani impossible, there was a profuse discharge, great tenderness about the region of the external meatus, difficulty and pain in opening the mouth; slight redness and œdematous swelling of the mastoid region, with tenderness on percussion. At once an incision was made as nearly over the region of the mastoid antrum as possible, an inch and a half in length, dividing the soft parts to the bone, including the periosteum. No pus was discharged, as might be anticipated, but a moderate quantity of blood.

While waiting for the bleeding to subside, the patient felt sensible relief, and has not since (January 25th) experienced a particle of pain about the ear or head, except for a couple of hours after four A.M. of next night. Ordered poultice behind auricle, ear cleansed by syringing with warm water three times daily, together with instillation of a saturated solution of alum in water into the external meatus. In one week discharge has stopped, and Politzer's operation produces the perforation-whistle, which was impossible previous to this, on account of closure of the Eustachian tube, probably from swelling at its tympanal orifice. The severity of the attack, and profuseness of the discharge, would occasion a strong suspicion of perforation of the drum-membrane, even had we not the perforation-whistle to prove it. This attack had been treated by blisters and poultices without avail. Five weeks previously she had a similar attack, lasting two weeks; the pain in that instance was relieved by morphine, after other remedies had failed. The incision behind the auricle rapidly healed without producing pus, which apparently proves that it is not necessarily essential that pus need be found to insure relief. The inflammation here had evidently not gone beyond the hyperæmic stage, and was aborted by the timely use of the scalpel.

ANNUAL MEETING

OF THE

BRITISH MEDICAL ASSOCIATION,

HELD AT KING'S COLLEGE, LONDON.

Professor Humphrey's Address.

Professor Humphrey congratulated his audience on the revival of this section, although he admitted practical medicine has not hitherto derived much from physiology. Three kinds of researches were mentioned: 1. Those designed to elucidate the relation of the nervous to the vascular and secretory systems; 2. Those respecting the transmission of morbid products. 3. Those respecting drugs. We pass over the first, which were ably discussed. The second introduces the doctrine of germs. Professor Humphrey said:—

First, it is pretty clear that air is the great, if not the only, vehicle of these insidious agencies, whatever they are; and that the exclusion of air or the purification of air from them prevents the occurrence of their effects. To this exclusion of air in the one case, and its admission in the other, must be attributed the difference in the changes which follow a simple and a compound fracture, as also of a subcutaneous and a more free external incision. There can be little doubt that if air could be entirely excluded, the various serous and synovial cavities might be opened with comparative immunity, and operations could be performed, from the probable or certain danger of which we now wisely shrink. It is upon the purification of air from these agents, or germs as they are called, that the antiseptic treatment, so ably propounded by Professor Lister at a former meeting of this Association, rests its claim. Certainly whether they are germs or not in the ordinary sense of the word, they are so inasmuch as they are the starters or initiators of a new series of change in the fluids or solids of the body.

Secondly, it is clear that these influences operate with greatest rapidity and facility where vitality is lowered. In other words, the nutritive and other processes are most easily impressed and diverted in a new direction in persons and parts where they are least vigorously conducted. Where the tendency to a right direction is staggered or weakened, the tendency to a wrong direction is most easily given. A fainting or a depressed body is well known to be a ready victim to poisonous and malarious agencies.

Closer observation of animal and vegetable life tells, more and more, of the prevalence of parasitic growth and of those lowered conditions which induce its excess. If a garden is blighted we know that it is so because the vigour of the trees is lowered by imperfect ventilation, frost, or some depressing cause. We recognise in it a mode of killing off some of the imperfect and over-crowded plants; and to apply these physiological principles to the case of man, we see that the maintenance of the vigour of the population by judicious sanitary measures is the only means of preventing an epidemic, and, at the same time, of preventing those evils which epidemics have the effect of correcting. We learn that, if it were in our power to stop epidemics by any mode, as by the institution of rigid quarantine, without attending to this point, we might, by so doing, effect more harm than good; forasmuch as we should incur the liability of engendering other more insidious and perhaps more destructive maladies than those we attempt to ward off. Physiologically, the security of a country from invasion by epidemic and other maladies depends not upon the rigour of its quarantine laws, but upon the efficiency of its sanitary enactments; just as, in a military point of view, security from foreign invasion and intestine commotion depends less upon bristling fortresses and strong ramparts than upon those laws which promote the energy and independence, and give scope to the physical, mental, and moral development of the people.

This is one among the lessons which physiology here teaches; and well would it be for the nations of the earth if they would lay it to heart, and would set about improving their own condition, rather than rest content, as they are too prone to do, with expending their efforts on what seems to be the more obvious and the easier task of endeavouring to bar out the enemy. This may be urged the more, because physiology points to some, and may soon be able to indicate more, of the methods by which the end may be attained. Physiology will gradually more unfold those laws which regulate and continue in mutual subordination the multitudinous factors that make a human body, and will show under what conditions they are most likely to degenerate into morbid conditions or morbid forms, and to degenerate into, or be modified by, parasitic growths or something akin to them. I say degenerate into parasitic growths; for as a cancer, on the one hand, has many of the attributes of the parasite, so it has, on the other, many connecting links with healthy tissue. It occupies, as it were, a middle or transitional place, and seems to suggest that in a better knowledge of the refined processes which are the source of it and some other morbid products, and in the more intimate knowledge of their real nature to be thus attained, we may look for some assistance towards the prevention, and possibly the cure, of these, the most terrible scourges of a civilised people.

We know that effused blood and other fluids of low vitality are peculiarly prone to decomposition and disintegration from the admission of air. If the presence of blood in wounds could be prevented, the other tissues would, as a rule, resist the decomposing influence of air; and the lower the vitality of the blood, the less is its resisting power. If experimental physiology will disclose some means of increasing the resistance of the blood to decomposition, or, still better, will give us some good means of damming up the vessels, or clotting the blood in them, so as to prevent its effusion into wounds after they are closed, primary union would be the rule, and the mortality after the lesions caused by operations and in other ways would be greatly reduced. I say into wounds after they are closed; for the blood which flows while the wound is open may be cleared away, or may be so tanned, as it were, by carbolic acid or other agents, as to render it proof against the decomposing influence of air. The frequent failure of the primary union of wounds is discreditable alike to physiology and to surgery.

Thirdly, we find that, though some of these noxious agents, such as the fine poisons of measles, scarlatina, &c., are capable of traversing the delicate pulmonary and other membranes, and to produce their effect on the system, while others, which are probably of a somewhat coarser nature, are arrested by these sieves, and, to some extent, by the artificial sieves of cotton-wool or muslin, which have been suggested by Professor Tyndall in his well-known lecture on dust; some, and this seems to be the case with diphtheria, erysipelas, ringworm, and more obviously with itch, fasten upon the surface and spread their baneful influence in the epithelium and subjacent membrane. Of these, some, as the last mentioned, are clearly parasitic; and others may be so. In deciding this point, it is necessary to discriminate whether the parasite is a cause or a consequence of the altered condition. For instance, in the case of hay fever, it is not by any means certain whether the vibrios in the mucus of the Schneiderian membrane, described by Binz and Helmholtz, and which suggested the dropping of a solution of quinine into the nostrils as a remedy, are a cause of the malady, or whether they are only an aggravating consequence of the altered condition of the epithelium, which presents a favourable nidus for them. Just as it appears from the recent observations of Hoppe-Seyler, that fermentation may not be, as supposed by Pasteur, dependent upon organisms, though the progress of fermentation and the production of new organisms may proceed *pari passu*.

The third direction of physiological research, to which I have alluded as holding out good promise for medicine, that, namely, which has for its object to determine the influence of various drugs, poisons, and other agents upon the system, is the one we may look to most directly for assistance to the practical physician. The ground has been broken and the seed sown by Drs. Fraser, Brunton, and Paton, by Von Bezold, Boehm, J. Blake, of San Francisco, and others; and we hope to gather the fruit of a more precise knowledge of the effects of medicines, and also of their *modus operandi* upon the parts of the body upon which they severally act; whether it is by influencing the chemical, the osmotic, or other qualities of the fluids and tissues. So that we may learn what it is that a medicine really does, and have some scientific basis for our employment of it in the treatment of disease. Here I may refer to the interesting observations of Drs. Crum Brown and Fraser on the relation between chemical constitution and physiological action: from which it appears that a slight change in the composition of a medicine may lead not only to a change of effect, but to a change in the tissue affected; and also to the observations of Dr. Murray on the relation of osmosis to digestion and dyspepsia, and to the physical and physiological action of medicines, as indicating the path in which such investigations may be pursued. Is it not strange, and a strong shock to our reliance upon the evidence of practical men on such matters, that they should so long have gone on in the belief, and in action founded on the belief, that mercury produced a direct and marked effect upon the liver; and that they should have done so in spite of the abundant evidence to the contrary daily before their eyes, in the treatment of syphilis and other affections? That it should have been reserved to the experiments recently conducted in Edinburgh, by Drs. Rutherford and Gamgee, to throw a doubt upon, if not to disprove this, is a proof, at any rate, that the experience of practitioners needs to be supplemented by the carefully conducted experiments of trained physiologists. Indeed, the doubt thrown upon the action of mercury on the liver; the announcement by M. Lorain, that digitalis augments the force of the heart's action, and diminishes and regulates its beats; and further, the observation that alcohol lowers the temperature in pyrexia, are sufficiently startling to make us hesitate respecting the accepted views of the effects of remedies. Added to the revulsions of opinion on apparently established points which many of us have witnessed, they make us long for some additional sources of information to show us better light in this dark and difficult road. In the midst of these shakings of our old ideas, it is some comfort to learn, from the carefully conducted observations made by MM. Rabeteau and Constant, that the action of alkalies is really to reduce the rate of oxidation of tissues, the temperature, the pulsations of the heart, and the excretion of urea, and not, as was recently taught by Mialke and other therapeutists, to increase all these.

The physiologically antagonistic influences of atropia and physo-stigma, and the fact that a poisonous dose of the one may be given with impunity if the other is administered along with it, seem to open a prospect that really curative, that is antidotal agents, may be discovered, not simply for drugs, but for the effects induced by drugs, and also for the changes which constitute disease; and the observation that morphia, chloroform, and some other substances produce different and sometimes opposite effects, according to the doses in which they are given, renders it not improbable that poisonous agents may, in some instances, be antidotal to themselves, and that the word "homœopathy" may be rescued from its position as the expression of a fallacy, and may yet take its place in the etymology of scientific medicine.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 27, 1873.

A PURE WATER SUPPLY.

TO REVERT once more to the question of a pure water-supply, and as to whether hard or soft water is the most suitable for the maintenance of a healthy vigour, we naturally turn to the lessons of the past, as well as those which more immediately surround us. On reference to a later report of Dr. Letheby's, we find he gives the mean mortality per 1,000 in an average of five years of twenty English towns, and with a water-supply of ten degrees of hardness, and in another group of thirteen with a water-supply under ten degrees. In the first division we find placed nine large towns —Portsmouth, Wolverhampton, Nottingham, Hull, Southampton, Reading, Ely, Chelmsford, and Gloucester, and each, it appears, have an average death-rate of 21·9 per 1,000. In the second division are the names of the towns we will not specify, but the average death-rate reaches the unenviable position of over 28· per 1,000, so that here we once more meet with an undeniable proof of the superior salubrity of those towns supplied with hard water as compared with those obliged to put up with a soft-water supply. And, furthermore, as to the health of the inhabitants of such towns, we find it stated, upon good authority, that in the towns last referred to, diarrhœa prevails as a chronic complaint. In other countries also this is the case; take, for instance, the Netherlands, or the city of Boston, United States. The latter town derives its water-supply from Lake Cochituate, and the health of the inhabitants is in a most unsatisfactory condition at the present moment. Dr. Hayes, in a paper published in Selliman's *American Journal of Science*, tells us that the water of this languid lake contains "numerous animalcules, freshwater sponges, crustaceans, and an abundance of ochry-matter." "It is only consistent to find," says the same authority, "an affinity to putrid water, and there are periods of the year during which it closely approaches to this character." In October last "the water-supply had become most offensive, and the water-fleas had attained to an unusual size and quantity, so much so that the cotton-filters were closed by their dead bodies." After such a statement as this it will surprise no one to find by the fourth "Annual Report of the State Board of Massachusetts" that Boston is most unsanitary, and that typhoid fever, diarrhœa, and dysentery are sweeping off thousands; that there is filthiness within and squalor and disease without; and that the waters from the foul streams are mingled with human excrement, nevertheless they are habitually used for drinking, and washing the clothes of the people who live in more aristocratic quarters.

Few who have followed the water inquiry with any attention will fail to see that collateral evidence and argument in every way demonstrate the superiority of hard against soft water, and will understand why the Commissioners of Paris and Vienna decided in favour of hard water for the inhabitants of these cities. Of the waters selected for Paris we may point to those of St. Philbert and Armentières, brought from a distance of about eighty miles, and each with an average hardness of 12·46 per gallon; while for Vienna, the famed Kaiserbunnen and Stixenstein show an average hardness of 10·82 per gallon. It is scarcely credible, with such facts staring us in the face, that any man or any body of men should be found ready to bring surface water into our towns and pronounce it fit for every domestic purpose. Nevertheless, this was attempted by the Town Council of Edinburgh, and it was only after days of anxious and expensive work that the Bill for the St. Mary's Loch scheme was rejected. The experts, among whom we find the names of Professors Sir Robert Christerson, Voelcker, Dr. Letheby, Mr. Jabez Hogg, and Mr. Hawkesley, proved to the satisfaction of the Lords that the water of this lake is largely contaminated with organic matters, and totally unfit for domestic purposes. Dr. Letheby and the chemists with him supplied the chemical analysis of the St. Mary's Loch waters, and with the following results. It must be first explained that at least 7,000 acres of peat land drain into St. Mary's Loch, and there is no means adopted for separating the pure water which arises from certain springs from that made impure further down, and therefore the dwellers in the cottages standing near the edge of the Loch suffer very much from diarrhœa and fever. Dr. Letheby demonstrated that the water taken from St. Mary's Loch acted injuriously even upon lead, and when left in contact with it for a time it became quite milky in colour. Upon adding a few drops of sulphuretted hydrogen to a sample standing on the table before the Lords, it immediately turned brown, which at once proved that the water contained a most dangerous quantity of lead contamination. In Glasgow at one time there was a good deal of lead colic and lead poisoning from impregnation.

Sir Robert Christerson says of the St. Mary's Loch water that there was always danger in using it, and this remark applies to all the water of the Scotch Lochs, as such waters "have a tendency to cause affections of the bowels of a virulent character, stomach fever, &c." He, in support of his view, cites the authority of a distinguished French physician who was with the Poles in their patriotic war of 1831, and who furnished him with a number of remarkable instances of illness throughout the campaign. In his opinion, "the only purpose for which such water could be applied was for cleaning the streets."

Mr. Hogg's microscopical examination of the water of this lake quite confirms the view entertained by the eminent authorities already quoted. He says, "it is almost impossible to believe that the water of St. Mary's Loch can be converted into a wholesome potable water. It certainly could only be made fit for domestic uses by costly chemical and filtering processes. The impurities in it, and which result from the large amount of organic matter held both in suspension and solution, are common to most surface waters; during the warm weather the decomposition of the various vegetable and animal matters must always be largely productive of diarrhœa, typhoid, or gastric fevers." The microscopical characters of several of the Scotch lakes given by Mr. Hogg, are of sufficient interest to be appended in detail :—

No. 1.—Specimen taken from North-west side of St. Mary's Loch on 12th June, contains confervæ, naviculeæ, and diatomaceæ. Amæba diffluens, cercomonas, and larval forms of trichoda lynceus, dead and decaying organic matter, among which vegetable tissue predominates over fragments of entromostraca, &c. The proportion of deposit on standing was very large, and the sample after 48 hours, remained milky.

No. 2.—Taken from the centre of St. Mary's Loch on 12th June, contains confervæ, spirogyra, &c., as well as cercomonas, larval forms of trichoda, &c. Dead fragments of vegetable and animal matter in nearly equal proportions. This specimen was brighter and contains less organic matter than No. 1.

No. 3.—Taken from the mouth of the Meggat water, St. Mary's Loch, 12th June. Confervæ, naviculeæ, and diatomaceæ, cercomonas, and paramecium. Dead fragments of vegetable and animal tissue; the proportion of organic matter about the same as No. 2.

No. 4.—Samples taken from Glencorse Reservoir, June 15th and 17th, contained confervæ and diatomaceæ, cercomonas and fragments of entromostraca; small, however, in quantity compared with St. Mary's.

No. 5.—Specimen taken from Sogamba Reservoir, June 15th, contained fragments of confervæ, diatomaceæ, &c. Amæba, cercomonas with fragments of entromostraca, and *débris* of earthy matters, but very small in quantity. On standing it became perfectly clear.

No. 6.—Specimen from Torduff Reservoir, June 17th, contained confervæ, with a few diatoms. Difflugia and daphnia, and a very small amount of sediment.

No. 7.—Specimen taken from the Braidwood Burn on 17th June, after a storm, contained confervæ and diatomaceæ, with fragments of decaying tissue. Amæba diffluens and rotifers, both of which occur frequently in standing waters after a rainfall. Rather a larger amount of sediment on standing than any of three preceding specimens.

No. 8.—Specimen taken from the Nine-mile Burn on the 17th June, contained confervæ, diatoms, and a small quantity of vegetable peat, tissue, with a few cercomonas.

No. 9.—Specimen taken from the Crates-Burn on 17th June, contained confervæ and small quantity of decaying vegetable tissue. Cercomonas, difflugia, and a rather large quantity of *débris*.

No. 10.—Sample taken from margin of St. Mary's Loch, at Borvernhope, together with a few smooth pebbles, all of which were covered with dead confervoid growth and emitting a perceptible odour. Confervæ, gomphonema, oscillatoria, diatoms, &c. Amæba, diffugia proteiformis, vibrio and young entromostraca, daphnia pulex, &c. Dead fragments of a dark coloured vegetable tissue, and portions of animal remains mixed up with *débris* of mineral matters. After standing 48 hours, the organic matter sinks in large quantities to the bottom, while the water above is quite milky, showing that a considerable amount of organic matter is held in solution. Permanganate of potash is instantly oxidized, and as it falls takes with it a considerable amount of deposit.

No. 11.—A bottle of water dredged from the St. Mary's Loch, near mouth of Meggat, 20 feet, on 12th June. The contents of this bottle were chiefly solid *débris*. The decaying organic matter can be erosed at a considerable distance. On exposure to the sun in a shallow dish a film, oleaginous in appearance, rises and spreads over the surface. It is impossible to conceive a worse specimen of water for any purpose; it would certainly be dangerous to health to use it for the purpose of watering the roads in summer time. It contains also fine specimens of confervæ, diatom, and aceæ, larval forms of trichoda, &c. From the large quantity of decaying vegetable and animal matter present, and the liberation of noxious gases, it is useless to expect to find living forms of even entromostraca.

No. 12.—Sample taken from Meggatt below Bridge, 21st June, contained confervæ, diatoms, and a good deal of decaying vegetable tissue. Trichoda, larval forms of paramecium, scales of moths, and other animal *débris*. Deposits on standing a considerable quantity of organic matter.

It is only necessary to say of the foregoing microscopical analyses that they exhibit the usual characteristics of a stagnant condition of water such as we expect to meet with in lakes or languid streams, especially those fed from a marshy or peaty source. Nothing further is wanting to show most decisively how thoroughly such waters are entitled to the designation of "peaty infusion.' One word with regard to animalcules found in water taken from such a source as that of St. Mary's Loch. The *paramecium* is not so harmless as some would have us suppose. Attention has been called to several severe cases of illness, more than one of a fatal character, in Sweden from the presence of an animal exactly similar, and within the human intestine. Six cases are placed on record in the *Nordisht Medicinsht Arkiv.*, 1871; four of them occurred in Sweden, and two in Dorpat, Livonia, and all alike were accompanied by a protracted form of diarrhœa. It appears also that no permanent cure was effected in any case, as the *paramecium coli* continued to show themselves in great numbers under each microscopical examination, so long as the patients remained in hospital. But what is still more alarming, a further example is given of the occurrence of another form of illness from minute animals within the human intestine belonging to the genus *cercomonas*, animals commonly met with in the intestine of the newt, frog, and other inhabitants of lake waters; and thereby pointing to a common origin, impure water, as a cause. These facts, although of recent discovery, and somewhat new to scientific observers, will doubtless soon be augmented, now that attention has been directed to the subject. It must be observed that a large portion of the cases, numbering upwards of twelve, occurred from drinking the waters of the Scandinavian countries, and Prof. Almen, a Swedish physician and chemist, tells us that the character of the water of Lake Målar, with which the city and its vicinity is chiefly supplied, is of a pale yellow colour, and largely contaminated by vegetable and animal organic matters. Such a water, he adds, "cannot be regarded as a good drinking water, even after filtration." The learned Professor has examined eighty different waters from as many different localities, and he divides them into four groups, in the order of their estimated relative superiority, of spring, well, river, and lake waters. Spring water he places first, and says, "is the best drinking water, while the ordinary potable well water, although somewhat inferior, is superior in every way to river and lake water." To the presence of organic matter he attaches great importance as mainly affecting their salubrity. His views in this particular are thoroughly in accord with the experience of those who have studied the effects of the waters of the jungles of Bengal, the lagoons of Africa, or the marshy tracts of the south of France. Dr. Almen's appreciation of the question of soft water for domestic uses is of a very low character, and he emphatically states, "that whenever such a supply is extravagantly lauded it is most probably in the interest of water speculators who, for the wants of towns, can only provide a *soft* and *limeless* water."

We could multiply evidence, and to almost any extent, if it were needed, to give strength to the arguments we have thought it necessary to adduce in a question of so much importance to the public health, but we believe we have said enough to stir up our readers to the danger of such a cry as "quality *versus* quantity," and of the mischievous fallacy which lies concealed beneath the statement that "certain so-called impurities, vegetable matter, animal matter, &c., are the bugbear of those who want pure water for man."

Notes on Current Topics.

Report of the Fourth International Ophthalmological Congress.

A contemporary terms the present period of our history "the age of congresses." There will, however, we believe, be no great difficulty in showing that congresses occupy a far more ancient place in the history of nations. Be that as it may, we must admit that at this particular time of the year bodies of men usually assemble together for the purpose of attempting the regeneration of the human race, cover reams of paper with addresses and reports, and occupy themselves in solemn conclave with all kinds of scientific and learned theories for the good of mankind at large. Whether the advantages obtained are in all cases equal to the amount of labour bestowed in arranging the meetings and dinners, and all the rest of it, we are not prepared to say. But we may safely affirm of the International Ophthalmological Congress which was assembled in London this time last year, that it was certainly a means of promoting much valuable talk and work in a department of medicine of great interest to the profession, as well as humanity at large, as a goodly volume of 285 pages just issued must testify.

There is one point in connection with the Congress which we are at a loss to explain, and no attempt is made by the editor of the volume to do so; nevertheless, we should like to know what has prevented the issue of these reports within a reasonable period of time. It is not unreasonable to suppose that a division of labour might have been expected to accelerate the work; and we notice on the title-page an array of names as a publication committee, who, it appears, were at last constrained to delegate their work to Mr. Power, who certainly deserves praise for the excellent way in which he has at last succeeded in presenting the volume to the members of the Congress. An admirable portrait of Professor Donders, the President of the Association, is given, together with some fifty papers of interest and novelty, which will doubtless be duly appreciated by those engaged in the practice of ophthalmic medicine.

Dispensing Factiousness.

A question of some interest to the Profession is now being discussed in the *Pharmaceutical Journal*, on the propriety or otherwise of a censure administered by a coroner's jury at Ramsgate upon a chemist and druggist of the town, for refusing to dispense the prescription of a Medical man. The short facts of the case are, that an habitual drunkard was seen by a Medical man, who, finding that the case was one of acute alcoholism, prescribed a full dose of opium. This failing to allay the excitement of the patient, he then ordered a draught containing half an ounce of tincture of digitalis, and intending it to be repeated if it failed in producing the desired effect. The druggist to whom the prescription was sent, not contenting himself by criticising it, altogether declined to make it up, a fact which the Medical man only ascertained on his next visit, when he found the man so much worse that further efforts proved of no avail, for he died in a few hours. The verdict of the jury was, "while he died from natural causes, accelerated by excessive drinking, that in their opinion the chemist should have dispensed the prescription."

In cases of doubt it is customary for the chemist to apply to the writer of the prescription, and we regret this practice was not followed in the case in question. Since the late Mr. Jones established the practice of giving massive doses of digitalis in these cases it has extended widely, and we almost wonder the chemist was not acquainted with it. Still, it is not a part of the duty of the pharmacist to follow the changes of practice, and excess of caution is certainly no fault.

Our own practice in a case like this is to send for the dangerous drug, and to see it administered. One of the correspondents suggests that in such cases the quantities should be written in words, with initials added, and the prescription signed with the full name and address of the writer.

Another suggests that if life depended on the dose, the Medical man might have sought the chemist, or, indeed, gone himself to the nearest chemist and procured the drug. A great many questions are opened by this case, and deserve to be fully discussed.

Poisonous Lucifers.

Another case of phosphorus poisoning is reported. A child at Lincoln played with matches, and—the old story—sucked off the dipped ends. The *Lincoln Gazette* thus comments on it:—"It seems that the child was found playing with a box of matches early on the Saturday afternoon, and that he had bitten off and swallowed the phosphorus at the igniting end of about forty. His mother, not noticing any ill-effect at the time, does not seem to have been alarmed till some hours after, when sickness and vomiting so frightened her that she sent for the doctor. Of course the cause of illness was soon understood, and such means of saving the child's life as were available were used, but without any good result. The child died, and a *post-mortem* examination of the body indicated that enough phosphorus had been taken into the stomach to poison nearly a dozen children. The evidence showed that it was not the first time that the child had played with matches, which might well have brought about a catastrophe more serious even than that which occurred. It is important that mothers and nurses should remember how little will injure or kill a child, and how in their innocence and ignorance children may commit serious injuries. Among the things which children should *not* have to play with lucifer matches must certainly be reckoned, and we hope that this one fatality will be the last to be attributed to such a cause in Lincoln."

The Canadian Medico-Homœopathic Emulsion.

Our readers will have ascertained from occasional references to the subject in our columns, that the Medical Profession in Canada—especially in Ontario—has for the last two years been involved in an increasing *embroglio* in consequence of a ridiculous enactment of the local parliament intended as a Medical reform measure. This Act was framed upon the pattern of our own Medical Act, but the homœopaths of the colony succeeded, by a violent effort, in effecting a lodgment and causing themselves to be largely represented in the local Medical Council. As this body was charged—in the same way as our own General Medical Council—with the arrangement of all details of education and examination, the confusion was—if conceivable—worse confounded than that which envelops our own Medical legislature. A certain homœopath of the name of Campbell had made himself notorious in these squabbles, and appears to have expected to be rewarded for doing so by promotion to the Presidency at the last meeting. However, his agreeable anticipations were not fulfilled, for Dr. William Clarke, of Toronto—an Irishman, by-the-bye—was chosen. As a salve for this injury, a vote of thanks to Dr. Campbell for his "many and assiduous labours" was adopted. But that gentleman's ire was not to be so easily quenched. In replying he said he was about to sever every connection with the Council. This was the last time that homœopathists would ever sit within those walls, for it was intended to send in the resignation of all the homœopathists in this Council to the Registrar; they had done for ever with the Council. The reasons were, that after exerting himself as hard as he could, and filling the office of Vice-President energetically, he had not succeeded to the office of President, which he looked for as a matter of course. He was told indirectly that the reason of this was that it would be a monstrous thing to be said in the country that a homœopathist was at the head of the Medical Profession. He was also told by his friends outside that he would never get the other members of the Council to look on him with cordiality. He told them he was always met with courtesy and kindly feelings, and that any prejudice would soon wear off. *But when he was told that in four years there had not been one homœopathist who presented himself for examination*, he thought this was sufficient argument to go to the country and put an end to the Council, so far as the homœopathists were concerned. And they would establish a Homœopathic Board. In conclusion Dr. Campbell wished the Council good evening, as his connection with the Council had ceased, and his official resignation would be sent in with that of the other homœopathists.

The President said he could not allow it for a moment to go to the country that it was because he (Dr. Campbell) was a homœopathist he was refused the chair. (Members—No, nothing of the kind.) He told Dr. Campbell that the reason why he was not chosen President was a personal consideration alone. It was not right it should go to the country that it was because he was a homœopathist he was refused the chair. It was not the fact—it was from a personal consideration alone.

A Universal Pharmacopœia.

A CIRCULAR has been issued under the signature of Dr. Malachia de Cristoforis, Chief Physician of the Milan General Hospital, and M. Zambaletti, in which the project of a Universal Pharmacopœia is forcibly urged.

Pharmaceutical science, which is the necessary beacon and guide of therapeutics, and which now-a-days presents the greatest and most grave disparity among the codes of the various nations and countries, ought to join in the uniformity which is connecting other branches belonging to the art of healing.

Having submitted to analysis the various pharmacopœias now existing in every State, and having acquired a firm persuasion of the necessity of a supreme uniformity of the preparations, in order that clinical investigation may have a more certain and universal means of comparison as to the cure of disease, the authors of the circular therefore urge the necessity of the constitution of a Universal Code of Pharmacopœia.

Such an end cannot, however, be effectively or efficaciously effected, if not accompanied by a reciprocal study of the therapeutics of every country; that is why, by the present circular, they therefore invite the learned scientific bodies and colleges, physicians and pharmaceutists, not only to favour them with their adherence to their project, but also initiate among them the necessary studies for carrying out the reform.

Believing that a centre of international reunion may be necessary for examining the project and the modes proper to its development, the authors of the circular announce that it is their intention to present the proposal of a Universal Pharmacopœia before the Medical Congress which will assemble in the course of this year in Vienna, during the Universal Exhibition.

It is furthermore announced that the proposal for the establishment of an Universal Pharmacopœia has been accepted by the Executive Committee of the Viennese Medical Conference, and will be brought into public discussion.

St. George's Hospital.

IN our list of the Introductories last week we omitted St. George's Hospital, where the lecture will be given by Mr. Brudenell Carter.

A Rough and Ready Test for Alum in Bread.

MILITARY Medical officers are sometimes called upon to examine bread issued as part of the soldier's ration, with a view to ascertain whether it contains alum or not. The process of examination chemically is complicated, and, moreover, requires the use of elaborate apparatus such as is only available at very few stations, and the test by means of the spirituous extract of logwood does not appear to be as yet taken into very general use. Perhaps, therefore, the rough and ready process adopted by the soldiers themselves may be well worth knowing. They simply heat to a tolerably high degree the blade of a knife, then plunge it into the suspected loaf and allow it to remain to cool. In extracting it, if alum be present, a sufficient quantity becomes deposited upon the blade to be readily detected by the taste.

The New System of Examination in the Irish College of Surgeons.

THE arrangement for a new system of examination for the Licenses of the College, which was adopted by the Council more than two years since, and which should have come into operation at the last July examination, was deferred in consequence of the imminence of Medical legislation, and pending the completion of the arrangement for conjoint examination which has been in negotiation amongst the Irish licensing bodies for a long time. We learn that the Council of the College, before its adjournment for the recess, has decided to carry the provisions of the new system into effect at the first winter examination. That examination, instead of being held in October, as heretofore, will not take place until the first Tuesday in December, and, at it, all students who commenced their studies after the 1st of October, 1870, will be required to submit to the terms of the new arrangement, it being still optional for other students to do so if they are so disposed. The provisions of the new arrangements are set forth *in extenso* in the last issue of the "Irish Medical Directory.' Under it there will be, for each student, three sessional examinations, instead of two, as heretofore, the first being elementary, the second theoretical, and the third strictly practical. The present system of marking by numbers will be modified, and the Midwifery diploma of the College will be given, as part of the final test, to all students who are prepared to submit themselves to examination for it. It is still open to the Council to make further changes in the detail of the scheme, but we anticipate these alterations will, if made at all, be insignificant.

The Irish Conjoint Examination Scheme.

We understand that the Council of the Irish College of Surgeons has, after some deliberation, decided to proceed with the appointment of representatives on the Committee of Reference which is charged with the completion of the details of the Conjoint Scheme of Examination. Accordingly Drs. Wharton and MacNamara have been chosen to represent the College on the Committee. The Council, however, we believe, is by no means disposed to bring the scheme into effect until the Scottish bodies shall have consented to adopt or been forced into compliance with similar arrangements. It would not, indeed, be possible, as far as we can form an opinion, for the Irish College of Surgeons to join actively in such an arrangement until the provisions of the College Charter which are repugnant to it should have been previously repealed or dispensed with by Act of Parliament. The only present result, therefore, of the negotiation amongst the Irish licensing bodies will be to reduce to a practical form the arrangements of the future, and put them in proper shape for submission to the Medical Council. The English licensing bodies, having adjusted their legal difficulties by the University of London Act of last session, may start their Conjoint Examination at once, but the Irish bodies cannot perfect their coalescence at least until next session of Parliament, and it is not likely that even then they will play the game which the Scotch corporations are waiting for, by affording to the Irish student inducements to go to the northern diploma market for their qualifications.

Dosimetric Medicine.

Prof. Burggraeve, of Ghent, has devoted himself lately to the extension of what he has termed dosimetric medicine. This consists in the administration of remedies of the most potent kind and doses ready prepared by pharmacists in the most convenient form. They are, in fact, very tiny pilules, and a case of them may be easily carried in the pocket. The learned professor has quite taken the wind out of the sails of the homœopaths.

His idea is, that immense improvements should be introduced in practice; the employment of simple medicines of the *highest purity* and of *strictly uniform composition*, prepared with the greatest care, and administered with almost *mathematical precision.* The form of granules, as he calls these little pilules, renders the medicines easy of administration to even the most delicate patients, especially ladies and children.

A long list of dosimetric medicines prepared under the constant superintendence of a celebrated Parisian chemist, M. Chanteaud, can be had from the London agents, Messrs. Newbury and Sons. Dr. Burggraeve has selected substances whose intensity and mode of action are everywhere indisputable, and it is only necessary to peruse the list to see how numerous are the remedies he uses, especially the alkaloids. Dr. Burggraeve has published "Notes in relation to Dosimetric Medicine" and "Dosimetric Medicine Guide."

The great convenience to country practitioners to have always at hand and in a small compass remedies *certain in their action, which may be given in exact doses, and whose properties embrace almost the whole range of the art of healing*, is obvious. Other instances will occur to all readers in which such a pocket case will be useful. We have taken one, for instance, on our own country tour this year. Some friends at first sight thought it was a homœopathic case, but the quantity of digitaline, aconitine, and similar powerful alkaloids in each granule showed them their error. Every bottle is labelled properly.

Prudery of French Police.

The Paris Prefecture of Police, says the *Wien. Med. Presse,* has come to the conclusion that the word "venereal" is immoral, and has therefore forbidden further announcement of "Courses upon Venereal Diseases." Such courses are hereafter to be announced as "Courses upon Private Contagious Diseases." What would the Paris police do if they had daily papers such as ours, which publish in their pages the cures of such diseases?

The Detection of Organic Matters in the Air.

At the Chemical Society of Berlin, Prof. Smee, says the *Gaz. Med. de Paris,* proposed a method for discovering the organic matters contained in the air by means of distillation by cold. A glass funnel, with the tube stopped, is filled with ice and held suspended in the air. The humidity of the air is condensed upon the outside of the funnel along whose surface it trickles to drop in a little basin beneath. This liquid is weighed. It contains ammonia usually, which is separated and its quantity determined by well-known methods. The quantity of organic matter in the air is then approximately estimated by that in the liquid. It is possible in this way also to arrive at the odorous principle in flowers.

Cure of Lipomata by Alcoholic Injections.

Dr. Hasse, of Nordhausen (*Blatt. für. Heilk,* 1872), has tried the practice of alcoholic injections in fatty tumours at the suggestion of Dr. Schwalbe, of Zurich, and with excellent results. One case was that of a lady, with a large lipoma on the shoulder, extending into the axilla. The patient desired excision, but her health contra-indicated the operation. Dr. Hasse made in four sittings, at intervals of about fourteen days, injections with the ordinary spirit used for burning, with a small gutta-percha syringe. The contents of said syringe was put into different parts of the tumour. The reaction at first was very slight, but increased at next reaction, and was again resumed, when the reaction became milder. First of all the tumours became more consistent, but softening followed and finally fluctuation appeared in some points, which extended. When an incision was made into the tumour in three weeks, the fatty contents flowed away in a fluid state, the exudation of the last part being aided by slight pressure. The patient could follow out her occupation of teaching during the treatment. In a second case, in a gentleman, æt. 40, three injections had been made with four or five weeks' interval. The reaction was but slight in this case.

Painful Tubercle.

A CASE of this is reported in the *Boston Medical and Surgical Journal*:—

In February, 1873, a woman, aged 23, suffered with severe pain about the middle and just outside the right tibia, of two or three years' standing; much more severe during past year. Attacks were like flushes, extending generally upward, lasting from a few minutes to one or two hours. No cause named, unless fatigue. There was slight discolouration of the skin, as large as a pin's head. Blood-vessels of skin not enlarged. On pressure, a body of size of a bean was felt, rolling under the fingers, seemingly in the cellular tissue, and attached by a small point to the skin; not tender, except when pain was severe. Tumour was removed, with the attached piece of skin. No pain since. Tumour was as large as a bean, firm, embedded in cellular tissue; connected with capsule, but otherwise free. Being cut open, a white surface was presented of cartilaginous hardness, without blood-vessels. No nerve cells were found with a moderate magnifying power.

The first and best general description is given by Wm. Wood, in the *Edinburgh Medical and Surgical Journal*, in 1812; it also received its name from him. Dr. J. C. Warren, the elder, describes three cases; in two removal was not allowed. In the third, a man had suffered seven years, and for four, very severely, from pain about three inches below the knee. When seen by Dr. Warren, there was an open ulcer, following use of caustics; physicial condition bad, with cough, purulent expectoration, quick pulse, emaciation, &c. Amputation was performed, and patient recovered in three months.

These tumours occur in adults; and in women rather than men, in proportion of four to one. Paget says "they may be formed either of fibro-cellular or fibrous tissue, in either a rudimental or a perfect state," or "they may be fibro-cartilage."

Wedl found "a new formation of connective tissue which, at any rate for the most part, retained an embryonic character." "Not a trace of nerve substance could be discovered in the interior of the nodule." Billroth found muscle cells, but no nerves; Bärensprung, peculiar knots upon the blood-vessels around the tumour. Paget thinks they are not neuromata, because nerve fibre cannot be demonstrated in them; because neuromata are often multiple, are unlimited in size, and are most frequent in the male sex; these occur singly, are smaller in size, and are more frequent in women.

Some observers consider these tumours to be developments of the Pacinian bodies.

THE *Irish Times* mentions that the Presidency of the Cork Queen's College will be offered to Dr. W. K. Sullivan.

DR. BELL PETTIGREW, F.R.S., has been appointed Lecturer on Physiology at the School of Medicine, Surgeon's Hall, Edinburgh.

THE *Cincinnati Lancet* says that Professor Tyndall, during his recent scientific lecturing tour in the United States, delivered in all thirty-five lectures, at which his receipts aggregated $23,100. After paying expenses, a fund of over $13,000 remained; and this, before leaving for Europe, he placed in the hands of a committee, who are authorised "to expend the interest in aid of students who devote themselves to original research."

Literature.

MEDICAL ELECTRICITY (*a*).

THE author of this handbook is the Medical Superintendent of the Hospital for the Paralysed and Epileptic, in which institution there is an electrical room well fitted with the appliances for a fair trial of electro-therapeutics. He is therefore well qualified for the work he undertakes, which is to teach in explicit and full detail how to use electricity for Medical purposes. Dr. Tibbitts avoids all contested points in physiology or therapeutics, and draws upon larger works as well as on his hospital experience.

He describes fully the instruments he usually employs, and exactly how they are to be applied to the several cases for which they are appropriate. We believe that a book like this will be of considerable utility to practitioners who are about to commence the use of electricity, and we can recommend Dr. Tibbitts as a safe guide. The instruments he recommends are sufficient for all purposes in ordinary practice, and the instructions he gives are clear. If the issue of this volume prove an incentive to a further use of electricity in cases in which it can be relied upon, the author will have done good service. It is too much the fashion to look for novel investigations on subjects of this kind as of the higher value. For our part we believe there is more reason to endeavour to extend the use of what is already known.

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Foreign Medical Literature.

DR. J. MASCAREL ON THE PROPHYLAXIS OF PULMONARY PHTHISIS.

(Translated by ALICE VICKERY, "Chemist" by examination of the Pharmaceutical Society.)

THE immense progress accomplished since the commencement of this century (says Dr. M., *La France Méd.*, July 9, 1873) in science, art, and, above all, in industry, would seem to indicate that we are approaching the epoch when clearness and precision will light up therapeutics in general, and those of diseases of the chest in particular.

Unhappily, this is not the case; and in spite of the innumerable crowd of panaceas which every day sees arise, and which the scientific journals and writings of all kinds are full of, all these remedies, similar in this to the rose, are only in vogue for the space of a day.

Phthisis seems more than ever attached to the destiny of man. It marches parallel with the progress of civilization; I deceive myself, it seems to precede it.

In vain have the great cities of the world made a clear sweep of those obscure retreats, humid and impure, characteristic of the centuries which have preceded us; opened up vast arteries, constructed wide roads, squares, and gardens, built splendid hotels, raised magnificent monuments, where appear the most briliant conceptions of genius and art; in vain they call to their assistance all the most refined skill of modern science; it is still there, in the bosom of these same transformed cities, where circulate torrents of air and of light; it is there that pulmonary phthisis is more than ever to be found. Interrogate London, Paris, Berlin, St. Petersburg, Vienna, Madrid, Edinburgh, and many others. Go into all the manufacturing centres, into all the great workshops of the four cardinal points of the globe; everywhere there

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(*a*) A Handbook of Medical Electricity. By Herbert Tibbitts, M.D. London: J. and A. Churchill. 1873.

will rise before you the hopeless list of mortality by phthisis.

If it is correct to say that *man* has not invented anything of which he has not found some examples in nature, if sometimes empirical medicine has bequeathed to us some rare discoveries, it is still more correct to add that it is by investigating the nature of the causes, that we can rationally hope to annihilate their pernicious effects.

We do not hesitate to affirm here that when the day arrives when the physician shall be in full possession of the facts which will permit him to show exactly this double relation of effect to cause, and of cause to effect, that day he will be able to act almost as absolute conqueror against this leper of modern times—pulmonary phthisis.

But if more than two thousand years have scarcely sufficed to enable us to arrive at the discovery of this malady, how many centuries have still to elapse before we find the means of curing it? It is then on the men of the future that this task will devolve, and we, humble pioneers, among many others, can only begin to investigate this immense domain of the causation of the malady, since it is only from a full knowledge of this that the prophylaxis may be deduced.

When the tuberculous malady is studied among those animal species which are more particularly predisposed towards it, one great fact immediately strikes us; this is, that wherever you make life sedentary, there you find tubercles. No one is ignorant that cows kept in the centre of great towns, as Paris, for example; that apes brought up in domesticity and kept in their cages, whether it be in the Jardin des Plantes or in the Jardin d'Acclimatation, almost all perish by phthisis. Does any one believe it would be the same if they were at liberty? Apes can ill support the climate, but, if they succumb, it would be from some other cause. And this, which results to the animals, is not less striking for the human species, as we shall prove.

From statistics which we have gathered from the French railroads, it results that in a population of about 100,000 *employés*, in round numbers, 75,000 are employed in active service, and 25,000 in the office work. During a period of seven years, 16 of the 75,000 have died from phthisis, and 412 of the 25,000 have succumbed to the same malady during the same period in the service of the offices. The work of the *bureau* is that which engenders the malady which we are now discussing. We do not know any more powerful arguments in favour of out-of-door occupations, in spite of the intemperance, not only of the seasons, but of every day. The signalmen, the guards, day and night, the conductors of the works and of the trains, all the men who pass fifteen and sometimes seventeen hours out of doors, exposed during the entire year to all atmospheric vicissitudes, sometimes in cold damp tunnels, sometimes in sandy cuttings burning under the sun; all these men are almost never ill and when they become so, all their illnesses are summed up in the word arthritis. On the contrary, with the clerks all is regular in their service. They take their meals, they sleep and work at fixed hours, they are sheltered, well clothed, &c., but to them come the rheumatisms, coughs, colds, congestions of the superior extremities, and bronchitis repeatedly, and, sooner or later, chronic maladies of the respiratory apparatus, which is the ground classically and essentially appropriate for the germination of tubercles.

Neither is phthisis found among conductors of omnibuses or cab-drivers, nor in the army; but look in the barracks, in the manufactories, in the dense population of towns, there you will always find it. We know of physicians born with a hereditary predisposition to phthisis, who have owed their health to the wise advice which they have adopted of living in the country. What would have happened to them had they remained in the great centres of population, it is only too easy to forsee.

The vitiation of the air which is followed by vitiation of the nutrition, even if it be not joined, as it is too often, to that of alimentation, is one of the causes essentially predisposing to diseases of the chest. To this cause dyspepsia should also be added, as Dr. Bourdon has shown, and all those causes which depress after one manner or another the forces of the organism.

But before going further, let us say some words on the nature of tubercles. We will not take the questions *ab ovo*; that would lead us beyond the limits which we have, traced for ourselves, and would scarcely be interesting, as the same ground has been so often and so thoroughly examined. The Medical world has still in its mind the splendid discussions in the Académie de Médicine, on the occasion of the discovery made by a physician of Val-de Grâce, Dr. Villemin, who has shown *de visu* the virulence of tubercle by his inoculations from men to rabbits and to guinea-pigs, and from one of these to the other. This grand fact of experimental physiology, verified and controlled by a great number of experimenters, French and foreign, has confirmed all that we have long professed and written, viz., that phthisis is not only hereditary but that it is contagious within certain limits. We have, indeed, made several observations which prove, without doubt, that this malady may be given by the husband to the wife and reciprocally, also by the son or daughter to the father, more frequently to the mother. The most generally admitted opinion, that which permeates science to-day, is that tubercles are analogous products to pus globules, that is to say, inflammatory or pseudo-inflammatory exudations, and in consequence capable of being re-absorbed. Yes, with Broussais, with our distinguished colleagues, MM. Mandl, Collin, Herard, Cazenave, Sandras, Sales-Girons, and many others, we believe in the possible resolution of tubercles in general, and pulmonary tubercles in particular.

"Providence," says the last author, "fighting against the blindness of the learned, demonstrates materially the reduction of these bodies at all degrees of development." This, which was only theoretical, has received a full and complete demonstration by the recent experiments of Dr. Collin.

"I have seen," says this interesting pioneer of science, "in a series of experiments, I have seen tubercles re-absorbed after the cheesy degeneration has commenced." (*Bulletin de L'Académie de Médecine de Paris, t.* xxxiii., *séance du* 23 *Juin*, 1868). Thus without doubt, science recognises the contagion of phthisis, the resolution and possible complete disappearance of pulmonary tubercles.

We can understand the importance which results from the recognition of these two facts in studying the prophylaxis of this disease.

Granulations in the embryonic stage, when they do not reveal their presence by any sign, are not more certain causes of death. Morton has already more than two centuries ago uttered this cry of hope in speaking of tubercles. They would be, said he, the ruin of humanity if they conducted inevitably to death "(*Morton Phthisologia seu Exercitationes de Phthisi*, London, 1689).

As we have already said, all causes which depress the organism predispose to this malady. Thus, excesses of all kinds—such as watching, theatres, balls, great assemblages of people, so true it is that human beings poison each other—the confined air of close rooms, emotions, troubles, the more exciting passions, anæmia, chlorosis, diabetes, lymphatism, neurosis, cold and humidity combined, &c., and lastly, inheritance.

As to the derivation of phthisis from herpetism, or arthritis, whether isolated or combined, this is purely imaginary, and the *clinique* of every day shows its error. Depress the organism by any cause whatsoever, expose the air tubes to currents of impure air, and this is all that is necessary, a bad state of organism aiding, for a crop of tubercles to take the right of domicile in the lungs.

An Application to Corns.

Castor-oil applied to the corn after paring closely each night before going to bed. It softens the corn, and it becomes as the other flesh. It will cure every time.

Illness of Dr. Robert Smith, of Dublin.

THE Profession will learn with very deep regret that Dr. William Smith, Professor of Surgery in the University of Dublin, and Vice-President of the Royal College of Surgeons in Ireland, is very seriously ill, and suffering from symptoms which excite much alarm. For some time Dr. Smith has laboured under the evidences of what is now feared to be malignant disease of the liver, and in this condition dropsy has now supervened. The operation of tapping was performed last week, and was attended with marked relief, but it is hardly hoped that the benefit experienced will be permanent.

The Contagious Diseases Acts.

WE have thought it right, in the discussion of a subject of such vast importance, to devote for many months a very considerable portion of our correspondence columns to the epistolary debate between the advocates of the Contagious Diseases Acts and those who desire their repeal, and we have endeavoured, as journalists, to observe a course as nearly neutral as the bias of our contributors would admit of.

We now feel that the subject has received all the elucidation which *ex parte* letters can give it, and that it would not be judicious to continue to devote our columns to its discussion. We must close the correspondence, and are therefore under the necessity of declining letters with which we have been favoured by Dr. Drysdale and Mr. Beverley Morris, of Nottingham.

Bichloride of Methylene as an Anæsthetic.

Now that the controversy as to the relative value of ether and chloroform as anæsthetics is debated with so much interest, it is surprising that the bichloride of methylene has not been more generally used. In London it has fllen into undeserved discredit owing to two deaths which occurred under a very faulty mode of administration, the concentrated vapour having been administered without atmospheric air, in order to induce very rapid anæsthesia. When given freely diluted with air, Mr. Spencer Wells has shown that it has all the advantages of chloroform, and all the safety of ether without its numerous disadvantages. We are not aware that it had been fairly tried in Ireland until Saturday last, the 23rd inst., when Mr. Rawdon Macnamara administered it to a patient of Dr. Churchill's, upon whom Mr. Spencer Wells had been called to make an exploratory incision in an abdominal tumour of doubtful nature. An ovarian cyst was found and partly removed, the lady being in a state of complete and quiet anæsthesia. Mr. Wells expressed himself as greatly pleased with the action of the anæsthetic as given by Mr. Macnamara, and we hope in a future number to give fuller particulars of a case which is interesting in many practical details.

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THE DUBLIN EYE AND EAR INFIRMARY.

THIS institution, which it will be recollected was opened last year by Dr. Jacob, has just completed the most interesting epoch of its life, its first year of existence, and Dr. Jacob has in the report just issued informed his subscribers how far it has been enabled to fulfil the charitable objects for which it has been established, and in what manner their contributions have been applied towards the relief of the sufferings of the poor, and the restoration to them of sight and hearing, and of the power to provide for themselves and those dependent on them.

It should be borne in mind, in comparing the results which have been achieved with the cost at which those results have been attained, that the first year's experience of such an institution must necessarily present a very unfavourable comparative view of its success, and it may therefore justly be anticipated that whatever benefits may have been achieved under such circumstances will, in all probability, accrue in a much greater degree, and at much less proportionate cost in future years.

Not only for this reason, but because few patients were admitted for some weeks after its opening, the proportionate cost of maintenance per bed is, in appearance, much higher than it really may be expected to be in future.

The actual working of the institution may therefore date from the last week in July, 1872, and the period to which this Report refers, though nominally a year, is really only a little over eleven months, and for the first few weeks of that period the work done by the institution was necessarily very limited.

In the forty-eight weeks 673 individual patients were attended in the Dispensary, and 115 intern patients were admitted to the house, the great majority of the latter being cases for operation. The average registered number of visits made at the Dispensary by each of these 673 extern patients was 8·25, so that it appears that more than 5,500 separate visits were paid in the extern department of the infirmary.

To the wards of the Infirmary 115 patients were admitted whose cases were of a more serious nature, or which required the performance of operations. The number of beds occupied at any one time varied from 14 to 7, and averaged 9. Most of the patients admitted were the subjects of operations 162 operation, including 30 contractions of cataract, 11 for artificial pupil and 25 for entropeum were performed in the Infirmary.

A considerable part of the income of the infirmary during the past year has been derived from the contributions of these patients.

It has been the object of the management to make the Institution, as far as possible, self-supporting, but the intention of the institution as a charity for the relief of the sick poor has been in no respect sacrificed to this desire; on the contrary, it appears from the books, that out of the 115 intern patients treated, 68, or 59 per cent. paid nothing whatever towards their own support.

Expenditure.—The gross cost of fitting out and maintaining the Infirmary during the past year was a little over £317. Deducting the expenditure attendant upon the finishing and opening of the Infirmary (£67), a balance of £250 appears in the account as having been expended on rent, taxes, maintenance of the patients, wages and maintenance of attendants, and medicines. The sum actually expended, *exclusive of rent and taxes*, on the working expenditure of the institution, was £178 3s. 9d., or, for the 115 intern patients, about £1 10s. 6d. per patient.

The period included in this Report, being less than a year, an opinion as to the relative efficiency achieved by the Infirmary and by other similar institutions, can only be formed by calculation of the operation of an entire year, assuming that the term included in this Report is a just measure of its future progress

By the following Table such a comparison is made intelligible :—

Work, Income, and Expenditure for twelve months, proportionately to the forty-eight weeks.

Annual number of individuals who would be attended at Dispensary	729
Number of visits paid by such patients ...	5847
Number of patients who would be treated within the Infirmary	124
Total gross expenditure per bed per annum	£27 15 0
Average expenditure per intern patient ...	1 10 6

The confidence in the Infirmary evinced by the poor cannot but be gratifying, and the more so when it is remembered that very many patients to whom the saving of every shilling is a matter of domestic importance, are nevertheless ready to pay the Infirmary the cost of medicine, which they could readily obtain gratuitously elsewhere, and when they become inmates of its wards are willing to pay for their food, with which, in other places, they would be supplied without expense.

Gleanings.

Treatment of the Inflamed Breasts of Nurses.

The method here recommended, *Southern Medical Record*, is so simple that no one need hesitate to adopt it, provided he is called in before the mischief has reached a certain degree of development. It is well-known that engorgements of the mammary glands are frequently caused by chapped nipple. The inflammation of the skin extends directly into the ducts, exudations take place, by which some of the ducts are plugged up, the milk is pent in, and hence the engorgement. If, now, in such a case, the breast be surrounded with the hands, and pressure made in the direction of the nipple, a thin, transparent, whitish vesicle is caused, by the milk accumulating behind the closed orifices of the ducts. It is necessary, then, to do this, and, having done it, the next thing is to prick the vesicle with a needle, to remove any epithelial scales which may be present, and to apply the infant. If time has not been lost unnecessarily, the relief is almost immediate, and pain and tumefaction disappear in a few minutes; but even when it is otherwise, the relief is very marked, and by repeating the process a few times, the sufferer is relieved altogether.

Protrusion of Stomach through a Wound.

Dr. Christoe, in the *Canada Lancet* for March, states the case of a man, æt. 20, who was struck by the limb of a tree so as to tear an opening five inches long, through which the stomach protruded, with the symptoms of strangulated hernia. Notwithstanding efforts to replace the viscus, it was thrust out more and more by the vomiting. Morphia and chloroform were used, but it was impossible to accomplish the replacement until the aperture was enlarged by the knife; and even then there was some difficulty, a large portion of the omentum having escaped. After reduction, a pad was applied, with a roller, and the patient kept under the influence of morphia. Troublesome tympanites, with some other unpleasant results, followed, but the patient made a good recovery.

A Tale of a Nose.

We have all read of the nose that was successfully restored to its place after it had been cut off, and a dog had run away with it. Dr. Malfatti reports the following case in the *Wiener Med. Wochenschrift*:—

"Lieutenant Preiser had his nose cut off by a sabre. The wound was through the middle of the cartilaginous part of the bridge of the nose, dividing the left ala along its posterior third, the septum through its middle, and the right ala two lines behind the anterior angle of the nostril. The piece cut off was taken up from the ground where it lay, cleaned with cold water, and reapplied, being secured in its place by means of sutures. A week after the injury, a dry scab began to form on the left ala, and extended, in the course of three days, over nearly the whole nose. Granulations gradually formed, healing went on steadily, and now careful examination is required to detect any trace of the injury."

Treatment of Chilblains.

Mr. Fergus (*Canada Medical Journal*) recommends sulphurous acid in this affection. It should be applied with a camel-hair brush, or by means of a spray-producer. One application of this usually effects a cure. The acid should be used pure. A good wash for hands or feet affected with chilblains is sulphurous acid, 3 parts; glycerine, 1 part; and water, 1 part. The acid will be found particularly useful in the irritating, tormenting stage of chilblains.

Hydrophobia.

From an official report, it appears that in England and Wales, in 1870, there were thirty-two deaths from hydrophobia, all the cases occurring north of the Trent. According to this report, hydrophobia is periodic in its character. Statistics for the last thirty-two years, in reference to this disease, are cited in support of the theory.—*Medical and Surgical Reporter*.

Breath of Diabetic Patients.

M. Gueneau de Mussy, who, for several years, has devoted special attention to the study of diabetes, affirms that the breath of individuals affected with this disease very often emits a characteristic sour odour, not unlike that of alcohol resembling very closely the breath of confirmed drunkards. In several instances this odour was so powerful as to give at once a clue to a correct diagnosis. He has observed, moreover, that the intensity of this odour diminishes as the amount of sugar in the urine decreases.—*Gazette Hebd.*

Nitric Acid for Hæmorrhoids.

Billroth, of Vienna, has lately revived an old treatment of hæmorrhoids connected with prolapsus, consisting simply of the application of nitric acid by a hair pencil. We have great confidence in the remedy, especially in recent cases without constitutional complications. A very few applications will sometimes cure promptly, and with trifling pain. It should always be tried before resorting to surgical extirpation.—*Pacific Medical and Surgical Journal.*

Belladonna in Intestinal Invagination and Hernia.

Dr. Gallicier thus sums up an interesting paper which he has published on the above in *La France Médicale*:—"Belladonna is, therefore, the special medicament of intestinal invagination, strangulated or not, as also of strangulated hernia. It acts both on the spasmodic element and the inflammatory element. In both cases employed *intus et extra*, its first effect is to alleviate the intensity of pain, and to diminish or arrest the vomiting."

Method of making Leeches Bite.

Place them in a mixture of two parts of wine and one of water; they are in a few minutes very active, and take hold instantly; and as they are gorged with blood, they disgorge themselves and withdraw again.—*The Clinic.*

Hypodermic Use of Ergotin in Hæmorrhage.

Ergotin is coming to be used quite extensively by hypodermic injection to arrest hæmorrhage in its various forms. Cases are narrated in the journals fully sustaining the statements of its efficiency. Mix half a drachm of ergotin with one drachm of water, and inject eight drops of the solution. The process may be repeated in half an hour or later if required. The only objection to it is the local irritation, which is sometimes unavoidable.—*Pacific Medical and Surgical Journal.*

Eczema, etc., of Infants.

A mixture of pulv. steatite (soapstone) two parts, and hyd. chlor. mitis one part, is the most elegant and effective dry application to the chafed skin of infants. Dry hyd. chlor. mitis, applied once or twice a day to tumid hæmorrhoids situated about the anus, rarely fails to cure them in a few days.—*Pacific Medical and Surgical Journal.*

Ear Disease from Nasal Douche.

Dr. D. B. St. John Roosa reports, in *Knapp's Journal*, sixteen cases of ear disease resulting from the injudicious use of the nasal douche. The table includes the case reported by Dr. Seely before the Otological Society.

Medical News.

In consequence of the cholera epidemic in Munich, Bavaria, it has been ordered that, unless the malady abates, the meeting of the Chamber, which stands for September, shall be postponed.

The Commissioners of Scientific Instruction, in their recent report, express their opinion that the number of fellowships at the universities are excessive in number if not in value.

The will and codicil of the late Dr. W. Tyler Smith, of 21 Upper Grosvenor Street, was proved on the 21st ult. The personalty was sworn under £10,000.

Mortality of Scotland.—The deaths registered during the past month in the eight chief towns of Scotland amounted to 2,483. Of these, 542 were due to zymotic disease, and 194 to diarrhœa. To apoplexy 57 deaths were ascribed, and to heart disease 100. There were 9 suicides, and 1 death from delirium tremens.

Cholera.—The returns of cholera in Italy show that there were, up to August 9th, 155 cases; of these 105 were fatal. According to an Italian newspaper, the cases among the military from July 26th to August 8th, amounted to 63, with 21 deaths. The disease has now invaded Stettin. In Munich 100 seizures and 40 deaths occurred during the past fortnight. At Altona 26 cases have been reported; of these 22 were fatal. A notification has been made by the Minister of Marine in the Netherlands that vessels arriving from Dantzig, Helsinborg, the Austrian and Italian ports in the Adriatic, will be subjected to quarantine. The *Madrid Gazette* has published an order declaring Trieste and the Turkish ports of the Danube to be foul. Consequently all vessels from those ports will be sent to a foul lazaretto. All arrivals in Holland from Hamburg are subjected to quarantine.

Presentations.—A complimentary dinner was given to Mr. Harry Leach on the 11th inst., at the Trafalgar, Greenwich, by a large number of *Dreadnought* and other friends, on the occasion of his leaving the Seamen's Hospital. Dr. Stephen H. Ward, senior physician to the hospital presided, and the party very appropriately occupied the *Dreadnought* room of the hotel.—A farewell dinner and testimonial were lately given to Dr. T. N. Trew, of Aspley Guise, on the occasion of his leaving the neighbourhood and relinquishing the practice of his profession.—On Monday, the 11th inst., Dr. George Wilson, late Medical officer of H. M. Convict Prison, Portsea, and recently elected Medical officer of health for the combined districts of North Warwickshire, was entertained at a farewell dinner at the Queen's Hotel, Southsea. There were seventy-six candidates for the sanitary appointment conferred on Dr. Wilson.

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NOTICES TO CORRESPONDENTS.

Notice to Subscribers.—Gentlemen who have not paid their Subscriptions for the past year are respectfully reminded by the Publishers of the omission.

☞ **Correspondents** requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

Local Newspapers, &c.—When forwarding newspapers containing news or articles to which our attention is wished to be drawn, correspondents will oblige by marking the copy, as it is impossible for us to wade through all the country papers we receive.

The Editor of the Irish Medical Directory earnestly requests that the members of the Profession, who have received their circular for return of their qualifications, to be published in the next issue of the Directory, will oblige by sending it back at once *whether any correction be required or not.*

Although it might naturally be supposed that Medical men would be anxious that their qualifications and professional status should be accurately recorded in a work which has now become the standard of reference, as regards the Profession in Ireland, the editor complains that every conceivable means prove inadequate to obtain the required information. Hardly one in five of the Medical men who have been asked this year for the returns have made any response, and last year, although they received three urgent applications, at least one half the number did not honour the communications with a reply.

It can easily be conceived that this impracticability not only imposes upon the editors vast labour and heavy expense, but greatly interferes with the accuracy of the work, and although by vigilance and perseverance this latter drawback has been counteracted, the editors cannot but be much discouraged by such want of sympathy with their efforts to provide a reliable Irish Record for Irish Medical men.

We have had the opportunity of examining samples of all the mineral waters manufactured by Messrs. O'Brien, Henry Place, Dublin, and comparing them with those of some other manufacturers. We have not entered upon a regular analysis of the waters, but have examined them by the usual tests after they had lost their carbonic acid. The soda and Seltzer waters, and the summer drinks are not only very palatable but they bear the examination to which we have subjected them without showing the least fault. The water of which they are made is, unlike that of some similar manufacturers, bright and apparently pure, and the mineral waters bear the test of taste as well after effervescence has subsided as before.

APPOINTMENTS.

Conolly, S. F., L.R.C.P.Ed., M.R.C.S.E., Assistant Medical Officer to the Derbyshire Lunatic Asylum, Mickleover.

Davies, J., M.R.C.S.E., House-Physician to the Westminster Hospital.

Elliot, R., M.D., Medical Officer of Health for the Carlisle Urban and Rural Sanitary Districts: £150 per annum for three years, and £120 for one year, respectively, and private practice.

Image, F. E., M.B., L.R.C.P.Ed., a Surgeon to the Suffolk General Hospital, Bury St. Edmunds.

Kealy, J. L., L.R.C.P.Ed., L.R.C.S.I., Medical Officer to the County Gaol, Drogheda.

Little, P. C., F.R.C.S.I., Medical Officer to the Irish Mercantile Clerks' Association, Dublin.

Nankivell, C. A., M.B., Physician's Assistant at the Wolverhampton and Staffordshire General Hospital.

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Marriages.

Harris—Buckland.—On the 11th of Aug., at St. Stephen's, Shepherd's Bush, William Harris, L.R.C.P., &c., Melton, Suffolk, eldest surviving son of Henry Harris, Esq., M.D., F.R.C.S., &c., Redruth, to Annie Buckland, R.A.M., daughter of James Warwick Buckland, Esq., late of Her Majesty's Customs, London.

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Deaths.

Austin.—On the 9th of Aug., from heart disease, E. V. Austin, M.R.C.S.E., of Reigate, aged 63.

Crawford.—On the 10th of Aug., R. Crawford, M.D., of Duke Street, Glasgow, formerly of Peebles, aged 44.

Dixon.—On the 6th of Aug., H. M. Dixon, L.R.C.P.Ed., Medical Superintendent of the *Hamadryad* Hospital Ship, Cardiff, aged 42.

Edwardes.—On the 15th of Aug., Robt. Edwardes, M.R.C.S.E., Staff Surgeon R.N., aged 38.

Jeffery.—On the 10th of Aug., Dr. Thos. Jeffery, of Gravesend, formerly of Yalding, aged 78.

M'Callum.—On the 26th of May, at Hoboken, New Jersey, Dr. Donald M'Callum.

Reed.—On the 5th of July, at Ferozepoor, India, Baynes Reed, M.R.C.S.E., Assistant-Surgeon 12th Foot, aged 37.

Stewart.—On the 11th of Aug., Jas. Stewart, M.D., of Brandon Place, Glasgow, aged 66.

Travis.—On the 14th of Aug., at Brussels, Nathaniel A. Travis, M.D., of Nice, aged 71.

Warwick.—On the 9th of Aug., J. B. Warwick, M.R.C.S.E., of Southwell, Notts.

ST. BARTHOLOMEW'S HOSPITAL and COLLEGE.—SCHOLARSHIPS in SCIENCE.—Two Scholarships in Science have been founded at St. Bartholomew's Hospital. 1. An Open Scholarship of the value of £100, tenable for one year, to be competed for in SEPTEMBER. The subjects of examination are—Physics, Chemistry, Botany, and Zoology. The successful Candidate will be required to enter at St. Bartholomew's Hospital in October next. 2. Preliminary Scientific Scholarship of the value of £50, tenable for one year, to be competed for in OCTOBER next by Students of the Hospital of less than six months' standing. The subjects of examination are identical with those of the open Scholarship. For further particulars and syllabus of subjects, application may be made, personally or by letter, to the Warden of the College, St. Bartholomew's Hospital.

ST. BARTHOLOMEW'S HOSPITAL and COLLEGE.—The WINTER SESSION will begin on WEDNESDAY, OCTOBER 1st.

The Clinical practice of the Hospital comprises a service of 710 beds, inclusive of 34 beds for Convalescents at Highgate.

Students can reside within the Hospital walls, subject to the College regulations.

For all particulars concerning either the Hospital or College, application may be made, personally or by letter, to the Resident Warden of the College.

A Handbook will be forwarded on application.

HYDROPATHIC ESTABLISHMENT,

LIMPLEY STOKE, WILTS.

TO BE SOLD OR LET.

In consequence of the death of the late Manager, T. PRESTON, the Proprietors are prepared to sell or let by Private Contract, to some party desirous of carrying on the practice of Hydropathy, and of seeking to maintain in the Establishment the same quiet and Christian tone so highly valued by those who have visited this place.

In addition to the Pleasure Grounds, immediately surrounding the House, there are other useful adjacent properties, including a Villa for residence of Medical Man, Cottages, Stables, &c., which can be had or otherwise as desired.

Limpley Stoke is a Station on the Great Western Railway, 6 Miles from Bath.

To View apply on the Premises, and for further particulars by letter to Mr. CHARLES JUPE, Mere, Wilts.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 3, 1873.

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Original Communications.

CASE OF INTERMENSTRUAL PAIN.

By C. E. Lyster, M.D.,

Surgeon to Toxteth Park Workhouse Infirmary, Liverpool.

The patient whose case I propose to relate briefly, first came under my care in Jan., 1868, when I attended her in a first confinement. In February of the next year I again attended her. On both occasions she had an easy delivery, and nothing in any degree calling for particular attention. In 1871, two years, it will be observed, from the date of her last confinement, she placed herself under my care for an affection of which I received the following account:—

Menstruation, which commenced late, about the 16th year, was from the first normal in recurrence and natural in other respects, and unaccompanied by any considerable amount of pain, but after the third or fourth appearance of the catamenia, a pain of the most acute character was established in the intermenstrual period; it occurred with certainty exactly one fortnight from the cessation of the natural discharge, lasted two days, could be localised just above the left groin, shooting round to the back and in front of the thigh; was very severe in character, necessitating absolute rest, and passed away to be succeeded at the proper time by the usual normal and almost painless menstruation. She suffered in the manner described up to the time of her marriage, but on pregnancy supervening experienced entire relief, which continued during the whole period of lactation; and as a second pregnancy took place within a short time, she had immunity from the intermenstrual pain during the first year and a-half or two years of married life. On ceasing to suckle the second child, however, the symptoms returned in all their old violence, the only difference being that now there was a slight leucorrhœal discharge at each recurrence of pain. When first seen she was treated for neuralgia by the exhibition of steel, quinine, &c., and appeared to derive some benefit, but being obliged to go for a long time abroad did not return under my care till October, 1872. In the interval she had travelled much, and had undergone severe and unwonted exertion, and she now applied complaining of a new train of symptoms, such as difficult micturition, dragging pain in the loins, &c.; referable, as it proved, to uterine displacement. On examination the os uteri was found much congested and painful on pressure, and the sound could not be found till traction was made by means of a vulsellum, when I ascertained the presence of an anteflexion. After punctuation of the os, so as to draw off one or two ounces of blood at short intervals—a practice I almost invariably adopt—I succeeded in retaining the uterus in proper position by one of Dr. Graily Hewitt's cradle pessaries, with complete relief of all the symptoms save the intermenstrual pain, which, although, perhaps, somewhat mitigated by general treatment, continues to recur as heretofore, presenting exactly the same train of symptoms as exhibited during the early period of menstrual life. I have been induced to bring forward this case as bearing out the views of Dr. Priestley in a remarkable paper published by him in the *British Medical Journal* for October 19th, 1872. He there recounts four cases very similar to that I have described, in two of which a distinct tumour connected with the ovary or uterus was ascertained by tactile examination; in the other cases only an indistinct thickening was found. In my patient only the latter condition was made out, an induration and thickening being perceptible when the finger was pressed high towards the left ovary. She also complained of a considerable degree of deep-seated tenderness when firm pressure was made externally in the left iliac region.

At the time the case first came under my care I was completely puzzled by the symptoms presented. I had never met with or read of any at all similar. Dr. Priestley's paper then was most welcome to me, and cast a considerable amount of light on a baffling and perplexing case. As to the causation of the malady, Dr. Priestley throws out the suggestion that it is to be sought in the ovarian excitement which must precede by a considerable period actual menstruation, and which, though free from pain under ordinary circumstances, may give rise to neuralgic attacks when the coats of the ovary are at all thickened by previous inflammatory action, or cystic or other diseases of the organ are present. My own case seems to bear out this view even more strongly than those narrated by Dr. Priestley, for it was found that during the occurrence of pregnancy and lactation, when the ovarian functions were in abeyance, the pain was also completely absent, but as soon as those functions resumed activity, pain returned. Dr. Priestley does not appear to have had an opportunity of watching the effect of pregnancy or the menopause in any of the cases, a circumstance which adds peculiar interest to the case of my patient.

If the physiological explanation here offered should be considered correct, I think it may be extended so as to explain in some degree the cause of the periodicity of various neuralgias occurring in delicate, fragile, and nervous women. I have frequently observed this tendency in cases of so-called "sick headache," neuralgic pain in the side, &c. In these cases I have often been puzzled to find that the recurrence, though at tolerably defined intervals, bore no apparent relation to the menstrual function. I should now be inclined to believe that the excitation of the ovarian function preceding menstruation at varying times in different individuals may have something to do with this periodicity.

With regard to treatment, very little has been suggested beyond the employment of anodyne liniments, the subcutaneous injection of morphia, the exhibition of tonics and various mineral waters, and in cases of ascertaining change in the structure of the ovary, the long-continued employment of small doses of perchloride of mercury in bark.

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INDIAN MEDICAL NOTES.—No. V.

(FROM OUR SPECIAL CORRESPONDENT.)

MEERUT, UPPER INDIA,
August, 1873.

TO-DAY, with the inclination to work, but not the energy, with abundant materials to write about, but not the verve, it appears impossible to divert thought; so one sits thinking—bitterly a thinking,—at the same time anxious to unburden sorrow by telling the cause.

Every Medical man, whether in town or country, in good or indifferent practice, knows the terrible time when "another and another argosy is gone," or in plain language, when a number of cases turn out badly in spite of best endeavours. Suppose a new comer with anxious work already on his mind, has been selected over the heads of others to attend a lady of prominent position suffering from erysipelas after quickening, associated with albuminuria and an unsatisfactory history. For about a week the fever runs on, affecting the head and face; the skin acts well; nutrition is kept up until one hot afternoon, when the thermometer unavoidably stands at 95° Fah. The patient aborts, and shortly after dies comatose. A comfortable home is broken up, the furniture sold, the husband deprived of his right hand, and bewildered what to do with his young children. The situation is most pitiable. Amidst this ruin the practitioner in India, enervated by climate, covered with boils, or troubled with liver neuralgia or sciatica, his brain all but distracted by professional failure, drinks the cup of misery down to the dregs, and wistfully envies the lot of those who are at rest. On return from a hurried visit to the Hills, instead of an empty hospital hoped for in June, the cases were numerous and unsatisfactory, with three of the worst months to come.

Our men are young and new to the country. Dr. Bryden states that the total deaths per thousand in Bengal are 48·10 the first year, 27·94 the second, and 18·41 the third. On first arrival troops are the most susceptible to prevailing epidemics, specially fevers, as well as to diarrhœa, dysentery, and according to my limited experience, to heat apoplexy, as well as abscess of the liver, in this station. Amongst minor ailments neuralgia, ear-ache, and lumbago trouble nearly all. June is generally a good month here, but July, August, and September are invariably sickly, and out of a strength of 1,337 during these months last year, the average daily sick were about 106. The admissions for cholera were 62, of whom 46 died; the admissions for other diseases 869, of whom 17 died. The proportion of total admissions to strength per cent. was 69·63. The corresponding deaths 4·71. It may be of interest also to note that out of a strength of 36,402 in Bengal, the cases of cholera during those three months amongst the men amounted to 477, of whom 288 died. Meerut, Mean Meer, Allahabad, Lucknow, Fyzabad, Dugshaie, Agra, Lahore, and a number of other places, including Hill stations, were more or less attacked. On the other hand, Peshawur, Delhi, Jubbulpore, Gwalior, Saugor, Cawnpore, and many other stations, including Darjeeling, Landour, Dalhousie, and Nynee Tal escaped, —at all events, during that quarter. Before me is an analysis of the cases here both of deaths and recoveries. Perhaps at some future time it may be quoted, but so far the only deduction drawn is that old soldiers, or rather seasoned, not yet old, did the best; but why theorise when the most skilful and experienced shake their heads, honestly confessing they know nothing?

Rather let me briefly describe the cases in hospital previously alluded to. First a lad with stricture at the prostate attributed to old gonorrhœa, climate, and riding. With the greatest difficulty under chloroform, No. 3 catheter can gradually and gently be insinuated into the bladder. Next a young trumpeter, kicked underneath the jaw, the bone escaping; teeth jerked out, and a clean deep wound cut with the horse-shoe. Also cases of sunstroke. For instance, John Smith, aged twenty-six. Six years' service; never before in India; a well-educated, bull-necked clerk, whose love for beer stops his promotion. One hot, muggy evening rolls off from his seat in the office, and immediately becomes insensible. Three days before he had stood in the sun for a few minutes without a helmet on. Soon after he felt queer and confused, the skin did not act, the bowels were confined, the nights restless, and the bladder became irritable. As a child he had suffered from brain fever, never from syphilis, but confesses to be an inveterate smoker. When stricken, the other men drenched him with cold water, and as there is always a stretcher at the guard-room, he was immediately removed to hospital, a distance of 200 yards. There stripped, placed on a couch on the grass, drenched with many gallons of water, an enema of castor oil, croton oil, and turpentine administered. In about forty minutes, when partially conscious of the wetting, this was stopped to let sinapisms be generally applied. The breathing at first stertorous, the face livid, the mouth frothy, the pupils contracted, the right hand firmly clenched, the skin burning, the pulse 120 full, the tongue dirty. About eight o'clock, when partially roused, he was taken indoors, placed under a thermantidote and punkahs; more sinapisms; a second, eventually a third enema administered; a catheter passed. Some suggest ice enemata, but I have increasing confidence in turpentine. At nine o'clock more conscious, pulse 110, slight convulsive tremor, answers questions when roused, ice applied to head, warm bottles to feet, cold tea and beef tea swallowed. At half past ten o'clock pupils sensitive, temperature 99°, bowels relieved. Temperature of hospital during the day has ranged from 88 to 95° Fahr. He spent a restless night, the temperature gradually rising until 6 a.m. next day, when, reaching 104°, it slowly declined. Salines, diaphoretics, bromide of potassium, quinine, galvanism, comprised the after treatment, leading to satisfactory results. The other cases, four in number, occurred on hot, oppressive, muggy nights just before the long-expected rains. The Medical Subordinate Department acted with prompt celerity with satisfactory results. In this station Mrs. Cotton relates how in some cases tetanic convulsions occurred, death taking place in about three hours; and in the old days of stocks, tight-fitting tunics, brass helmets, marches, and funerals in the mid-day sun, the instances were numerous.

The 43rd Regiment, under good sanitary care, were 4½ months marching nearly 1,000 miles, when the first case of sunstroke occurred, followed by many more. Between May 23rd and June 14th, in 1858, at Barrackpore, Inspector-General Longmore treated sixteen cases. Drs. Barclay, Butler, and Crawford all coincide in the opinion that when the thermometer ranges beyond 98° Fahr., in crowded barracks at certain seasons, then look out for apoplexy.

Major Thorn gives an account of Lord Lake's army out in April and May in the Upper Provinces. Young men who set out in the morning in the vigour of health dropped dead on reaching the encamping ground, many smitten on the road by the overpowering heat of the sun especially when at the meridian, the rays darting downwards like a torrent of fire. Those struck turned giddy, foamed at the mouth, some instantaneously became lifeless. The tents were ill-adapted to afford shelter when the thermometer in the shade frequently exceeded 130° Fahr. Water became scarce owing to sickness and mortality amongst the native servants, who in their own climate suffered more than Europeans. The sick list of the latter daily increased, and many had to be conveyed all day long in country carts without any covering. Before changing the subject a word about temperature. This morning visiting a prisoner who had been 112 days in the cells, I was surprised to find him looking so well, and his muscles in such good condition, although his diet consists of two pounds of bread on Mondays, Thursdays, and Saturdays, one pound and a-half the other days, when he receives half a pound of meat with ten ounces of vegetables. Mutton on Sundays, beef otherwise; also daily he receives two pints of tea, one ounce of sugar, two ounces of milk. Instead of being in a cell, he was in a large room supplied with punkahs and tallies. Here one afternoon, June 30th, the thermometer at 4.30 stood 103° Fahr., probably owing to idle or careless conduct of the natives. The good health of the man somewhat suggests the advantages of water drinking and light diet during the hot weather.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 3, 1873.

FEVER IN MILK.

THE recent outbreak of typhoid in London, and its being traced to the contamination of milk, is another and very sad, as well as forcible illustration of a danger to which modern civilised life is constantly exposed. It is not the first time that milk has been found to be the disseminator of fever, although on former occasions the lay press did not take up the question so fully.

The publication of incorrect statements of an alarming nature in the general newspapers is not altogether to be commended, though it usually arises from the sensational manner in which some of our Medical journals are so fond of indulging. In this present case the usual practice has been pursued, and the results are very unsatisfactory. Some of our Medical contemporaries, just to give personal interest to the matter, went the length of publishing the names of some of the Medical men whose families had been attacked—a piece of impertinent sensation that has been very injurious. This ought to teach a lesson respecting this miserable method of getting quotations which characterises some of our contemporaries. The list published was first of all incorrect, for it included names of gentlemen who have had no fever whatever in their houses. Beside this it was injurious to them, for the public being impressed with the notion that all fevers are "catching," patients declined on this ground alone to consult the gentlemen upon whom notoriety had been thrust by the busy-bodies.

Several sorely complain that their fees have thus been diverted into other channels; one tracing a loss of more than fifty guineas in a fortnight to the folly of the editor who paraded his misfortune so unnecessarily. Let us hope this fact may prevent a repetition of the offence.

We may now turn to the facts that have been brought to light by the recent outbreak. It would appear that an unusual number of cases of typhoid have occurred in London for some time past, and there is reason, in the opinion of some observers, to connect the earlier cases with the same mode of diffusion. They think that milk has been the disseminator of the fever. For three or four months it is supposed by some that milk has been the purveyor of disease to London; but the outbreak which has attracted so much attention began at the close of last month, and attacked between 500 and 600 persons belonging to more than 120 families. It was only at the beginning of the present month that the milk was believed to be to blame. It is singular that the disease should have attacked among the first the family of a great authority on fever, Dr. Murchison. Three of his children were first attacked on July 22nd. On the 31st two others were seized. The sanitary arrangements in Dr. Murchison's house were such as he could approve, and he found that an explanation must be sought outside. Of course he was aware of the former instances in which fever has been traced to milk, and this article of diet would naturally be considered in his review of the circumstances. He felt some suspicions of his milk supply, and these were confirmed by inquiry among his Medical neighbours. On August 4 he communicated the facts and the suspicions attached to the milk to Dr. Whitmore, the Medical officer of health for the district, and that gentleman informed the dairy company. From this time new cases rapidly accumulated, and all seemed to point in the same direction. All the patients had been supplied from the same dairy. Many cases occurred amongst medical men, the district being a favourite one for professional residence. Many were admitted to the several hospitals, and soon those who had left town began to be heard of as seized with fever at their country abodes.

The milk company were appealed to by Drs. Murchison and Whitmore, and also by Sir W. Jenner, to suspend the sale of their milk, but they declined to do this until satisfied that the cause was as suspected. This delay is to be very greatly regretted.

After the lapse of some time—the suspicious facts all the while becoming more and more numerous—the Local Government Board was requested to aid, and Mr. Nathan Radcliffe was despatched to aid Dr. Whitmore.

Arrangements were at once made for an inspection of all the farms from which the supply was drawn, and the Dairy Company employed Dr. Corfield to accompany Dr. Whitmore and Mr. Nathan Radcliffe in their tour. The result was, that they came to the conclusion that one of the farms had upon it a well which had been polluted by drainage. A man had died some time before on this farm of what was probably typhoid, and the neighbourhood was not free from the disease. The result of the inspection was, that Dr. Corfield, on behalf of the Company, agreed to the necessity of suspending the supply from this farm, and a telegram was despatched to London to inform the managers of this decision. From this time no more milk from that source was distributed, and the epidemic began to abate.

So much has been written in the daily papers on the question, that it is needless to give the full particulars, but we may say that the facts in relation to this particular farm may be taken as correct, since they have been stated in a letter to the *Times* by Dr. Corfield, who was retained by the implicated Dairy Company. He admits the pollution of the well from the drainage of the privy into which the evacuations of a patient with typhoid were emptied.

The water of the well in question, we are told, was not used for drinking purposes. How then did it in turn contaminate the milk? The reply suggested is that it was used for "washing out the milk cans and churns." This will not be admitted by all as a sufficient explanation; and yet if current theories as to the fever poison and its powers of multiplication be admitted, it is not easy to deny that at some time or other sufficient water may have been left in a can or churn to carry the seeds of the disease. It is, however, the practice of all dairies to let their utensils drain dry. This is desirable in all cases, for milk is very easily spoiled; and when it has to travel, we may presume that extra care would be used.

As to the probability of fraudulent dilution, Dr. Corfield expressly declares that the "behaviour of the owners of all the farms, without exception, was such as to make it apparent to all the inspectors that no intentional admixture with water took place at any of the farms, at any rate, with the consent or knowledge of the farmers themselves."

It may be easy to suspect that some admixture took place without the master's knowledge; but the facts of the outbreak appear to point to a regular contamination, beginning at a certain time. If the washing of the utensils would suffice, then we have a complete explanation, as at that time the well was poisoned by the patient who had typhoid on the premises.

A great many points are worthy of investigation. It may be that milk is peculiarly favourable to the rapid increase of the poison of typhoid. We know that milk is very easily affected in many ways, and those who have seen much of dairies will not lose sight of this.

It has been suggested that milk may be affected by water drunk by the cows. No doubt that milk and butter may receive the flavour of the cows' diet—as any one knows who has had to partake of them when the animals have been fed on turnips; but we have no proof that an organic poison would pass into the milk without decomposition. We are, however, well aware that some organic poisons will thus pass, and we act upon this knowledge when we forbid the mother suckling her infant soon after a dose of morphia. In this respect it is to be observed that cows will drink dirty water, and indeed seem to prefer it.

Taking the facts as they stand, they seem to imply that much care must be taken as to our milk-supply, and although there was strange delay at first to admit the danger, we cannot but commend the managers of the Dairy Company for the elaborate precautions they have planned for the protection of their customers since they have become convinced of the danger that may lurk in milk. If anything in the way of care can prevent a repetition of the calamity, it appears that the customers of the dairy in question may for the future feel confident that they are safe.

While, however, we commend the action of the Dairy Company in the precautions they have instituted, we must protest against the tone assumed by their manager in his letter to the *Times* on the 28th ult. He tries to exonerate his directors for not more readily adopting the course urged by Dr. Whitmore, but in this he utterly fails. He apparently wishes to make out that Dr. Whitmore was himself in doubt, and that the evidence he had did not suffice. This is to be utterly condemned. If any one be deserving of credit in the affair it is Dr. Whitmore, who throughout had the most difficult duty to discharge, and has, we venture to assert, performed it in a manner that entitles him to the hearty thanks of his district, and of the community at large.

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PATHOLOGICAL RESEARCH AND SURGERY.

In the suggestive addresses delivered by Professors Sanderson and Wood, we notice how urgently they advocate a stronger bond of union between pathology, medicine, and surgery. We cordially endorse the views entertained by Dr. Sanderson, "that the Association ought to help forward pathological research as a thing distinct from, although highly serviceable to, practical medicine and surgery; and that we should all support it, not merely on the grounds of its immediate utility, or of the direct applicability of the results to be obtained, but upon the broad principle of scientific value." Here we have a due appreciation of the great importance of pathological research to medicine, forcibly put before the Profession, and no one will be prepared to gainsay it, or think it overrated, as more will be gained from such a union than from almost any other branch of Medical study. We, therefore, hail with much satisfaction a recent decision of the College of Surgeons, to enforce a more careful and systematic mode of teaching histological and general pathology, than has heretofore been uniformly adopted in the School of Medicine; although we believe at the present moment scarcely a school in this metropolis will be found without adequate provision for carrying on the more recently devised methods of research, and that even some are now engaged in shaking their dry bones, and preparing for still greater efforts in this direction. Notably we hear it said of King's College and the Charing Cross that the authorities are spending considerable sums of money in the improvement of their pathological laboratories. This is an omen for good, and shows that teachers, as well as examining bodies, are on the alert, and are already fully alive to the importance of the microscope and test-tube as an efficient and invaluable aid to the bedside, or the necessity for the scientific practice of medicine. For who "can understand and estimate rightly the entire structure or its several parts, what are its frailties and what its repairs, without knowing the nature of the materials"? Mr. Wood, however, rather deplores that "the study of pathology and the natural history of disease has been leading to a simplification of Medical treatment which, in some respects, is carried a little too far, and gives a colouring to a false belief that we are drifting too far into the "expectant" system of treatment, which means a do-nothing ministration, and leaving the patient "comforted by faith, and supported by resignation." The prevailing opinion that a doctor ought to do something may lead many Mrs. Mawmseys to exclaim against any new light in medicine, and ask "Does he suppose that people will pay him only to come and sit with them, and then go away again?"

Some people have no idea how nature can be aided or thwarted in her efforts, and are therefore impatient if a Medical man is not always fussily interfering or dosing, or trying some new specific; while there are others in the world, and a very large number, who, if their whims and fancies are not complied with, run about from day to day after new opinions, and are never satisfied until they find some one to foster the morbid follies of a determined invalidism, or will never rest satisfied unless they are bidden to resort to some of the fashionable follies of the day, or are sent off to drink the waters of some highly extolled German spring, for the restoration of a power that has never been lost. How well do we know that the simplest accident occurring to the hysterical or idly disposed, will at once convert them into the confirmed invalid, and render them an easy prey to the "bone-setter," who is ready to set bones that have never been broken.

The man who practises his profession for the love of it, and who is determined through evil and good report to do the best for his patient, will put aside all such questions and patiently wait the result, rather than court the applause of the world.

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Notes on Current Topics.

Curious Monstrosity.

Dr. T. O. Reynolds, in the *Cincinnati Clinic*, reports a case as follows: He was called to attend a miscarriage at about the fourth month. Not being able to arrest the process, the woman was delivered of two fœtuses, which he thus describes: One was apparently about four months advanced, and perfect in every appreciable particular. The other was much smaller, and apparently of less advancement. It hung from the mouth of the first; one arm protruded from the nostril thereof. The extremities of this secondary individual were complete, *i.e.*, the two lower and one arm. The abdomen was unclosed, showing plainly the liver and rudimentary tract. On attempting to separate the fœtuses, adhesions were found between the left hypochondriac region of the ensnared and inner aspect of the upper lip of the ensnarer. This attachment was merely membraneous. To remove the smaller fœtus it was necessary to make an incision along each cheek to the mouth, from its angles. The head was found to occupy the pharynx, and the left arm to pass over the palate, through the nasal fossa, and protrude from the nostril. The right arm was down the larger child's œsophagus. There was only one placenta. Delivery effected without mutilation.

Faucial Eustachian Catheter.

Dr. Pomeroy describes, in the *New York Medical Record*, a useful modification of the eustachian catheter. As the name implies, the instrument is passed through the mouth instead of the nostrils. Hence its introduction is more easy and rapid, and less violent. It consists of a hard rubber tube, 7½ inches long, ¼ inch broad at its largest part, tapering to the beak, which is a little more than ⅛ inch thick. At the larger end is a tip for the adjustment of a rubber tube. Beyond, at a distance of 1½ inches, is a perpendicular guide, passing in an opposite direction to the bent extremity of the tube. The bent part of the tube is 1 3-16 inches long, and forms an angle of 70° to 75° with the straight part of the tube. Within a line of the extremity of the tube is the aperture for the injection of air or fluids. This is so arranged as to throw the air or fluid from the operator. To use the instrument it is attached to a Politzer bag by a rubber-tube; is caught in the left hand by its extremity, turned on the flat, passed along the dorsum of the tongue until opposite the aperture behind the uvula, when it is suddenly turned upwards and passed to the region of the tube. Turning it so that the guide will stand at 50° to the horizon, the aperture of the beak of the instrument will be opposite the fossa of the eustachian tube.

Medicine at the World's Fair in Vienna.

The *Clinic* translates from the *Wiener Med. Presse* the following interesting article:—

Besides the preparations of Hyrtl those of Professor Teichman, of Krakau, who has now such a great reputation among anatomists, deserve notice. These preparations are placed in Group XXVI., and are remarkable not only as specimens of workmanship, but also in that they contain so much that is new and hitherto unknown in science.

These Teichman preparations contain specimens of both human and comparative anatomy. Among the first, as most striking, are two large tablets with sections of the human brain in every possible direction. Some spemens are brownish, moist, and flexible; others, white, hard, and brittle, so that they can only be cut with a saw. Hitherto it has only been possible to prepare the brain in a moist state, and so far as we know Prof. Teichman is the first to have so mummified the brain that its mushy, easily decomposed substance assumes the consistence or solidity of stone. The Italian physicians who have busied themselves especially with mummifications have put many handsome specimens on exhibition here, but no one of them has ventured to expose a brain in midsummer without a cover, and so the Krakau professor is the first to have completely mummified this organ without injury to its form. A piece of intestine prepared in the same way is likewise on exhibition. It is white and flexible like a kid glove.

Most remarkable also is the specimen of a human lung with wonderfully beautifully injected lymph vessels. The other anatomical preparations are the organs of hearing. In one of these, the semi-circular canals, the labyrinth, the cochlea and the Fallopian canal are exquisitely exposed, and the bones of the ear, the muscles of the drum and its nerves are all handsomely, though some of them artificially, exhibited.

In another preparation, the nerves running through the temporal bone are represented by threads; the two parts of the bone being skilfully united with hooks. Another preparation exhibits a section of the cranium parallel with and close beside the membrana tympani. A single glance at this specimen is worth pages of description. It is not only the accurate knowledge of the parts implied in these sections which command our admiration, but also the skilful manipulation of the saw; the fragile bones of the nasal fossæ having been divided obliquely, but not dislodged from their places.

Then there is also a craniometer, by means of which the exact distance of any point in the interior of the skull from the foramen magnum is accurately computed.

But the Teichman collection is much richer in preparations of comparative anatomy. The specimen of an alligator attracts, perhaps, the most attention. In this animal the arteries and veins, and, more especially, the lymph vessels are completely filled, even to the toes and tail, with solid injections of different colours. The whole neck, the chest, and abdomen, the pelvis as well as the extremities show a marvellous richness in lymph vessels, and the fulness of the injection exhibits a most wonderful skill. Beside the alligator, stand several small glasses containing our smaller animals, mice, moles, and others with the thoracic duct injected. How the anatomist succeeded in filling these vessels, which are so minute as to be scarcely visible to the naked eye, it is difficult to understand, and we believe we are not going too far with the statement that so far as the injection of lymph vessels and capillaries is concerned, no living anatomist can compete with Prof. Teichman. On a pyramidal elevation in the middle of the table is a large number of the best known vertical and transverse section of the nasal cavities of the different animals. They are executed to perfection in both straight and curved sections without the least injury to the thin and fragile nasal-shells, and teach in their exquisite preparation a most instructive lesson. Although each individual piece is worthy of description there is one specimen which deserves particular mention. It is a vertical section in four segments of the anterior nasal cavities of a sea-calf. The remarkable convolutions of the extremely delicate bones and the almost incredible manipulations of the saw in skilful hands call alike for admiration.

A *schatulle* of microscopic preparations finishes the collection. As the catalogue states, they are microscopic injections of the blood and lymph vessels of different organs.

The arrangement of the whole is simple, but tasteful. It is only to be lamented that the place allotted to the preparations is somewhat dark, on which account the preparations on the top are seen with difficulty.

The recognition which Teichman's preparations obtained in the Paris World's Fair brought their author the decoration of Master of the Red Cross of the Franz-Joseph Order; his ability displayed in the construction and arrangement of the anatomical theatre in Krakau, one of the most beautiful in Austria and Germany, was rewarded with the title of Privy Councillor. Let us hope that the works and distinctions of this zealous man, now but in the prime of his life, are far from being ended.

Specialists from an American Point of View.

Some of our contemporaries are accustomed to make such superficial statements about specialism that we may as well give them the opportunity of seeing equally singular notes from an American paper.

The *Virginia Clinical Record* says no one can or should object to "specialists" in the true sense and meaning of the word—that is, one who is thoroughly educated in *all the branches* of the science, but who pays exclusive attention to the study and practice of *one* branch, and that branch only.

When one calls himself a specialist in surgery, diseases of women, diseases of the eye and ear, &c., &c., he should refuse all other cases of disease except those embraced within his specified or special branch. Should he attempt general practice whenever it is offered him, then he forfeits the honourable title of "specialist," and falls under the suspicion of being a pretender and a practice-seeker merely.

The announcement of a physician's desire to be a "specialist" is a confession, on his part, that he is not qualified for general practice, by reason of his exclusive attention to one particular subject and branch, and his neglect necessarily of all others. Nothing is more common, however, than to hear the drummer for a physician say, "Oh! Dr. So-and-so makes a specialty of surgery, and of diseases of the mouth, and of typhoid fever, and of piles, and of nervous diseases, of chest affections, and diseases of the womb; and he gives *most special* attention to women in perils of child-birth, all sick persons and young children," until the whole catalogue of diseases falls within their great hero's specialism. There are very few "specialists," simon-pure, this side of New York—perhaps Baltimore may have one—all the others, so-called, are willing and glad to treat any case, from worms up to ovariotomy.

The Irish Mercantile Clerks in Dublin.

We are glad to observe an active and energetic movement on foot for the establishment of a provident (not pseudo-charitable) institution intended to assist the intelligent and respectable class who compose the body of mercantile clerks. Indeed, none as a class are more worthy of universal sympathy and support in a matter of the kind than such persons. Their position in the mercantile world has always been in some respects peculiar. Duties of an important, ofttimes of a very difficult, intricate, and delicate nature are constantly entrusted to them, and they are compelled by the unrelenting usages of society in all our large commercial cities to maintain in themselves and families an appearance of respectability suited to the social circle in which they move; yet their emoluments in the majority of cases do not equal those of a well-paid artizan.

Under such untoward circumstances it may seem surprising that in this age of associations no combined effort for their mutual benefit has hitherto been made by commercial clerks. This, however, is no longer the case, and we have no doubt the exertions of the present committee will be crowned with very distinguished success.

All necessary expenses of the association will be defrayed from the provident fund formed by subscriptions of members. The benevolent fund, exclusively for relief of necessitous persons or widows and families of deceased members, will depend for its sustenance upon the honorary donations of merchants and others who may be disposed to contribute.

Medical aid will be one of the most important advantages to be derived from membership, and we cannot avoid observing that the mode adopted by those connected with the association to secure it, contrasts favourably with the habit of many who move in higher walks of life. It is notorious that a custom of availing themselves gratuitously, or for a merely nominal payment, of the benefits provided by public hospitals and private dispensaries for a very different class, is much too prevalent amongst persons of really independent means. This practice absolutely amounts to a species of imposition upon the funds contributed by the charitable and diverts them from their legitimate channels.

Dr. P. C. Little, of Stephen's Green, Dublin, has been appointed physician and surgeon to the institution.

Provincial Introductories.

The following are announced :—Leeds School of Medicine, Mr. Scattergood ; Liverpool, Dr. Caton ; Sheffield, Mr. Henry Jackson ; Queen's College, Birmingham, Prof. Clay ; Edinburgh School of Medicine, Dr. George W. Balfour ; University of Durham, Dr. Charlton ; Manchester, Prof. Gamgee.

Hygiene of the Ears.

Dr. Bonnafont (*La France Méd.*, 10th May) observes that the agents which most affect the ears are sounds and noises. The first are, according to the bodies which emit them and the force of their production, regular like the voice, speech, or music, &c., when action on the organ of hearing is in proportion to their intensity and quality. The impressions vary also often according to the individual. One person, as we have remarked, will be agreeably impressed by a grave sound or tormented by an acute sound, whilst the contrary may be observed in others.

There are also some obscure and confused sounds which, although distinct, escape all classification. Setting out from the education of deaf-mutes and the blind, we have said that the auditory apparatus is more intimately connected with the intellect than that of vision, and that the intelligent blind man is more able to receive instruction of a serious and varied nature than the deaf who can see. Sounds experience great variations in quality and intensity, according to the state of the air and the medium they have to pass through to arrive at the ear. Thus it is that the density of the air augments the intensity, whilst its rarification diminishes it. Every one knows that the noise of detonation of a fire arm in a vacuum is not transmitted.

AGE.

In order not to compromise the organ of hearing in early youth, it is essential not to expose children to acute and intense sounds, especially to those of firearms, which may so easily produce grave disorders, either by tearing the tympanum, or by impressing a too great shock to the brain. These principles are also applicable to adults, for the number of cases of deafness occasioned by this cause in sportsmen, and artillerymen especially, is very considerable. I cannot too much recommend to both of these classes of men, when their ears are to be submitted to acute detonations, to take the precaution of always introducing a little cotton into each ear, in order to preserve the tympanum from the painful impression of a too direct shock. Just as in the case of too brilliant a light, noises too intense and prolonged may produce in children cerebral accidents, such as convulsions. If noises have sometimes inconvenience in health, they become always hurtful in disease, especially in those diseases which affect the nervous systems. Thus patients immediately on being attacked with fever demand of their own accord a little obscurity, but especially that the most perfect silence take place around them.

PROFESSIONS.

Intellectual Professions.—The apparatus of hearing having very intense relation with that of the intellectual faculties, it is easy to understand that too great labour of the latter may produce the fatigue of the former, which explains the great number of the deaf we find in persons who work in the closet, whose intellectual faculties are exposed to an incessant labour and tension.

Sedentary life, by provoking a nervous stimulation and divers conditions of suffering of the nerves of the stomach and digestive tubes, also much predisposes to affection of the ear by the sympathy which the organs exercise upon the auditory apparatus, and humming of the ear and hard hearing is common in such persons.

Affections of the ear being most commonly the consequence of diseases of the throat, which are transmitted by means of the Eustachian tubes, it results that all professions and all conditions which expose to contracting the one predispose equally to the other. Besides, the auditory apparatus is, by the meatus externus, under the direct influence of exterior agents, which may get introduced and become then the cause of frequent grave disease. We see, then, that this apparatus although situated deeply and apparently well sheltered, is exposed, much more than is supposed, to different morbid agents which threaten it on both sides, and that by this fact it has at its command more hygienic remedies than generally are applied to it.

The military profession is one of those which expose men to diseases, of which those of the ear are not the least numerous, from change of climate, painful marches, and sleeping out of doors. These reflections also apply to sailors ; and we, therefore, remark a number of deaf persons among sailors of all grades.

Forgemen, nailers, founders, bakers, and stokers are much exposed to the causes of deafness ; as also are bleachers and bargemen. The trades, again, which act on the external ear and on the pharynx, are those where there are emanations of a hurtful and pulverulent nature in the workshops. Such are miners, beaters of cotton, carders, tanners, workers in sulphur mills, where the powder of sulphur is so thick in the shops that the atmosphere is charged with it. Also the fabrication of Prussian blue, where the sulphuretted hydrogen disengaged and drawn into the throat, irritates the internal ear. In the workshops where bisulphide of carbon, nitro-benzine, and aniline are made, there are various hurtful emanations which may tend to produce deafness. In such cases cotton plugs should always be worn in the ear, and the ears often washed.

Bathers are exposed, especially when diving, to the entrance of the water into the ear, and to a drop remaining attached to the membrane. The presence of this foreign body causes humming, vertigo, and relative deafness. Hence, bathers should wear cotton plugs in their ears.

Duration of Menstruation.

Some observations made by Dr. Cohnsteia prove that the average duration of the menstrual function is thirty-one years—that in women who have menstruated early, before 13 years old, it lasts three years longer than in those who menstruated after 17. The regularity of menstruation seems to have no influence on its duration. Married women have a longer menstrual period than the unmarried, lasting from twenty-nine to thirty-four years, and amongst the pluripara the period is longest. The catamenial functions are longest with women who have menstruated early, who are married, who have had more than three children, who have nursed and have been last pregnant between 38 and 42 years of age.

Atropine in the Treatment of Excessive Salivation.

In a case of hemiplegia accompanied by an enormous salivation, supposed to be due to irritation of the secreting radicles of the glands, M. Ebstein has found small doses of the sulphate of atropia most beneficial. He administered it in the form of pills.

Treatment of Gout.

Apropos of the action of propylamine in rheumatism treatment, M. Delioux finds that the topical application of solution of ammonia to the parts affected by gout relieves its excruciating pain, used in the proportion of one part of liquid ammonia to thirty or forty of water. Care must be taken that the ammonia is well diluted.

Lady Doctors.

The *Gazette de Strasbourg* announces that the Russian ladies who were indicted by a recent ukase from studying medicine at Zurich, have solicited the University of Strasbourg to follow their Medical courses, a request which has been refused.

Remarkable Intra-Uterine Hydatid Growth.

A woman, the mother of six children, had menstruated freely fifteen days before coming under Dr. Tuefferd's observation. She had also symptoms of gastric derangement. She was thought to be in an incipient pregnancy. In fifteen days further she suffered from an apparent menstruation with pain, swelling of the belly, and considerable anæmia and debility. A supra-pubic tumour was now discernible, resembling a uterus of the sixth month; by ballotment it seemed that a pregnancy had occurred. The anæmia subsequently continued, and she suffered from a constant loss of fetid, sanguineous vaginal fluid; the belly became more tumid. No fœtal pulsations could be discovered, however; and all the symptoms now pointed to the occurrence of an intra-uterine tumour. By the introduction of a uterine sound, a firm, hard, large, rounded tumour could be ascertained. On consultation it was determined to dilate the os uteri and have the tumour removed; this was done with sponge tent, and was followed by the expulsion of an enormous mass of hydatids filling a bucket of 16 to 17 litres, and floating in a rose-coloured fluid. The patient finally made a good recovery.

Chronic Pharyngitis, and its Cure by the Galvano-Cautery.

The larger and smaller circumscribed hyperplasiæ of the mucous membrane which characterise granular pharyngitis are with difficulty healed by the ordinary methods resorted to (nitrate of silver). E. Michel (*Deutsch. Zeitschrift für Chirurgie*, Band ii., 1872, 154-164) cauterises quite superficially these granular enlargements with a galvano-cautery, and claims to have effected a cure in all cases with but three or four applications. The galvano-cautery thus operates more quickly, and at the same time is less painful, than the nitrate of silver and other caustics. For the lateral portions of the naso-pharyngeal space the laryngeal or rhinoscopic mirror must be employed.

Displacement of the Uterus Treated by Electricity.

In an article upon this subject in the *Medical Record*, of New York, Dr. E. C. Mann says many cases of displaced uteri can be radically cured by electrical treatment. He reports four cases of prolapsus uteri of the first degree entirely cured by such treatment. The causes of the prolapse were a loss of elasticity of the uterine ligaments, atony of the vaginal walls and sphincter vaginæ. The negative electrode was placed in the uterus, and the positive externally over the uterus and appendages, and the faradic current employed. He gives in detail the treatment of an old case of prolapsus, as illustrating the effects of electrical currents to restore tone to the general system, and especially to the tissues in and about the pelvis. He thinks it well to combine the galvanic and faradic currents. Nutrition is improved and nervous symptoms disappear under the treatment.

Influence of Nerve Lesions upon Temperature.

Dr. S. Weir Mitchell, in the *Archives of Scientific and Practical Medicine*, April, 1873, gives some interesting observations upon the above point. His mode of experiment was, in brief, this:—The ulnar palm temperature was first taken. He then drove all the blood possible from the arm. Then he applied a pad and tourniquet, and again took the temperature of the palm. The elbow was then placed in a freezing mixture, and the ulnar nerve frozen, and the temperature taken. This observation was repeated many times, and each gave the same general result, namely, that the check of blood flow and the reduction of the amount of blood in the limb to a minimum, prevented the rise of temperature which usually follows freezing of the nerve. It must depend, therefore, solely on variations in the size of the vessels, due to palsy of vaso-motor filaments, and not to any direct influence of the nerve on the tissues.

Treatment of Chronic Nasal Catarrh.

DR. WHITTAKER, *Clinic*, July 12th, 1873, advocates the treatment of certain cases of nasal catarrh by pressure. He does it for the same reason that the surgeon uses pressure to remove stricture of the urethra. The constriction is usually found in the inferior meatus. Bougies of different sizes and shapes are employed as the particular case seems to indicate. His success in the five cases thus treated has been very gratifying. The suggestion is surely worth a trial, as by present methods these cases are treated with most unsatisfactory results.

The Corset's Relation to Uterine Diseases.

DR. TALIAFERRO, in an extended article in the *Atlanta Med. and Surg. Journ.* (March, 1873), thus sums up the methods by which the corset contributes to the causation of uterine diseases:—1. It interferes by compression with the functions of digestion and respiration. This interference deteriorates the vital powers, and so predisposes to uterine diseases. 2. The retentive power of the abdominal walls acting by distention, dilatation is lost. 3. The corset directly presses upon and displaces the uterus. 4. The circulation is disturbed by the uterine displacement and pressure upon the vena cava and pelvic vessels.

On the Nature of Yellow Fever.

DR. JOSEPH JONES (*New York Medical Record*) prescribes an article on the nature of Yellow Fever, from which we extract the following:

I. Yellow fever is a continued pestilential fever, presenting too well-defined stages: the first characterised by active chemical change in the blood and organs, attended with elevation of temperature and aberration of nervous action, which may constitute the entire malady, and prove fatal in a manner similar to the infectious form of small-pox; and the other, a stage of depression, induced both by the sedative action of the febrile poison, and by profound changes excited in the blood, and in certain organs, viz., the heart, liver, and kidneys, and by the direct sedative and poisonous action of the excrementitious matter retained in the blood, in consequence of the failure, arrest, or perversion of the functions of the liver and kidneys and by the arrest or perversion of the digestive function, in consequence of the action of the yellow-fever poison, in causing perverted nervous action, capillary congestion, and active desquamation of the secretory cells of the stomach, and in consequence of the elimination by the gastric mucous membrane of certain constituents of the blood, viz., urea and carbonate of ammonia.

II. The changes of the blood appear to be continuous from the time of the introduction of the poison to the fatal termination; the intensity of the changes being increased, and their character being modified, as the disease advances, not only by the direct action, upon the constituents of the blood, of the poison, but also by the addition of certain noxious substances, as bile, urea, carbonate of ammonia, sulphates, phosphates, and extractive matters, in consequence of the profound lesions induced in the liver and kidneys.

III. In some fatal cases the temperature rises again toward the end, rarely, however, reaching or exceeding 104° Fahr., and never attaining the high degree of temperature characteristic of the stage of active febrile excitement; the supervention of an inflammatory disease, or the occurrence of an abscess, or the access of paroxysmal malarial fever, may in like manner cause a progressive elevation of temperature, with slight evening exacerbations. The pulse at the commencement of the attack is often rapid and full; the increase in the frequency of the pulse does not, however, as a general rule, continue to correspond with the elevations and oscillations of temperature, as in many other febrile diseases; and in many cases of yellow fever the remarkable phenomenon is witnessed of the pulse progressively decreasing in frequency, and even descending below the normal standard, while the temperature is maintained at an elevated degree.

IV. The fever of the *first stage* of yellow fever, like *fever in general*, however caused, consists essentially in elevation of temperature, arising from increased chemical change in the blood and tissues, and is attended with changes in the physical and chemical constituents of the blood, and aberrated nervous action.

As long as the skin, kidneys, lungs, and gastro-intestinal canal perform their functions, this stage is characterised as in other fevers, by an increase in the amount of solids excreted. But this increased elimination of the products of chemical change is not, in yellow fever, a constant concomitant of the increased temperature.

V. While many of the most striking phenomena of yellow fever, as chills and fever, and collapse, must necessarily be attended with disordered vascular innervation, at the same time we must look to the *blood* as the *seat* of the operations of the fever-poison; and as the nutrition of every organ and tissue depends upon the proper constitution of this fluid, its alterations must affect the entire organism, and the true commencement of yellow fever is in the alterations of the relations between the blood and tissues.

VI. During the active stages of yellow fever, profound changes take place in the organs and tissues, especially in the kidneys, heart, and liver; oil and granular albuminoid or fibroid matter transude through the capillaries and fill up the cells and excretory ducts, and arrest the function of certain organs. The liver of yellow fever does not present the soft, friable condition characteristic of true fatty degeneration. The jaundice resulting from the suppression or alteration of the excretory function of the liver would appear to be due to the same causes which induce the suppression of the urine, viz., to the deposits of oil and fibrinous or albuminous matter in the excretory structures of the kidney and liver.

VII. While yellow fever is characterised in common with several other diseased states by an irritation of the gastric mucous membrane, the peculiar nature of the vomited matters does not rest entirely upon the congestion and irritation of the mucous membrane of the stomach, but is influenced to a greater or less extent by the changes of the blood, liver, kidneys, and nervous system.

The vomiting in yellow fever may, to a certain extent, be regarded as salutary, and as an effort for the elimination of certain excrementitious materials from the blood.

Black-vomit, therefore, is an *effect* or result of *preceding* changes or actions, and is not a cause; it is an error, therefore, to search, either by chemical reagents or by the microscope, for the *cause* of the disease in one of its *products*.

VIII. The chief *causes of death* in yellow fever appear to be:—

1. The direct action of the febrile poison upon the blood and nervous system, depressing and deranging the actions of the one, and rendering the other unfit for the proper nutrition of the tissues.

2. The suppression or alteration of the functions of certain organs, as the kidneys and liver, and the retention in the blood of the excrementitious matters normally eliminated by these organs.

3. The structural alterations of the heart, and consequent loss of power in this organ.

4. Profuse hæmorrhages from the stomach and bowels.

IX. Yellow fever differs essentially in its symptoms and pathology from malarial fever.

In the latter, the constituent of the blood, which appears to suffer to the greatest and most essential degree, is the coloured blood-corpuscle; in the former, the constituent of the blood which suffers to the greatest extent is the albumen.

The changes of temperature in yellow fever follow a definite course, and are never repeated in uncomplicated cases; in malarial fever, on the other hand, they recur at regular intervals, and may be indefinitely reproduced.

As a general rule, yellow fever attacks but once; malarial fever produces no exemption, but, on the contrary, establishes a disposition to frequent recurrence.

Convalescence from yellow fever is comparatively rapid, and the constitution of the blood is rapidly restored.

"No Lincoln Gentlemen Need Apply."

No. 2.

A short time ago we made some remarks about the sentence above, which appeared in an advertisement in the Medical papers for a Medical Officer to the United Friendly Societies in Lincoln. We are sorry to have again to call attention to a matter seriously affecting the well-being of the Profession in this town. The following facts of three inquests held on the 18th ult. will give an idea of the disadvantages to the Profession by the appointment of Medical coroners.

On 16th ult., late at night, two Medical men were sent for to attend a man. They went, and found the man dead. Neither of the Medical men gave evidence at the inquest, but they found by the newspaper the next morning that the coroner's nephew, Dr. Lowe, who is also his assistant or partner, had made a *post-mortem* examination of the body and given evidence before the coroner.

On 17th ult., early in the morning, a woman was taken ill in the police cell. The Medical man appointed to attend such cases was called; he went, and found the woman dead. The coroner's nephew made the *post-mortem* examination.

On 16th ult. a child was taken ill after sucking a quantity of lucifer matches. The child was attended by a Medical man, and died the next day. The coroner's nephew made the *post-mortem* examination.

From the above statement it will be seen that in three cases on one day, where an inquiry into the cause of the deaths necessitated the performance of *post-mortem* examinations, the Medical men who had been summoned to attend the deceased persons did not make the examinations, each operation being performed by the coroner's assistant or partner. Consequently our readers will not be surprised to hear that the Profession generally in Lincoln are very dissatisfied.

We believe the usual practice in such cases is to order the Medical man who has attended or been summoned to attend, to make the necessary examination, and the coroner of Lincoln by following this course will adopt the best means to promote cordiality and good brotherly feeling amongst the Medical men of the district. Certainly by continuing to employ his own partner or assistant, and ignoring the right of the other professional men, the feeling of dissatisfaction will be intensified, for they think no doubt at the present time that not only for Medical appointments to Odd Fellows' dispensaries, but also for *post-mortem* examinations, "No Lincoln gentlemen need apply."

Cancer Curers.

On Saturday last, at an inquest held at Barnstaple, on the body of a Mrs. Elizabeth Yeo, who had died suddenly, a verdict of manslaughter was returned against a chemist named Goss, of Braunton. The evidence showed that the deceased, while suffering from malignant cancer, was under the treatment of the accused, who first gave her some ointment and lotion, for outward application. Her system had absorbed large quantities of impure sulphate of zinc, as stated by Dr. Thompson, of Bideford, who made the *post-mortem*. The deceased had used the lotion for two months before her death. A coroner's warrant was issued for the apprehension of Goss. We can only express our surprise that such cases do not oftener occur. But why, we ask, do the authorities allow these cancer quacks openly to advertise and practise their abominations in our midst, only waking to the sense of duty when life has been sacrificed? At the present time there are several practising *the art* in London, finding plenty of eager dupes. But a few days ago a patient to our knowledge paid a hundred guineas to a man who professed to be a physician, and undertook to extirpate a cancer, but who was deficient of even the most elementary principles of medicine. We are almost tired of protesting, and yet when life is sacrificed, we feel impelled again to renew our appeal for legislative interference, and which if obtained, a few lives will not have been sacrificed in vain.

The Attitude of the Castle toward Governors of Irish District Asylums.

At the last meeting of the Limerick Board of Governors Mr. De Vere referred to the former investigation, and stated that the Board deemed it right to reply to a gross attack made upon them, and at the request of the Lord Lieutenant drew up a document which they forwarded, and which contained suggestions of an important character. It was forwarded last December, but as yet they had received no reply. It was impossible the Board could continue to discharge their functions if greater harmony did not exist between them and the executive; and it was impossible to carry on the affairs of the institution in a proper manner if cordial relations did not continue to exist between the Board and Her Majesty's Government, and therefore they had respectfully demanded an answer to the document they forwarded. He moved that the chairman be requested to represent to the Lord Lieutenant that no such answer had been as yet received to a strong remonstrance laid before him by the Board, and that his excellency be requested to attend to the suggestions and statements in that document. The resolution was unanimously adopted.

The Provident System again.

The pseudo-charitable system, which has recently obtained a footing in Ireland, has received a new illustration within the last week. A man named Irving was indicted on a charge of embezzling three separate sums of one shilling, the property of his employers. The prosecuting counsel, in openeng the case, said a plan had lately arisen in the metropolis of giving Medical assistance by means of provident dispensaries, persons joining paying 1s. a week for advice at the dispensary, and 2s. 6d. a week for treatment at their own homes. The prosecutors were surgeons, named Miller and Rogers, who first opened a dispensary in the Essex Road, Islington, and then in Charlton

Street, Somers Town, under the name of the Somers Town Provident Dispensary. The prisoner was engaged as assistant to live in the house with his wife, at a salary of £1 a week, he entering into an agreement that he should not practise as a Medical man, but hand over all the proceeds to his employers. He performed his duty until May, when it was found that receipts were diminishing and the drug bill increasing, and dissatisfaction was the result. The prisoner left on the 28th of June, and after that a number of facts came to the knowledge of the prosecutors that led them to prefer a charge of embezzlement. The prisoner received three separate shillings, which were entered on the card presented by subscribers at the dispensary, but the amounts were not entered in the book which the prisoner gave to his employers, and consequently he was charged with embezzling these amounts. The jury returned a verdict of Not Guilty. Mr. Besley stated his intention to proceed with other indictments against the defendant, but before another jury.

THE *Gazette des Hopitaux* speaks favourably of the use of large conical sounds or bougies in the treatment of the obstinate and dangerous contractions of the œsophagus and gullet caused by the swallowing of caustic liquids. The bougies are made on the principle of urethral bougies, but of coarser and more abrupt conical form, not olive-shaped as is usual. A weekly increase is made in the size used.

AN aquarium on a large scale is about being erected at the Champs Elysées of Paris. It is intended to vie with the magnificent erections at Brighton, London, Manchester, &c., and will comprise also an exhibition of piscicapture implements. It is really astonishing that in a city like Dublin such a project is not seriously considered. The city basins or one of them could be easily converted into a series of splendid tanks with a never-ending supply of water running through; the glass fronts and partitions only being required to make all complete. Besides the improvement of taste and knowledge, much practical utility might arise from the study of the habits and instincts of fish life.

A public company could easily be organised at a very small expense, and a really interesting and remunerative exhibition could be established.

We understand that some time ago a proposal was made to the Governors of the Rotundo Hospital at Dublin for the purchase of the gardens wherein to erect an aquarium, but the Governors, on consideration, found themselves altogether legally incapacitated from entertaining the proposition.

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THE NEWTOWNSTEWART MURDER.

EXECUTION OF MONTGOMERY.

(FROM A SPECIAL CORRESPONDENT OF THE "MEDICAL PRESS AND CIRCULAR.")

OMAGH, *August 26th*, 1873.

THE condign award of earthly retributive justice in the above-named now celebrated case which has illustrated the law's delay by dragging its slow length along for over two years, and has cost the nation £10,000, was this day at last meted out to one of the most execrable of culprits, by the hanging of Thomas Hartley Montgomery in due form of law. We all know how thunder and lightning are generated; but these ordinary resultants of natural processes are so often connected in Holy Scripture, actually and figuratively, with preternatural manifestations, that it was hard for the most stoical mind to dissociate the awful "utterances of the heavens" which preceded the execution this morning from all relation to the ghastly scene which was to ensue, and the heaven-defying deed of which it was to be the tardy sequel. I leave to sensational writers to describe that peal-resounding night during which anyone might well imagine that the next moment might prove his own last on earth, that flash-lit morning that knew no dawn — how the rain-floods gushed and deluged — how the tempest shrieked and howled—how a sulphurous vapour stifled and sickened. Of all these disturbing influences one individual at least took apparently little heed—and that was the doomed prisoner. This was the more remarkable from the universally observed fact that, relatively to the town the centre of the storm seemed fixed right over Omagh gaol. When it commenced (about 2 a.m.), he was engaged in writing. He then arose, and retired calmly to rest, which he continued to enjoy for some two hours or so, while other mortals lay wakeful, or paced their chambers with purposeless step. What he wrote he committed to the charge of the governor of the prison; and if its contents repeat some of his latest utterances, they are not likely to meet the public eye. I believe that neither the public, the Government, nor the Crown, has any property in them, but that the ownership is vested in the Local Board of Superintendence.

Having originally undertaken to communicate to you any reliable Medical facts which professional authority here might please to place at my disposal for publication in the interests of science, regarding so extraordinary a criminal's mental and physical habitude since his declaration of monomaniacal derangement, as also such as would belong to his last moments, and to the Medical inspection after death, I wish to premise that everything in this letter which falls strictly under these heads, I write with the sanction, and in part under the dictation of the learned and accomplished physician of the prison, Dr. Henry Thompson, F.R.C.S.I. My work would thus be very light were it not for a *contretemps* which occurred between Mr. Mackey, the sub-sheriff, and the newspaper reporters, in consequence of which, from the course which the reporters in the exercise of their discretion thought fit to adopt, the public would be left without a line of information from any independent eye-witness of what took place at the execution, did I not feel called upon, in the absence of persons better qualified to detail such things, to amplify my originally *exclusive* notes into a regular Report of the whole transaction. To that task I will now apply myself, prefacing my narrative with a brief account of the misunderstanding which has imposed it upon me. The sub-sheriff offered to admit a deputation of two of the reporters, provided the two were selected by those gentlemen themselves to represent them. This offer they declined, and telegraphed a remonstrance to the under-secretary. They received an unfavourable answer. But even a favourable one would have availed them naught; for the sub-sheriff — a gentleman firm as a rock, yet courteous — distinctly avowed, in the presence of Mr. William Oliver Orr, the worthy coroner, and myself, that he would not allow any Government influence, even of the highest kind, to dictate to him in the discretion which he felt to belong to the proper performance of his duties — a sentiment which everyone must commend. And here I may record an incident that illustrates the difficulties which beset the Sub-Sheriff in dealing with the "press" question. After the execution, on leaving the scene of it and entering the inquest-room, I beheld with astonishment, seated with such reporters as had been admitted to witness this portion of the proceedings, a highly-respectable and rising tailor and draper from Dublin. He must necessarily have been admitted through being vouched as a reporter by some well-known reporter. The death-doomed prisoner had made two dying requests: first, that his body should not be subjected in any part to the surgical knife; and second, that he should not have to encounter the gaze of a lot of reporters. So that the Sub-Sheriff's firmness saved him not only from the broadside of some score of embryo broad sheets brought to bear upon him, but also, arguing by analogy, mayhap from any practicable amount of the *alter ego* element of intrusion as well.

So early as half-past five the indefatigable chaplain of the prison—the Rev. William Chartres—visited the convict, and was afterwards joined by the Rev. Christopher Irvine and the Rev. Mr. Donald. Having had breakfast, the convict was conducted, about seven o'clock, at his own request, to the chapel to receive the Sacrament. Here he comported himself with most becoming reverence. While he was so engaged I visited the place of execution. The scaffold seemed to be of unnecessarily massive structure. The platform was bounded on two sides by a curtain of black glazed calico, and rested upon four uprights, with a crossbeam overhead, round which was coiled the same rope, of three-quarter-inch diameter, with which a mounted constable named Holden, had been hanged exactly thirteen years before to a day. His was the last of public executions at Omagh, as the present was the first of private ones; and (by pure accident, as the governor informed me) the gallows on this occasion was erected almost directly opposite to an H rudely carved on the boundary wall which marks the spot where Holden's remains were interred. The gaol buildings in this district form a segment of an equilateral polygon, with their external walls, between which and the circular boundary wall lies a narrow insulating grass plot, through the centre of which runs a gravel walk. A good way up in this area and close under the boundary wall was the grave prepared for Montgomery. It was one-third full of water from the recent rains; and midway between it and the scaffold lay the rough black coffin, alongside the gaol buildings. When I returned to the gaol-yard, Montgomery was in the act of descending a small flight of stone steps connected with the chapel, accompanied of course, by the clergy and turnkeys. He was handcuffed; and wore precisely the same clothes in which he appeared at the inquest held on the body of his victim at Newtownstewart, in August, 1871, when I first saw him. They consisted of a short, black (not blue, as people who never saw him, but pretend to have done, have said) open walking coat and vest, light gray trousers of a neat small chequered pattern, a blue neck-tie, and white hat. Shoes now slipper-shaped, and less neat. The whole party walked at a quick pace back to the ground-floor hospital ward, where he was last confined, and where he was now about to be pinioned. I should have said that about the time of his entering the chapel the storm and rain ceased. The executioner soon emerged from the debtor's door, which is close beside that of the hospital, and entered the latter while the bell began to toll. I did not witness the pinioning process, because I knew Montgomery would most likely recognise me from the Newtownstewart recollections. Standing with me at this time was an elderly gentleman, who had demanded admittance by right of relationship by marriage, and with him was a younger "friend" (as I heard a turnkey call him), who I presume must also have been a relative; else he would not have got in. I know the name and relationship of the elder, but do not care to mention them, owing to the absurd fact that on arrival the previous evening, wearing a rather untended greyish beard, and an unusual hat, he was mistaken for the finisher of the law, and was followed in this imaginary capacity by a large crowd from the railway station. Strange to say, though very closely related by marriage, he had never seen Montgomery until he saw him passing across the yard from the chapel. Whether the friend knew him I know not. A warder told me that the prisoner asked hastily respecting the elder—"Who is that gentleman?" and before the warder could stammer out an evasive answer he added—"Oh, I know." No intercourse whatever took place.

And now came the final scene. "Processions" to the scaffold have been described *usque ad nauseam*. There was nothing particular in the present one. The prisoner walked like everybody else, in the way that I presume was natural to him. The pace, of course, was slow, for the two clergymen who preceded him in full canonicals were reading alternately sentences of the burial service. Arrived at the base of the scaffold, he did not falter in the least. He merely stopped for a second, as anyone with arms tightly braced to sides by inch-straps would be likely to do before beginning to ascend a flight of twenty-one steps. In his countenance I could trace no expression beyond the unimpressible, designing aspect which marked him to me at Newtownstewart as the very man to do a deed of blood and mystery. If there were any emotion, it was a successful, and to me invisible, one to conceal emotion.

The clergy say he was penitent, and they are the best judges. But one fact is evidence both of his composure and that his mind was not exclusively occupied with the service which was being rehearsed, namely, that when the procession approached the small door leading into the insulating enclosure, he peered forward to catch the earliest possible glimpse of the gallows. He did not utter a word in his progress to the fatal drop. But, while the executioner was cording his ankles, I thought I heard him join in the Lord's Prayer. As there were three other voices praying loudly from the platform, I could not be sure. I afterwards asked the executioner (the clergymen having suddenly retired, owing to Mr. Chartres' state of feeling), and he said he had so joined. He also said that while the noose was being adjusted to his neck he gave a few suppressed, scarce audible, short moans, more like those of mental than of bodily disquietude. To proceed—the very instant he fell, life was extinct. I stood astounded for minutes; and could not believe that human life in so powerful a frame could hang on so frail a thread. But it was even so—not a fraction of a motion to indicate lingering sensibility. There were two very slight almost imperceptible upward motions of the chest and shoulders, resembling the faintest possible inhalations, and two or three little twitches, manifestly mechanical, of the right foot. There was not even the least swaying of the body in any direction. Just as the man had stood a second before on the platform, with face turned to the gaol-building, so he hung a mass of insensate clay. When all was plainly over, the executioner addressing his infinitesimally limited audience, delivered himself as follows:—"Sirs, but for the grace of God there 'angs heach of you, and there 'angs Hi!" The arrangements were all that skill and humanity could devise. Even the horrid crash of the falling drop, so often described in such scenes was avoided in this case, and the only sound that broke the silence that reigned at the solemn moment of the fall was that of the weeping and wailing of the Rev. Mr. Chartres, as he was being supported down the steps. After the body had been suspended for fully an hour and a quarter, it was lowered and laid out on the lid of the coffin. Dr. Thompson then proceeded to examine it, and after the coroner and jury had viewed it, the white cap having of course been first removed, the doctor, on their departure, ordered the clothes to be sufficiently removed, for a due inspection, before furnishing evidence to the jury.

There was no compression of the air-passages or blood-vessels in the front of the neck. The rope had produced no abrasion of skin, no doubt because it had been applied over the cap, which came down nearly to the breast, and its track was marked by a decided black and blue discolouration. Dr. Thompson was clearly of opinion that death was not the result of strangulation, but of fracture of the cervical vertebræ; and in support of his opinion he called attention to a marked indentation under the rope behind, with increased mobility of the head. In fact, the head could be turned about most freely, as if attached to the body by a loose string. The features indicated some congestion; eyes open, and pupils somewhat dilated. In death the face was positively handsome. In life it could not be truly said to be so. This, plainly, was due to the tinge of complexion produced by compression of the lateral blood-vessels of the neck. The eyes also, from a cognate cause, no doubt, were considerably darkened in hue. The lips were, gracefully I may say, parted; no froth about them. The beard, which was as long and full as at the trial, but much less so, I think, than at the Newtownstewart inquest, was manifestly tinged with black dye. It should be added that the knot, which was large, consisting of four turns, had settled nearly under the chin, and that the fall was six feet, the man's height having been five feet eleven inches, and his weight twelve stone. A more athletic figure, in proportion to height, and a fairer masculine skin, it would be hard to conceive. The ankles were too thick and coarse for symmetry, and gave the idea of "an inferior drop" in his composition. The tone of the countenance was "lordly," though there was nought of this in the living subject's expression. As to his mental state, there ought not to be a shadow of a doubt of his perfect sanity. He certainly clung, though feebly, to the hope that his plea of monomania might avail, until a few days ago, when he finally abandoned it with tears on finding that head-constable Hobson and constable Tierney, with whom he then had an interview, declined to confirm his statements that they had observed eccentricity in his demeanour. When Dr. Thompson visited him immediately after his conviction, he exclaimed, "It is now upon you and Dr. West (Medical Superintendent of the lunatic asylum) that all my hopes rest. Oh! if you had both witnessed my state of mind on the evening of the day of the murder!" The doctor, acting the true part of the charitable Christian physician replied, "Dismiss once and for ever the delusive plea of insanity; no sane and conscientious Medical man could possibly countenance such an absurdity." He never sought a visit from Dr. Thompson after this; and the latter, believing him utterly untruthful, did not care to go near him, knowing his bodily health to be satisfactory. Although he was quiet in prison, even to docility, yet most people who came in contact with him seem to have been more or less afraid of him. He seems to have been regarded in the light in which a greater celebrity has been described as

> "A man of mystery and might,
> Whose ev'ry thought was dark as night,"

and even the executioner himself said he felt "all of a tremble" on approaching him, from the tone of his voice in asking, "Is it a hard death?" By the way this functionary, on my asking him if it were he who performed the last duties for the notorious Palmer, of Rugely, thus replied with a side-long twinkle of his penetrating gray eyes, "No, Sir, hi 'ad'nt 'ad my degrees then." I ought in justice, even to so great a malefactor as Montgomery, to mention that the three persons who had most to do with watching him (all old soldiers) shed copious tears when parting with their charge.

I ought not to close this, the only report which, as I have said, the world can ever receive from an independent eye witness, of the exit from human life of one of the most remarkable criminals that ever disgraced it, without recording my deep sense of obligation to the Sub-Sheriff, Mr. Mackey, Dr. Thompson, Mr. Orr, Mr. Mason, the Governor of the prison, and also my warm acknowledgments to Mr. Patterson, who all lent most valuable aid to me in virtue of my peculiar mission.

JOHN MURRAY, A.M., LL.D.

The circumstances with which surgeons and anatomists are most directly concerned in the above narrative are twofold: firstly, the occurrence of immediate and effectual fracture of the spine; and secondly, the apparently entire absence of any evidence in favour of the theory that the prisoner was, or had ever been, insane.

As to the latter of these considerations, it is no small satisfaction to the just thinker that no reasonable doubt can exist that Montgomery was at all times, even at his last hour, thoroughly capable of realising the enormity of his guilt and the penalty of his crime. We have not yet, thank Heaven! been educated up to the theory of moral insanity which, a few years ago, was so earnestly forced upon our acquiescence by certain psychologists. We have not yet consented to believe that a man may be so cankered in his sense of what is right, and so engrossed with his devilish imagination, as to be irresponsible for his actions, and entitled to merciful treatment on that account. The astutest arguments of psychologists intended to connect crime and irresponsibility have utterly failed to show that a criminal, however his moral sense may be warped by ill associations and bad passions, ever ceases to recollect that he is committing wrong, and that if detected he must receive the penalty. Montgomery, from his own confession, fully realised these thoughts, and, yielding nevertheless to his cruel impulses, he deservedly received the punishment which was his due.

The act of his execution has, it would seem, set at rest the controversy involved in the first of the matters to which we have alluded.

It appears to be settled that, in hanging, a fall of six feet is abundantly sufficient to effect fracture of the spine in a man five feet eleven inches in height, and proportionately strongly built. It will be recollected that this fact was considered doubtful, and that, with the humane hope of inflicting immediate death and sparing the convict the suffering of strangulation, a fall as long as fourteen feet has been made use of in several cases, until an untoward circumstance caused the practice to be abandoned.

A careful investigation as to the force necessary to effect fracture of the spine, and the tensile strain which the neck would bear, was carried out by the Rev. Professor Haughton, of Dublin University, and the result published by him in the *Dublin Philosophical Magazine* in the year 1866. He deduced the formula that if the weight of the criminal in pounds were divided into 2,240 lbs., the quotient would give the length of the drop necessary for dislocation of spine. This would give for the execution of a man of Montgomery's stature a fall of about twelve feet, and it would be deduced from Professor Haughton's investigations that with any less drop than this death would probably result from strangulation, not from spinal injury. In Montgomery's case, however, the fall was only six feet, and as the knot of the noose was directly under the point of the chin, strangulation could not have been the cause of death. Death was, as described by our correspondent, absolutely instantaneous, and there can be no doubt that the sudden paralysis of the heart was the result of a complete disruption of the spinal cord. While capital punishment is retained upon the Statute Book it will be, at least, the duty of the authorities to make sure that the sentence of the law shall be carried out with the least degree of suffering to the culprit and the utmost public decency, and we have the melancholy satisfaction of believing that the witness of our correspondent will tend toward the object.

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A Compact Uterine Sound.

HENRY E. WOODBURY, M.D., of Washington, D. C. (*Philadelphia Medical Times*, March 1, 1873), gives a description, with cut, of a compact and convenient uterine sound which may be carried in the pocket. The ordinary sound may be altered to this form by introducing a joint and slide.

Literature.

PROFESSOR ROLLESTON'S HARVEIAN ORATION (a).

OUR readers will remember that at the time we mentioned the Harveian oration of this year as one of great interest, and particularly referred to the orator's discovery of some manuscripts, and his gift of copies to the College; we also mentioned Dr. Rolleston's discovery of certain muscular fibres in the hearts of birds. It is gratifying to find that the oration has now been published in a handy little volume, though so far as criticism goes we have little to say. We shall, however, place before our readers a lengthy extract, by which they will not only be able to judge the quality of the author's oration, but will have the facts to which we have referred brought before them in a concise but vivid form.

The reader would not sufficiently appreciate the account of Dr. Rolleston's contribution to anatomy without the excellent plates that are given in this volume. We, therefore, select that portion which deals with the alleged claims to priority in the discovery of the circulation which have been put forth on behalf of Warner, and which Professor Rolleston has completely demolished. This extract is of interest to all Medical men, apart from the very suitable occasion on which it was first made public.

Prof. Rolleston disposes in the following words of the claims which have been put forward on behalf of Walter Warner, the editor in 1631 of Harriott's "Algebra," to the discovery of the circulation of the blood:—

"Warner's claims are alluded to by Dr. Willis, in a note to his excellent "Life of Harvey" (see p. 64). They are put forward by Anthony Wood, upon the authority of Dr. Pell, a man distinguished as one of Oliver Cromwell's diplomatists, and afterwards as an assiduous supporter of the then young Royal Society; and upon that of Dr. Morley, some time Dean of Christchurch, and afterwards Bishop of Winchester (see Wood, "Athenæ Oxonienses," i., 461, ed. 2nd of 1721, vol. i., p. 302, ed. Bliss). Aubrey, a contemporary of Wood's, appears, from a note at p. 417 of the second volume of his "Lives of Eminent Persons," to have had the same story from Izaak Walton, who gave Dr. Morley again as his authority; and Aubrey repeats the tale with certain additions, and notably with that of Dr. Pell's authority, at p. 577 of the same volume. The same story was pointed out to me by one of the officials in the Bodleian Library as being given in an anonymous biographical miscellany to be found in the Rawlinsonian Collection, B. 158, p. 152-153. This MS. appears to be of the latter half of the seventeenth century, and its legend runs to the following effect. A certain Henry, Earl of Northumberland, being imprisoned in the Tower, did, for the better passing of his time, get several learned persons to live and converse with him; one of these men (whom Aubrey tells us, l. c., p. 368, the world called the Earl of Northumberland's magi) was "Mr. Warrener." And the MS. proceeds, "He was the inventor, probably, of the circulation of the blood, of which subject he made a treatise, consisting of two books, which he sent to Dr. Harvey, who epitomised and printed them in his own name; he usually said that Dr. Harvey did not understand the motion of the heart, which was a perfect hydraulik. . . . Dr. Pain, that very ingenious and learned canon of Christchurch, told me that he had seen and perused this book of Warrener's." Finally, the excellent "Biographia Britannica" has embalmed Wood's and Aubrey's story, in the articles "Harriott" and "Harvey," pp. 2,542 and 2,550, ed. 1757. Many *à priori* improbabilities will be seen at once to attach to this story, and it is easy enough to discredit more than one of the witnesses. But I have better than indirect evidence to bring forward, and I will have the agreeable mental exercise of excogitating it to the ingenuity of my hearers, which ingenuity will be sharpened, no doubt, by their regard for their own Harvey, and strengthened by the belief that

"Whatever records spring to light,
He never shall be shamed."

I may be asked, after this quotation, why I should have thought it worth while to investigate Walter Warner's claims at all. I will shelter myself, in the first instance, behind the example of Sir George Ent, who, feeling and acting by Harvey as Launcelot in his better days felt and acted by Arthur, took similar pains to set aside the similar fable as to Harvey's indebtedness to Father Sarpi. And, in the second place, I will remind my readers that it was but as recently as 1838, that an article appeared in the *London and Westminster Review*, in which the claims of the Italian monk just mentioned, were once again brought forward with surprising confidence, plausibility, and ignorance.

It was possible, I thought, that the same paltry but evil spirit which animated Dutens in writing his "Inquiry into the Origin of the Discoveries attributed to the Moderns" (1769), and in coming to the conclusion that every great man in modern times had been anticipated by somebody or other in ancient ones, might still be going about in dry places, and might wholly enter into and entirely fill up the soul of some small antiquary, who, coming under such inspiration and guidance upon the passages which I have collected, might proceed to instruct the literary public as to Warner's claims. Whilst considering what indirect evidence might be brought together to rebut this possible attempt at detraction, I came upon what led me to the discovery of the direct evidence I have promised to lay before you, in the shape of a clue which brought me, after a somewhat tortuous course, upon Walter Warner's actual autograph MS. I found, whilst following up Dr. Pell's history, scattered through Dr. Birch's unindexed "History of the Royal Society," that Dr. Birch had procured a number of MSS. of Mr. Walter Warner's for that Society mixed up with Dr. Pell's (see vol. ii., p. 342; vol. iv., p. 447). Coupling this statement with the voucher for Warner's claims, ascribed by Wood and Aubrey to Dr. Pell (who, however, is never reported in Dr. Birch's "History," so far as I found, to have given currency to this statement), I thought that by these MSS. I should be able to test the truth of these statements. But the librarian of the Royal Society knew nothing of any MSS., either of Pell's or of Warner's; and, as the result will show, it would have been odd if he had—at least in his official capacity. I then made inquiry of the Duke of Northumberland, in whose library the MS. of Warner, once a pensioner of his house, might possibly be preserved; but Mr. J. E. Martin informed me that this hope was a vain one. I found that Sion College had once possessed one MS. of Warner; but I learnt from the Rev. W. W. Milman that they had lost it, and much besides, in the great fire of London in 1666. Finally, when taking the register of Merton College up to the British Museum for the purpose of comparing the entries made in that volume during Harvey's wardenship with his one authentic autograph MS. now in the national collection, I bethought me of making, at the same time, some inquiries as to Warner and Pell; and at last, when I least expected it, and had long ceased to hope for it, I came upon Walter Warner's MS., contained in Dr. Birch's collection, which, according to him, had been made over to the Royal Society, under the title, 4,394, "Birch Collection," numbered on in continuation of the "Sloane Collection."

(a) "The Harveian Oration delivered before the Royal College of Physicians, June 25, 1873." By George Rolleston, M.D., F.R.S., Linacre Professor of Physiology in the University of Oxford. London: Macmillan and Co.

Mr. E. Maude Thompson, by the employment of various scientific methods, the observation of which went some way to compensate me for the tedious labour entailed upon me by the result to which they brought him, identified the MS. as being really Warner's, and even in bringing its date down to the same close upon 1610, half-a-dozen years or so, therefore, before Harvey first lectured at the College of Physicians. The MS. being thus identified, I set myself down to look through its 416 folio pages, the average number of lines in a page being thirty-three or thirty-four; the average of words, many of them idle ones, being eight or nine in a line. I do not think it is very likely that I have missed any clearer exposition of Warner's views than the one which I am about to read from page 138; nor do I think that, by choosing it, I can in any way misrepresent them, for they are stated elsewhere in the "Treatise" in very much the same words, *e.g.*, p. 137. These, then, were his views: "By this spontaneall pulsatory motion the bloud is continually extracted from the vaines (propter fugam vacui) as well originally exsuctory as secondarily circulatory and propelled into the arteries (propter fugam penetrationis), but with some diversity in the distribution, some part thereof being propelled up into the head by the internal jugular arteries, ad plexum choroideum for spiritofaction, the rest into all the rest of the arteries in universum corpus for organo-faction. Out of that part of the blood that is propelled by the jugular arteries up to the head, the spiritus confusus or immersus thereof being expressed and segregated in plexu choroidi, either by excussion or exhalation, and animal spirits, thereof made by the self-operation of the præexistent in somno, it is again distributed as before, one portion thereof being still derived and transmitted to the heart, ad motum spontaneum pulsationis ciendum, and so about again, perpetuâ circulatione durante fabricâ corporeâ, and all violent distructions or impediments abstracted."

It is perhaps, needless to dwell further upon Warner's claims—certainly I do not propose to trouble you with reading to you any more of his speculations and conclusions. I have, however, had a copy made of folio pages 140, 141, 142, 194, and 195, and, though the gift may not seem a very valuable one, it will enable any fellow of Harvey's College to satisfy himself abundantly, and within our own walls, as to the real merits of the claimant before us, if the College will allow it to find a place in their library. In the words of Harvey's favourite poet,

> "His saltem accumulem donis et fungar inani
> Munere."

In all seriousness it is something to know what a contemporary of Harvey, and he a mathematician of some eminence, could write only some ten years before the actual demonstration of the circulation of the blood was given to the world.

Let me say, however, that I do not think it by any means impossible that Harvey may have read this Treatise of Warner's, hard though the labour must have been to him, and little though he could have profited by it. For, in many parts of Harvey's Treatise, "De Motu Cordis," we meet with phrases which seem as if they had been used with a special reference to Warner's views; and his dissertation has at least this claim upon my gratitude, that it has made me think that I understand Harvey's meaning the better for having read it. I fancy, in fact, that I recognise such phrases in Harvey's words ("De Motu" p. 58, p. 56, ed. Willis), "Absque delore vel colore *vel fugâ vacui*," and in such words as "longè plus est quàm partium nutritioni congruens est." He might have been alluding to almost any page of Warner's MS. in his repudiation (p. 116, see "Epistola Secunda ad Riolanum") of the hypothesis of various sorts of spirits. But there is one of Harvey's many noble and candid, whilst measured and well balanced utterances, which seems to me to be admirably suited to serve as a text for an exposition which perhaps some future Harveian orator may undertake, of the exact relation which his discoveries held to the knowledge and the ignorance, not only of Walter Warner, but of all others of his contemporaries or predecessors. These words run thus ("De Motu," p. 34, ed. 1766, p. 33, ed. Willis), "Sed et hoc" (namely, the transmission of the blood by the action of the heart, from the veins into the arteries, through the ventricles of the heart into the whole body), "omnes aliquo modo concedunt et ex cordis fabricâ et valvularum artificio positione et usu colligunt. Verum tanquam in loco obscuro titubantes cæcutire videntur et varia subcontraria et non cohærentia componunt et ex conjecturâ plurima pronunciant ut ante demonstratum est." This may be translated thus: "But it may be said, that all competent persons accept these views in a more or less modified form, and have been convinced of the truth of them from the structure of the heart, and the contrivance, position, and use of the valves. But they seem to me to make as little use of their eyes as men do who are stumbling about in a dark place, and their account of the matter is made up of heterogeneous, contradictory, and incompatible statements, and very much of it is pure guesswork, as I have already shown." These words, the Latin ones, not my translation of them, were published, if not written nine years (see p. 5, "Harveii Opera," ed. 1766 "Dedicatio") and more after Harvey had first proved the facts of the circulation, and from them we gather that his discovery had, even so early as that date, got out of the stage in which a discovery is considered to be untrue, and got into that in which it is said that everybody knew it before. In no subject could it have been easier to make out a plausible case than in this of the circulation of the blood. Piccolhomini (an acquaintance with whom I owe to Mr. Walter Warner, see his Treatise, pp. 194, 200, and 201), had given a diagram, it is there before you, copied from the copy of his work in our library, of the junction of the portal and hepatic twigs, incorrect enough, no doubt, and obtained by a false method (see Harvey, "Epistola Prima ad Riolanum," p. 105, ed. 1766), but still something in the way of a working hypothesis (see Piccolhomini, "Anatomicæ Prælectiones," Romæ, 1586, p. 117). Servetus had speculated, but rightly, as to the lesser circulation; so had Cæsalpinus; and on Harvey's own showing (p. 15, "Opera," ed. 1766), Realdus Columbus and Walter Warner, p. 132 (4,394 *Birch Coll. MS.*), had spoken of the heart, in 1610, as being "a mere muscle, very strongly and artificially woven, and contrived with omnimodal nerveous fibres, direct, transverse, and oblike, as it were of purpose, for dilatation and contraction, according to the fashion of other muscles." And of the action of the auriculo-ventricular and arterial valves, Harvey himself, *niveâ animâ*, with untarnished sincerity, repeatedly (see "De Motu," pp. 14, 51, 53, 67, 81), speaks as of something known to all men, "id omnes norunt" (p. 44). What then, it might have been triumphantly asked, was there left for Harvey to discover, when the action of the valves of the heart, its muscular character, and so much else, was already to be found in the writings or teachings of his predecessors? To all this we can answer, as, indeed, it seems probable, was practically answered eved within Harvey's lifetime, what was left for Harvey to discover was nothing less than *the circulation itself*. His predecessors had but impinged, and that by guesswork, upon different segments of the circle, and then gone off at a tangent into outer darkness, whilst he worked, and proved, and demonstrated round its entire periphery. His demonstrations and direct proofs were all new, and his indirect arguments nearly all new. Whenever he made use of anything already known, he most punctually acknowledged it. Of his demonstration in the way of injection I have already spoken; of his demonstration of the use of the valves in the veins, and his proof that they are similar in function to the arterial, a fact previously unsuspected (see p. 65 *l.c.*), the 13th chapter of the "Treatise De Motu" speaks with figures; of his indirect but irrefragable argument, in the eighth chapter, from the quantity of blood thrown out by the heart at each pulsation, an argument which a mathematician such as Harriott, or Warner, might have hit upon, but, so far as I have found, did not, he speaks himself as being "adeo novum et inauditum ut verear ne habeam inimicos omne homines;" and finally, the argument, which though only indirect, every morphologist will allow to be not only most exquisite, but also most convincing, for the circulation in the adult warm-blooded animal, drawn from the relations held by the venæ cavæ to the efferent arteries in the embryo, and in all animals with but a single or an imperfectly divided ventricle, "unus duntaxat ventriculus vel quasi unus," and of which I would recommend every one who is not already acquainted with it, to gain a knowledge from the seventh chapter of the same book, was his, and his alone. With regard to all these points; with regard, that is, to the circulation as a whole; with regard to the actual demonstration and exhibition of it as opposed to mere guessing about it; with regard to all, or nearly all, sound reasoning as to any large portion of it, Harvey might have said with Lucretius,

> "Avia Pieridum peragro loca nullius ante
> Trita solo."

or in the words of a poet of another country, and a later age,

> "We were the first that ever burst
> Into that silent sea."

I do not wish to assert that Harvey was wholly independent of the works of his predecessors; he himself would, as his repeated references to them show, have been the very last man to make any such claim for himself; nor would I say that he owed nothing to the times,

> "The spacious times of great Elizabeth,"

in which he lived. It is true, I think, in science, as it is also true in morals and politics, that the times make great men as much as great men make the times.

The learned orator dwelt with great acumen and skill on Harvey's character, acquirements, and style. He had been able to learn little of his life at Oxford, but urged those who would understand his mind to study his works, and truly the orator appears to have done this to considerable purpose. We cannot forbear from one more quotation. The peroration is especially a worthy one in this age of affected scepticism, and coming from such a mind as Professor Rolleston's, will be everywhere received with respect. Here it is:—

There was not in Harvey's mind that defect in the way of a deficiency of interest in theological questions which constitutes in the minds of some eminent scientific, and some eminent literary, men such a lamentable void. He has, on the contrary, in several places taken pains to state his views upon this highest of subjects. To one of these passages (from the work "De Generatione Exercit Quinquagesima," p. 385, ed. 1766; p. 370, ed. Dr. Willis), as Mr. E. B. Tylor has pointed out to me, Professor His of Leipzig, a worker whom Harvey would have hailed as a colleague, has referred to it in one of his always excellent papers, published in the *Archiv für Anthropologie*, Bd. iv., 1879, p. 220, on "Die Theorien der geschlechtlichen Zeugung." It is just in the investigation of the problems indicated in these last words that, as has often been remarked, the question of the existence of other than purely material forces presses itself most closely upon the mind; and hence, perhaps, the repetition by Harvey of his views regarding it, more than once or even twice, in his treatise just referred to (see "Exercit.," 49, p. 730; "Ex." 50, p. 385; "Ex." 54, p. 419-420). These statements are all to the same purpose. I have chosen one of them—the last one of the three just cited (not the one quoted by Professor His)—to repeat here, because, besides its philosophical and other interest, it has some literary claims upon our attention, it being not quite impossible, considering its line of thought and arrangement of words, that Pope, who borrowed on all sides, and made acknowledgments on none, may have had it before him when he composed his Universal Prayer. It runs thus:—

"Nempe agnoscimus Deum, Creatorem summun atque omnipotentem, in cunctorum animalium fabricâ ubique præsentem esse, et in operibus suis quasi digito monstrari; Cujus in procreatione pulli instrumenta sint gallus et gallina. Constat quippe in generatione pulli ex ovo omnia singulari providentiâ, Sapientiâ divinâ, artificioque admirabili et incomprehensibili exstructa ac efformata esse. Nec cuiquam sane hæc attributa conveniunt, nisi omnipotenti rerum principio; quocunque demum nomina id ipsum appellare libuerit: sive mentem divinam cum Aristotele; sive cum Platone Animam mundi; aut cum aliis Naturam naturantem; vel cum Ethnicis Saturnum aut Jovem; vel potius, ut nos decet, Creatorem ac patrem omnium quæ in cœlis et terris; a quo animalia eorumque origines dependent, cujusque nutu sive effato fiunt et generantur omnia." (From Harvey's "De Generatione Animalium," Ex. 54, p. 419, ed. 1766; p. 402, ed. Willis.)

I have detained you far too long; but, feeling that my praise of Harvey has been all too feeble, I am anxious, in ending, to use words in his honour the singular appropriateness of which is only less remarkable than their beauty and force.

> "Remember all
> He spoke among you, and the man who spoke;
> Who never sold the truth to serve the hour,
> Nor paltered with Eternal God for power;
> Who let the turbid streams of rumour flow
> Thro' either babbling world of high and low;
> Whose life was worked, whose language rife
> With rugged maxims hewn from life;
> Who never spoke against a foe.
>
> . . . .
>
> Whatever record leap to light,
> He never shall be shamed."

THE WEST RIDING LUNATIC ASYLUM MEDICAL REPORTS (a).

The county of York has always been in the van in the treatment of lunatics. There it was that Tuke conceived and gave birth to the humane system which has now attained such universal acceptance; and there it is that Dr. Crichton Browne is engaged in a scientific explanation of mental and nervous diseases such as has not been elsewhere attempted.

The West Riding of York has good reason to feel proud of its asylum. Conducted in such a manner as to merit the unqualified praise of the Lunacy Commissioners, it is also so managed as to deserve well of the Medical Profession. The volume before us demonstrates that the opportunities which that institution offers are carefully utilised, and that the members of its staff have not sunk into a routine discharge of what must be their laborious and responsible duties, but have possessed sufficient enthusiasm and energy to carry them beyond mere official rounds and returns into fields of original research. The result of their labours forms a very important addition to Medical literature, and contrasts favourably with most works in the department of medico-psychology. These reports contain no feeble literary trifles, no vituperative reviews, no dismal discussions by nonentities, and no *réchauffé* crudities. They embody, rather, hard work, well expended, and a spirit of genuine scientific devotion. They mark, indeed, an era in the physiology of the nervous system, for in no other way can we adequately describe the impression which Professor Ferrier's essay and one or two of its companions are likely to create. The phrenology of the future—very different from the craniology of the past—is developed in this volume, and is founded upon experiments and observations of the most unexceptionable kind. The discovery that the individual convolutions of the brain are separate and distinct motor centres, and that in certain groups of these are localised the various movements of the eyelid, face, tongue, ear, neck, hand, foot, and tail, is proclaimed and established, and anyone reading the account of the ingenious processes by which this discovery was reached, and the phenomena by which it was revealed, will be struck by the fact that something more than mere motor impulses is localised in the individual gyri. The emotional character of many of the movements noted, and the correspondences observed between particular movements, particular habits in certain animals, make it more than probable that mental powers or faculties, if these phrases may be still retained, are also localised or represented in regions or portions of the cerebral mass, and that a close and intelligent study of the muscular movements and combinations manifested on the artificial stimulation of the gyri may shortly give to each of these a local habitation and a name. It is difficult at present to estimate what influence Professor Ferrier's discoveries may yet exert. They must revolutionize our notions in certain departments of pathology. He himself points out as an inevitable corollary of his experiments, that the different epilepsies are dependent upon discharging lesions of the different centres in the cerebral hemispheres, and that chorea must also be ascribed to similar momentary and successive discharging lesions. He infers that opisthotonos is due to irritation of the corpora quadrigemina, and that nystagmus must be traced to an affection of the cerebellum. Without attempting to follow him through his conclusions, to say nothing of numerous able and elaborate experiments, we need only express our conviction that his researches, conducted at the West Riding Asylum, throw a new light upon nervous physiology and pathology, and are unrivalled in importance by any that have been instituted since the time of Sir Charles Bell. Everyone who pretends to keep abreast with modern physiology, and everyone who is called upon to treat disorders of the nervous system—and what Medical man is there that is not so called?—is bound to familiarize himself with these researches, which are lucidly and methodically described, and which must confer great celebrity upon their author.

(a) "The West Riding Lunatic Asylum Medical Reports." Vol. III. Edited by J. Crichton Browne, M.D., F.R.S.E. Smith, Elder, and Co., London, 1873.

Dr. Herbert Major, one of the Assistant Medical Officers of the asylum, contributes some careful studies of the histological changes which may be observed in the brains of the insane. He describes very patient and complete examinations which he has carried out in cases of chronic brain wasting, of general paralysis, and of senile atrophy, and although his results are negative as regards the determination of any distinctive alterations in these conditions, they are positive to this extent, that they affirm decided pathological modifications in each of them.

Dr. Milner Fothergill announces a discovery which must, to use his own words, throw light on that weird disease, the general paralysis of the insane. He has found in an exceedingly large proportion of the sufferers from this malady, a distinct accentuation of the aortic second sound, and he argues with great force that this is due to an altered condition of the peripheral vascular area. His brief but comprehensive conclusions are :—

1. That in general paralysis and in other conditions of cerebral hyperæmia, the heart's aortic second sound is usually accentuated.

2. That there is evidence pointing to the conclusion that this cerebral hyperæmia is connected with the perivascular lymph spaces.

3. That a species of antagonism would appear to exist betwixt heart disease and insane conditions associated with cerebral hyperæmia, and manifesting mental exaltation.

Dr. Mc Dowall, the Pathologist of the asylum, has commenced an inquiry into modifications in the power of perceiving colours, as possessed by the insane, and offers an instalment towards the clear exposition of that subject. He has evidently been at great pains to acquaint himself with the labours of previous investigators, of which he furnishes a comprehensive survey, and he has also spared no trouble in his own explorations. The large proportion of colour blindness which he has already detected amongst lunatics, must encourage him to pursue the subject further. He has been happy in fixing upon such a topic, and we are much mistaken if it does not yet conduct him to some remarkable and important conclusions.

Dr. John C. Galton, who is favourably known as the translator of "Roser's Surgical Anatomy," discusses the condition of the tympanic membrane in the insane. Remarkable changes in the vascularity of that membrane have been seen by him, in epilepsy, and under the influence of drugs.

We are sorry that space does not permit us to give a separate notice of each paper in the volume. To some of them we shall perhaps hereafter return, but in the meantime it is only necessary to say that there is not a mediocrity amongst them. All of them contain some observation or deduction worthy of record, and all are carefully and commendably executed. As a whole, the volume is a most valuable one, and ought to find a place in every Medical library. It is neatly printed, and contains some excellent wood cuts.

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Foreign Medical Literature.

DR. J. MASCAREL ON THE PROPHYLAXIS OF PULMONARY PHTHISIS.

(Translated for the Medical Press and Circular by A. Vickery, "Chemist" by examination of the Pharmaceutical Society.)

(Continued from page 199.)

Such are in the present state of science the principal and essential causes of the production of this disease. We will now proceed to examine the means of preventing it.

This malady is essentially hereditary, we have said, and as such follows the ways and means of extension of hereditary and consumptive diseases. It may be and often is acquired. Let us examine the question from these two points of view. All individuals who number among their more immediate ancestors one or many affected or having been affected with phthisis, ought to take all precautions against its development. They carry the germ, and this germ waits only a favourable occasion to develop itself. It is ordinarily in the ages between fifteen and seventeen years of age on the one hand, up to thirty or thirty-six years on the other, that this occasion occurs.

To fortify the organism of the child by the choice of a robust nurse whose antecedents are healthy, and above all to be assured of the complete absence of phthisis in the family, and also in the husband's, to apply regularly all the rules of good hygiene, and of a regimen based on the laws of physiology; as, for example, to keep the child during the first eight or ten months of its existence on milk diet exclusively. How many infants are there who owe to their too well-intentioned mothers the development of tubercles through the use of strong soups, roast meats, the juice of meat, fermented cheese, pastry, and sweetmeats, when the beginnings of life only ask one thing—milk often, and always milk. One of the merits of M. Guérin is that he has been the first to show how this precocious abuse of substantial nourishment, which is not in agreement with the degree of development of the digestive organs, creates ills by causing rickets, lymphatism, arrest of development, and later phthisis. When the child grows and commences to cut his teeth, add to the milk regimen bread and water, gruel, sugared bread, then fresh butter, then paste prepared from chicken soup; later, and at intervals more or less prolonged, according to the age of the child, the chicken soup may be replaced by that of beef and chicken, or of beef alone, alternating with little panades prepared with sugared red wine. Do not neglect short baths, fresh in summer, tepid in winter, putting the infant to bed some minutes after, or if old enough to walk, sending him into the open air. Do not cover him too much, but do not any the more suffer him to go too bare; excess in either is injurious. Dress him early in flannel if he is delicate, whether the climate he is subject to be cold or warm.

If a cold in the head, a sore throat, or especially a bronchitis burst forth, keep the child in its room, care for it promptly and methodically, as if it were menaced by a grave disease. If the bronchitis renews itself, or is, as they say, a repetition, although auscultation reveals nothing, yet take every precaution against this catarrhal predisposition, and according to the intensity, the duration, and frequency of return of these accidents, send the child when about the age of puberty to temperate climates during the whole time of the cold season.

There are Egypt, Algeria, and, above all, Madeira; then all Provence, Mentone, Cannes, Hyères, Le Vernet, Amélie les Bains, Pau, Arcachon, &c. It is on the attendant physician that the task falls of choosing one of these stations, according to the conditions of age, temperament, diathesis, position, fortune, &c., of the young patient. If there be some trouble in deciding on the most suitable station, then some weeks may be passed here or there until the young adolescent finds a situation which suits thoroughly. These journeys should be undertaken about the month of October, or later, in November. To essentially nervous natures it is necessary to avoid those localities where the *mistral* and sirocco blows. Pau, then, or Amélie les Bains are preferable. Nervous disease accommodates itself badly to dry winds, hot and dusty. It is not so with lymphatism. These appreciations of detail belong to the attendant physician.

But the most difficult period to pass through for our young aspirants—I was going to say, to phthisis—for our young aspirants to good health, is the spring season. In March and April, in many localities which we could cite, it is too warm; then it is necessary to leave. But if we travel northward it is too often cold and humid; the vicissitudes of temperature and variations in the direction of winds are permanent. The time of transition is the most difficult to deal with, and those who are constantly seeing these patients know perfectly that this is the epoch of appearance of cold in the head, colic, sore throat, ear-ache, and rheumatism. What shall we do then? Arcachon, with its maritime atmosphere and its girdle of balsamic forests to protect from the cold winds of the north, as well as from the dry and burning winds of the desert, appears to us, in France at least, the intermediate resting place between hot countries and the cold climates, and climates classed immediately after these last. Patients may reside there during March and April.

But now the summer is approaching with the torrid heats of the plain; what must be done now?

If the health is very good, and if to the present it has given no cause for inquietude, employ the time in travelling in those salubrious and mountainous countries which are exempt from too great heats. But if you have already had to fight against bronchitis, whether it has entirely disappeared, or whether some traces still remain, and if, above all, auscultation has awakened fears of commencing tuberculisation, your line of conduct is clearly marked out. Go at once for cure to the thermal waters. Here the difficulties are greater than for the choice of a winter station; for as my friend, Dr. Durand-Fardel, says, with much justice, "What a terrible responsibility the sending of a phthisical patient to a thermal station in general brings with it! We have not to do here with risking at the most a useless journey, of trying in doubt some inoffensive waters, of speculating, in default of formal therapeutic results, on salutary hygienic changes; the matter is to have recourse to energetic medication, which will not in any case be indifferent—that is to say, which will be always either salutary or injurious; the matter is to get rid of or to light up a morbid state which puts in play not health, but life; it is necessary to seize the opportune moment, because it is the opportunity that the issue of the medication entirely depends upon."—(*Gazette Médicale de Paris*, 1869, p. 481.)

Yes, the opportunity, it is this which it is so difficult to seize in all things; all practical medicine lies in the opportunity.

Individuals predisposed to phthisis ought in general to avoid cold baths, and especially sea baths. We have known a number of people become phthisical who have said to us,—"My illness commenced by the sea-side; at the first or second bath I commenced to cough and to spit blood."

Hydropathy at home can, however, be counselled at suitable times, and as long as the cough has not burst out; baths of river water ought only to be used with the greatest reserve during the summer. It is not the same with warm baths; not only are they useful to keep up the proper performance of the functions of the skin, but baths of thermal mineral waters are called to play, and play already an immense *rolé* in the prophylaxis of the malady we are studying.

The rapid and incessant progress of modern hydrology seems to have definitely fixed the attention of practitioners on two classes of mineral waters: the mixed soda bicarbonates, such as Ems, Royat, Mont Doré, and the large class of hot and cold sulphur waters. We do not seek to explain how it is that two agents so dissimilar in their chemical constitution as are the waters of which we speak should be applied to the cure of the same maladies of the chest; the solution of this problem is reserved for the future. We accept the facts such as they are, since in the actual state of science they are the expression of the truth; but there are none the less, in the choice of one or other of these remedies, great distinctions to establish, because it is of daily experience and observation that the sulphur waters may not be suitable to the one, and yet be favourable to the other, and *vice versa* for the mixed soda bicarbonates; it results from researches which we have made on this subject, and from numerous clinical inquiries which we have followed during several years near many of these thermal springs—1st. That the sulphur waters, by their essentially stimulating action, are not suitable to impressionable nervous natures, predisposed to a dry cough, but that they find their use whenever herpetism, arthritis, or lymphatism, separate or combined, attack the constitution; 2nd. That the waters of Ems and of Royat find their medication in nervous diseases and their dependencies; 3rd. That lastly, the waters of Mont Doré appear to be the most apt to prevent the disease, and to combat it in the three stages of its manifestations.

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Correspondence.

MEDICAL OFFICERS IN THE MERCANTILE MARINE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—While Mr. Plimsoll seems to be doing all in his power to ameliorate the condition of sailors in the mercantile marine, it is strange that no one can be found, amongst the members of our Profession, to speak on behalf of the Medical officers in charge of ocean-going steamers and emigrant ships. A "ship doctor," as he is termed by the *ὃι ποδδιω*, has difficulties to contend with that are quite unknown to members of the Medical Profession on shore. No vessels (except those under the control of the Government Emigration Commissioners) are provided with a hospital. Healthy and sick live together. The surgeon, if he has a heavy bill for medicines and other necessaries, frequently gets "hauled over the coals" on his return, or in some cases retires from the Company's employ in disgust. If, as is generally the case, he sails under the command of a master who is completely ignorant of everything except his own immediate business (gentlemanly behaviour included), his position is far worse.

For example, some time ago I was in Medical charge of a steamer on her voyage home from the East. A fireman was reported to me as having retired sick from the stokehole during the middle watch. I told the captain that it was a case of simple continued fever. He retorted, "The man is scheming." I replied, "Captain, I consider the man to be seriously ill." "Oh!" he answered, "I knew how it would be; we shall be in the Red Sea to-morrow, and he wants to lie up till we get to Suez."

This is the kind of treatment we have to bear with for a miserable pittance of £10 per mensem. At the same time I should be very sorry to say that all masters in the mercantile marine resemble the individual here spoken of, as out of nineteen voyages to sea I have *twice* sailed in ships commanded by gentlemen.

I am, Sir, yours truly,

FOUR YEARS IN THE MERCHANT SERVICE.

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ON THE ADVANTAGES OF MEDICAL SOCIETIES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Your article headed "Professional Relations in Courts of Law," in your issue of the 20th inst., tends, alas! to draw the attention of your readers to those sad shadows which overcast, unfortunately too often, the honoured sunshine of Medical achievements, the golden lustre which, in the eyes of a public, if at all gracious for untold benefits received, should ever surround the labours of a profession struggling heroically, despite all difficulty and danger, for the benefit of humanity at large. The subject of Medical ethics is one, Sir, too vast and versatile to be entered upon by your humble servant in the brief compass which your fully-occupied space could accord to anything in the form of an epistolary communication; but whilst thanking you for so kindly noticing in the MEDICAL PRESS of the 13th the "formation of a new Provincial Medical Society," of which I have the honour to be secretary, in the town of Drogheda, you may, perhaps, permit me in a few words to advert correlatively to the two topics.

Of all the learned professions, there is none which stands in the same light as Medicine, whether you view her in those peculiar relations in which she exists with a scrutinizing public, or with regard to the difficult positions in which we so frequently find ourselves placed towards each other, no matter how vigilant and circumspect may be the conduct of our professional transactions. There, therefore, not only remains a proneness greater than in any other body of the educated to mutual misunderstandings between individual members of our Profession and the public, but also a commensurate tendency towards intra-fraternal discord. The vast extent also of our numbers which our numerous and readily accessible portals have given rise to, coupled with the steady increase of education and civilisation, both at home and in the British colonies, which has created necessarily a continually increasing call to our ranks, obviously engenders jealousy and unhealthy emulation, not only from occasional overcrowding of the Profession in localities, but also from an admixture of rank, qualification, and opinion, both educational and otherwise. Disgrace, then, which may, and occasionally does, reflect itself upon us, whether individually or collectively, is not so much to be wondered at, considering the ethical bearings of the varied circumstances of the case. I feel rather surprised, though, that our relationship toward each other and the public being so hazardous, we do not strive more together to obviate the tendency to strife and unpleasantness by promoting more than is generally done in small professional communities that genial attrition of intellect and ideas upon subjects either remotely or affinitively bearing upon medicine or surgery, which cannot but be productive of a spirit of combination and good feeling towards each other, which all fellow-labourers working in the same cause, if frequently meeting together, must naturally feel. Not only do we neglect to set such enterprises on foot, but when we try to do so one little knows what a labyrinth of perplexity, and what multitudinous excuses are presented by those whose object it ought to be by fraternal combination to surmount obstacles which endanger our own individual welfare. Apart from the pre-eminent advantage which all such professional union entails in preserving our knowledge *au courant* with the times, and aiding our endeavours toward the acquirement of learning, which, as being ever "students still," of course, is our highest aim, Medical communion, whether small or large, urban or rural, is strongly indicated to cement our actions, heal our *petit* grievances, and unite us in bonds of affectionate fellow-feeling and goodwill—the *spirit* of that brotherly concord—a principle stronger than anything which the *letter* of "etiquette" can possibly effect.

I am Sir,
Your obedient servant,
FRANCIS E. CLARKE, M.A., M.D. Dub.,
Secretary, Drogheda Medical Society.

Lawrence Street, Drogheda,
28th August, 1873.

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SCOTLAND.

THE LATE PROFESSOR MILLER, EDINBURGH.—Shortly after Mr. Miller's death a few friends raised, by private subscription, about £1,600 as a memorial to him. Knowing his deep interest in, and long connection with Medical missions, it was considered by the subscribers that a more fitting tribute could not be paid to the memory of Professor Miller than by associating his name with the Edinburgh Medical Missionary Society, for which during his life he had done so much. This sum realised was given towards the purchase of a house as a "Home" for mission students, and is known as the "Miller Memorial Home." The amount of the subscription, however, was short of the purchase money by £700, and an outlay of £300 was required for necessary repairs. The actual debt on the "Home," therefore, is £1,000. As this is the first public appeal which has been made on behalf of the "Miller Memorial Home," we confidently expect that the friends and pupils of the late Professor Miller will respond to it with liberality. Subscriptions will be received by Dr. A. G. Miller, 15 Shandwick Place, Edinburgh, and the Rev. John Lowe, F.R.C.S., 56 George Square, Edinburgh.

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SANITARY HOBBIES.

IT is hardly necessary for us to say that we are not prepared to follow the learned ex-President of the British Medical Association in "damning with faint praise" the sanitary precautions which every one else is endeavouring to force upon the public comprehension. We hold a thorough belief that a large percentage of our mortal diseases are, humanly speaking, preventable, and that a preventable death from such causes is a disgrace to our advancement in sanitary matters.

But is there not, nevertheless, a present danger of our over-riding the sanitary hobby? and is not the panic about milk typhoid somewhat like a ridiculous refinement upon our new-found dogma of germ propagation? We are not at all prepared to doubt the transmission of this particular epidemic through the milk-can, being told by great men that it had its origin in that way. Such avowed scepticism would be an almost heretical confession. But we should like to be informed whether there is a single district in any large town in the three kingdoms of similar extent with the infected district, amongst the milk providers of which there is not usually a case of something like typhoid. With the sewage origin of that fever occupying our heads, we go to search for a case of the disease wherewith to corroborate our hypothesis, and it is hardly wonderful that one is readily found. But what about the dozens of such cases that daily occur amongst milk producers in England, of which we hear nothing? Are we to assume that it is only in an isolated case the germ gets into the milk-can? If so the danger loses all its excitement.

DUTCH MEDICAL SERVICE.

The *Scotman's* London correspondent states that the Government of the Netherlands has announced its willingness to employ British surgeons on the following conditions:—The applicant must lodge with the chief of the Medical staff of the Netherlands army at the Hague, his name and address, along with satisfactory certificates as to character. He must be under thirty-five years of age. He must be able to speak either Dutch or French or German well enough to be able to pass a short *vivâ voce* examination. His engagement will be for five years, and may be prolonged. Successful candidates will take rank with first lieutenants on the staff. The pay will be 2,250 guilders (about £185) per aunum, with prospects of promotion. The Netherlands Government will grant a first-class passage to the seat of war, and a premium of 4,000 guilders (about £330). The Batavian Republic has never forfeited the character given to it by Dugald Dalgetty, according to whom "its behaviour on pay-day might be an example to Europe." Besides, the attractions of the Dutch Indies to the scientific surgeon (especially if he be a naturalist) are at once rich and unique.

We regret to understand that the patient on whom Dr. Spencer Wells operated in Dublin for an ovarian tumour last week, died four days after the operation.

It was hoped that the Profession in Dublin would have been gratified by a visit from the distinguished foreigners—Professors Virchow and Langenbeck and Dr. De Mussy—who were present at the meeting of the British Medical Association in London. There was an expectation that they might have been able to accept the invitation of Mr. Joliffe Tufnell to make themselves this summer acquainted with a few of the beauties of Ireland, but it was not found to be possible for them to delay longer their return home. We believe, however, that they have given a promise, if possible, to avail themselves of the invitation next year.

The full-length statue of Professor Stokes, of Dublin, which is, with those of Marsh and Corrigan, to complete the tripos in the hall of the Dublin College of Physicians, is now completely modelled; and we have had the pleasure of an inspection of it in the studio of Mr. Foley, in Osnaburg Street. If it be transferred to the marble in as perfect a state as it now stands, it will prove to be one of the most successful efforts of Mr. Foley, and, in all respects, up to the high standard of merit which has marked that eminent sculptor's works. The statue is in academic costume, and Mr. Foley has caught one of Dr. Stokes's most characteristic attitudes—the head slightly stooped, and the hands crossed together in front. The likeness is such as hardly to admit of a suggestion to improve it, and, as a whole, the statue is one which gives every promise of being a credit to the sculptor, a satisfaction to the subscribers, and an ornament to the College Hall.

Medical News.

There has been only one case of true Asiatic cholera authenticated in England, a death from which occurred last week on board a ship off the east coast.

In the will of the late John Stuart Mill there is a bequest of £3,000 to any one University in Great Britain or Ireland which shall be the first to open its degrees to women.

The fearful epidemic of yellow fever has abated on the River Plate.

Cholera is still prevalent in Germany. The places which have suffered most are the following:—Kœnisburg, 19th August, 42 cases, 16 deaths; Magdeburg, 21st August, 77 cases, 39 deaths; Stendal, 20th August, 14 deaths; Munich, 22nd August, 81 cases, 10 deaths. At Berlin the number of cases reported up to the 21st of August was 129, 90 of which proved fatal.

The Medical practitioners of the Canton Aargau, in Switzerland, says the *Gazette Hebdomadaire*, have just declared a strike because the remuneration given them for visiting the poor is so wretchedly meagre. It seems that the tariff has not been changed since 1804, and according to it a practitioner, for a visit paid to a pauper at a distance of three-quarters of a league, receives the incredible sum of seventy centimes, or 7d.! For the same distance a *commissionaire* receives a franc.

Milk Poisoning.—We have it on good authority that a family of six persons, living in a very destitute condition near Glyn, co. Limerick, were almost simultaneously attacked with choleraic symptoms after supping on Indian corn and wheaten, bread with goat's milk. Two of the family, the father and eldest son, died after a few days' illness, and the rest slowly recovered from a state of extreme prostration under skilful Medical treatment. A *post-mortem* examination of the father was made by Dr. McDonnell, of Glyn, and the viscera preserved for analysis. The autherities then referred the case to Dr. Emerson Reynolds, the Professor of Analytical Chemistry to the Royal Dublin Society, who analysed the organs with their contents, and the articles of food and drink used by the deceased and the rest of the family. The result of the chemical investigation, supported by evidence of the effect of the food upon animals, has been to point out the goat's milk used by the family as the cause of the symptoms, and this poisonous action of the milk appears to be attributed to the accidental feeding of the goat upon dangerous herbs (Æthusa cynapium, &c.) known to grow on the land where the animal picked up its scanty food. The researches of Guersent, Beaugrand, Zühner, and others, would lead to the conclusion that this form of poisoning is more frequent than many suppose.

Indian Medical Department.—The Military Secretary, India Office, presents his compliments to the Editor of the Medical Press and Circular, and begs to enclose for publication a list of the Candidates for Her Majesty's Indian Medical Service, who were successful at the competitive examination held at Burlington House on the 11th August, 1873. Fourteen candidates competed for eleven appointments; thirteen were reported qualified.—A. J. Willcocks, J. Moloney, F. R. Swaine, C. W. S. Deakin, H. Allison, J. G. Collis, H. K. McKay, J. J. H. Wilkins, M. L. Bartholemensz, P. Thompson, R. C. Ross.

Gleanings.

Poisoning from Camphor.

H. C. Hall, M.D., of Crawfordsville, Iowa (*The Clinic*, March 8, 1873), records a case of poisoning by spirits of camphor, which was taken by an old man, 80 years old, to relieve his diarrhœa. Ipecac. in large doses, combined with 20 grs. of bromide of potassium, were given with success.

Cerebro-Spinal Sclerosis.

Stiles Kennedy, M.D., Prof. Anatomy and Physiology, Delaware State College (*Review Medicine and Pharmacy*, March, 1873), thinks that Dr. Hammond's diagnostic lines are too tightly drawn among the scleroses of the nervous system, especially those accompanied by tremor.

He recites Dr. Hammond's definitions of multiple cerebral sclerosis and multiple cerebro-spinal sclerosis, based upon 20 cases, and states that he has failed to discover these distinctions from his experience of 12 cases, three of which he records. From these cases, therefore, he thinks that by accepting the pathology of Dr. H., in this class of cases, the title of *cerebro-spinal sclerosis involving the hemispheres*, must be added to his nomenclature.

Hydrate of Chloral in Incontinence of Urine.

Dr. Girolamo Leonardi has found chloral a most valuable remedy in nocturnal incontinence of urine. The dose for children is from five to ten grains taken in water before going to bed. For adults the dose is proportionately larger. The treatment has been successful in all of his recorded cases. The remedy must be repeated for several successive nights.—*La Sperimentale*, April, 1873.

Combination for Chronic Diarrhœa.

Rayer (*Union Médicale*, No. 73) advocates the combination of cinchona, charcoal, and bismuth in the management of chronic diarrhœa, in these proportions: Subnitrate of bismuth, ʒj.; cinchona, yellow, powdered. ʒss.; charcoal, vegetable, ʒj.; M. Chart. xx. S. Two or three times daily during the intervals between meals.

Removal of Tongue and Lower Jaw.

William H. Hingston, M.D., of Montreal (*Canada Medical and Surgical Journal*, March, 1873), recently removed the tongue and lower jaw from a man, aged 71 years, for a cancerous mass which involved the whole sublingual region. extended along the lower jaw, from a little below the median line on the right side to the second molar tooth on the left, and eating away, in its progress upwards, the frænum and a considerable portion of the under surface of the tongue. The patient made a quick recovery. He was presented before the Medico-Chirurgical Society of Montreal, about four months after the operation, with no great amount of deformity. Speech was restored to some extent, notwithstanding the entire ablation of the chief organ which gave it articulate utterance.

Obituary.

DR. G. FABIAN EVANS; OF BIRMINGHAM.

We regret to announce the decease of this much-respected physician. Although death took place so recently as Saturday last, he had been incapacitated from practice for several months on account of a severe illness. The deceased, who was in his seventy-sixth year, was B.A. Cantab., F.R.C.P. Lond., having also studied in the schools of Dublin, Paris, and St. Bartholomew's, London. He was a fellow of the Royal Medico-Chirurgical Society, and Senior Consulting Physician to the Birmingham General Hospital.

NOTICES TO CORRESPONDENTS.

Notice to Subscribers.—Gentlemen who have not paid their Subscriptions for the past year are respectfully reminded by the Publishers of the omission.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

Local Newspapers, &c.—When forwarding newspapers containing news or articles to which our attention is wished to be drawn, correspondents will oblige by marking the copy, as it is impossible for us to wade through all the country papers we receive.

Society for Relief of Widows and Orphans of Medical Men.—We are desired to remind members and subscribers of this society that a court will be holden on the 8th proximo, at which candidates for admission must be proposed. This excellent society is much in want of funds, and those of our readers who have a little spare cash cannot do better than by giving a portion to this charity.

Hygiene.—We are not at all surprised that you should be disgusted with the twaddle which has recently been written in the daily papers. However, it has given a few the opportunity of airing their opinions in public, and advertising themselves very cheaply.

Dr. J. A.—The gentleman to whom you addressed a letter has been abroad for a month, and in his absence the communication could not be answered. You will find the request has been attended to in the present number.

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

The Parasitic Origin of Skin Diseases. By Jabez Hogg, F.R.C.S. London: Baillière, Tindall, and Cox.

The West Riding Asylum Medical Reports. Vol. III.

The Harveian Oration, 1873. By George Rolleston, M.D., F.R.C.S. London: Macmillan and Co.

On Nursing the Sick. By Dr. Munro. Glasgow: Maclehose.

Diseases of Children. By William Henry Day, M.D. London: J. and A. Churchill.

Quantitative Chemical Analysis. By J. E. Thorpe. London: Longmans, Green, and Co.

The Microscopic Structure and Mode of Formation of Urinary Calculi. By H. V. Carter, M.D. London: J. and A. Churchill.

On the Connection of Bright's Disease, &c. By A. L. C. Galabin, M.A. London: Smith, Elder, and Co.

Hardwicke's Science Gossip. Microscopical Journal. Obstetrical Journal. Pacific Medical and Surgical Journal. British Journal of Dental Science.

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VACANCIES.

Longford Union. Medical Officer for the Drumlish Dispensary District. Salary £100 per annum. (See advt.)

Royal Free Hospital, London. Junior House-Surgeon. (See advt.)

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The General Hospital, Birmingham. Resident Registrar and Pathologist. Salary £100 per annum, with board and residence. Applications to be addressed to the House Governor.

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APPOINTMENTS.

Baker, J. W., M.R.C.S.E., Medical Officer to the Derbyshire Gaol, Derby.

Cowley.—J. S., M.R.C.S.E., Medical Officer of Health for the Upton-on-Severn Rural Sanitary District: £100 for one year.

Dixon, J. F., L.R.C.P.L., M.R.C.S.E., House-Surgeon to the Clayton Hospital and Wakefield General Dispensary.

Elliston, G. S., M.R.C.S.E., Medical Officer of Health for the Ipswich Urban and Port Sanitary Districts: £125 and £25 for one year.

Graham, A. F., M.D., M.R.C.S.E., a Hon. Surgeon to the Northern Hospital, Liverpool.

Harris, M., M.B., M.R.C.S.E., Demonstrator of Anatomy at the Liverpool Royal Infirmary School of Medicine.

Maddison, W. P., M.R.C.S.E., House-Surgeon to the Memorial Hospital, Jarrow-on-Tyne.

Newby, C. H., M.R.C.S.E., Resident Accoucheur at St. Thomas's Hospital for the ensuing three months.

Shea, J., M.D., M.R.C.S.E., Medical Officer of Health for the Reading Urban and Rural Districts, has been appointed Medical Officer of Health for the adjacent Sanitary District of the Wokingham Union.

Shearman, W. M., L.R.C.P., Medical Officer of Health for the Swinton and Pendlebury Urban Sanitary District: £50 per annum.

Wagstaffe, W. W., F.R.C.S.E., an Assistant-Surgeon to St. Thomas's Hospital.

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Marriages.

Beverley—Hotblack.—On the 21st of Aug., at the Church of St. Peter-per-Mountergate, Norwich, Michael Beverley, M.D., of St. Giles' Street, to Marian, eldest daughter of John Hotblack, of St. Faith's House, Norwich.

Edwards—Payne.—On the 21st of Aug., at Birdbrook, Essex, Frank Edwards, L.R.C.P.Ed., L.S.A.L., of Furneaux Pelham, Herts, eldest son of Thos. Edwards, of Wixoe Park, Suffolk, to Alice, eldest daughter of Henry Payne, Esq., of the Moat, Birdbrook.

Harvey—Turnbull.—On the 27th of Aug., at St. Mary's Church, Cheltenham, Edward Harvey, Captain Royal Engineers, to Rose Marian Monckton, daughter of Francis Turnbull, Esq., M.D., Surgeon Major Retired List Bengal Army.

Law—Bell.—On the 20th of Aug., at St. John's Episcopal Church, Edinburgh, Alfred Robert Law, M.D., M.R.C.S., of Richmond, Surrey, to Charlotte Elizabeth, elder daughter of William Bell, Esq., of Melville Street, Edinburgh.

Meadows—Brett.—On the 2nd of July, at St. Paul's Cathedral, Calcutta, by the Rev. C. C. T. Fagan, M.A., Charles F. W. Meadows, Surgeon H.M.'s Bengal Army, second son of the late George F. Meadows, Esq., Church House, Otley, Suffolk, to Clara, the younger daughter of Alfred Brett, Esq., of the Limes, Peckham Rye, Surrey.

Pearson—Crowther.—On the 20th of Aug., at Alford, from Hanby Hall, the residence of E. L. Crowther, M.D., Mr. James Pearson, of West House, Congleton, to Victoire Marie Louise, eldest daughter of the Hon. W. L. Crowther, of Hobart Town, Tasmania.

Tunmer—Hayman.—On the 21st of Aug., at the Parish Church of Old Cleeve, Somerset, James Robert Tunmer, Esq., of the Paragon, New Kent Road, London, to Bessie, younger daughter of the late John Hayman, Esq., of Hungerford House, Washford, Somerset.

Deaths.

Cooper.—On the 22nd of Aug., Wm. Cooper, M.D., late of Bury St. Edmunds, formerly of Norwich, aged 56.

Evans.—On the 30th of Aug., at Birmingham, G. Fabian Evans, M.D., Senior Consulting Physician to the Birmingham General Hospital, aged 75.

Hart.—On the 22nd of Aug., Wm. Hart, M.R.C.S.E., of Brighton, formerly of Dorking, aged 76.

Hayles.—On the 23rd of Aug., Geo. Hayles, M.R.C.S.E., of Alresford, aged 72.

Kett.—On the 14th of Aug., W. Kell Kett, L.S.A.L., of Hollesley, near Woodbridge, Suffolk, aged 77.

Advertisements.

THE FRIENDS of a LADY, whose mind is occasionally slightly affected, desire to place her in a family, where she would be treated with care and kindness and have a happy home. The neighbourhood of Dublin preferred. Please state terms in reply. References given and required. Direct to C. E., Donaghmore, Co. Tyrone.

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The WINTER SESSION will open on the 1st OCTOBER. The Opening Address will be delivered by Professor GAMGEE, M.D., F.R.S. Attendance will be given from twelve to one, at the College, Oxford Street, up to the 14th October, for registration.

Four Scholarships, of the value respectively of £50, £20, £15, and £10, and the Dumville Surgical Prize, value £20, are offered for competition, and are awarded at the end of each session.

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Two Entrance Scholarships of £30 and £20 respectively, the Llewellyn Scholarship of £25, the Golding Scholarship of £15, the Governors' Clinical Gold Medal, besides the usual Class Medals, are open to competition among the Students.

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Anatomy and Physiology—Alexander Silver, M.A., M.D.
Practical Histology—J. Mitchell Bruce, M.D.
Anatomy, Descriptive and Surgical—Richard Barwell, F.R.C.S.
Anatomical Demonstrations—J. Cantlie, M.A.
Chemistry—C. W. Heaton, F.C.S.
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Surgery—Edwin Canton, F.R.C.S.
Clinical Medicine—A. Julius Pollock, M.D.
Clinical Surgery—Henry Hancock, F.R.C.S.

SUMMER SESSION.

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Midwifery—J. Watt Black, M.A., M.D.
Botany—Edward Dowson, M.D.
Forensic Medicine—G. Vivian Poore, M.D.
Practical Chemistry—C. W. Heaton, F.C.S.
Pathology—T. Henry Green, M.D.
Psychological Medicine—W. J. Hunt, M.D
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The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 10, 1873.

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ANEURISM OF THE ABDOMINAL AORTA SIMULATING IN MANY RESPECTS A MALIGNANT TUMOUR—ABSENCE OF NEURALGIC SYMPTOMS UNTIL THREE DAYS PRIOR TO DEATH, WHICH TOOK PLACE FROM SUDDEN EFFUSION OF BLOOD INTO THE ABDOMINAL CAVITY.

By J. Stannus Hughes, M.D., F.R.C.S.I.,

Professor of Surgery in the Royal College of Surgeons in Ireland.

History of the Case.—— ——, a distinguished member of the Medical Profession, who had just completed his 54th year, of spare habits and anæmic appearance, sent for me on Sunday morning, the 26th of May, 1867, three days prior to his death, and on my arrival, he complained of acute agonising pains in the lumbar and sacral regions, extending to the groins and thighs, from which he had been suffering for *the first time* from the previous evening. On asking him if he had ever noticed a tumour in his abdomen, he became very much excited, and annoyed at my inquiry, and in a very sharp and angry tone of voice, demanded why I had put such a question to him. On my replying that the reason I had done so was, that I had known cases in which abdominal tumours were accompanied by pains of the character he was complaining of, he, after some hesitation, told me that he had a great secret to impart to me, which no earthly being was in possession of but himself; namely, that *for years past* he had a pulsating abdominal tumour, but he beseeched of me not to arrive at a hasty conclusion that it was an aneurism he was labouring under, as he should, in a few minutes, prove to my satisfaction that it was not a disease of so terrible a nature.

On turning down the bed-clothes, I found a pulsating tumour a little below the umbilicus, which was extremely hard and irregular on its surface, and about the size of a large man's closed hand; the pulsation had *not* the sensation of expansion and contraction; that feeling as if it were alive and panting, so generally observed in aneurisms. Here the pulsation was more of that up and down movement rising at each impulse of the heart, so well marked in cases where a solid tumour lies on a large artery; pressure on the artery above the tumour did not affect the bulk of the swelling, a loud bellows murmur was audible, synchronous with the first sound of the heart, when the ear was applied over the tumour.

He then proceeded to prove to me, as he said, that the tumour was *not* an aneurism, by placing himself all fours in the prone position in the bed, and drawing the tumour, as he asserted, off the aorta. He next asked me to examine the tumour again, which I did, and found that the pulsation and murmur, which were present in the supine position, could be no longer detected, but as soon as he resumed the supine posture, both the pulsation and murmur returned. The patient now exclaimed, in triumph, that he trusted I was satisfied that he was not labouring under an aneurism, and that I would give him the credit of having established a correct differential diagnosis in his own case, admitting, at the same time, that he was continually examining the tumour both by manual means as well as by the assistance of a long curved india-rubber stethoscope, which he had got constructed for the purpose.

After my first examination, —— —— told me that his own impression was, that the long abiding tumour in his abdomen consisted in a thickening of one of his small intestines, together with a lodgment of fæces, and he thought he was strengthened in that opinion, by the fact, that the tumour was invariably diminished in size, and the inconvenience attending its bulky presence was always relieved by purgative medicines.

The anterior history of —— ——'s case was, that ten years before he had placed himself under the care of two very eminent Medical men in Dublin, for what was then thought to be an affection of his stomach, accompanied by functional pulsation of the aorta.

For years —— ——'s appearance was that of a man labouring under malignant disease; he was wasted, discoloured, and had a wan, painful expression of countenance. His elder brother had died of *cancer of the face.*

—— —— was of a manly disposition, passionately fond of his profession, and he struggled against his delicacy of constitution by going on shooting parties in season, and enjoying horse exercise in town as often as business would admit; indeed, a fortnight before his death he was occupied during his leisure hours in breaking in a young vicious horse.

Treatment.—As the bowels were confined, an aperient enema was administered, and a large belladonna plaster was applied to the lumbar and sacral regions, and morphia was given to him in suitable doses at proper intervals. The foregoing treatment had the effect of relieving his sufferings for some hours, but towards morning the pains returned with increased violence.

27th.—He was seen this morning, at my request, by Dr. Stokes, who had been consulted some years previously, in conjunction with Sir Philip Crampton. The sedative treatment, combined with aperient pills, was continued, without, however, any relief, the pains returning at intervals with increased intensity. —— —— refused to submit to the endermic use of morphia, which was proposed to him by me at my *first visit* and subsequently.

28th. —— —— passed a most painful and restless night, and was visited with me by Dr. Hudson, in consequence of Dr. Stokes having been obliged to proceed the night before on business to London. After a careful examination, and after the patient had, by change of position and manipulation, again endeavoured to prove that his case was not that of aneurism, Dr. Hudson and I retired to the dining-room for the purpose of consultation, when we were hastily summoned back by the servant to the bedroom, where we found —— —— in a dying state, evidently from internal hæmorrhage, from his blanched, marble-like appearance and cold surface.

Post-mortem Examination.—The following were the appearances which presented themselves at the autopsy in the foregoing case, at which I was assisted by Dr. Ledwich, in the presence of Dr. Robert Adams, Dr. Reardon, and many of the hospital physicians and surgeons of Dublin :—

The surface of the body, as well as that of the face, presented a yellowish, waxy, bloodless hue, the lower extremities were œdematous, as well as the areolar tissues of the scrotum.

On dividing the abdominal walls by a crucial incision, and reflecting the flaps, the depending portions of the abdominal cavity were found filled with dark semi-fluid and coagulated blood. Having sponged away the blood we came down on a very irregular nodulated and indurated tumour, which was firmly bound down to the vertebræ by several layers of condensed, organised lymph, some of which were obviously of very long formation. On making a very careful dissection of these adventitious deposits, a very large aneurism of the aorta at and above its bifurcation into the iliacs, partially involving the latter vessels, revealed itself. The anterior wall of the aneurism was very thin in several places, and had evidently given way at two points during the patient's rude efforts to prove to his Medical attendants that his disease was not aneurism.

On examining the aneurism itself, it was found full of layers of condensed, nodulated fibrine, some of which were obviously of old standing; they were very hard and irregular on the surface, and had communicated during life that sensation which would be conveyed to the fingers of the explorator by a deep-seated carcinomatous tumour, which, coupled with the appearance of the patient, and the fact that an immediate member of his family had died of cancer, might not only but naturally had induced some to believe, both long before and immediately previous to his demise, that he was the victim of malignant disease. The aneurism sprang from the anterior aspect of the aorta. Two of the lumbar vertebræ corresponding to the seat of the aneurism were in a very early stage of caries.

Remarks.—Although the difficulties in the diagnosis of abdominal aneurisms have been greatly lessened since the year 1830, when the late Dr. Thomas Beatty established to a great extent the correct diagnosis of that disease, by publishing his valuable observations on the subject in the *Dublin Hospital Reports*, yet we do, at times, encounter cases of that fortunately rare disease, in which the diagnosis is surrounded with difficulties, and of which the foregoing case is so remarkable an instance, that I have deemed it worthy of being placed on record.

The *chief* points of interest in —— ——'s case may, in my opinion, be thus briefly summed up, viz. :—

1st. The length of time the disease had existed.

2nd. The complete absence, until within three days prior to death, of the pains of either a dull aching or excruciating neuralgic character, which so generally accompany abdominal aneurisms.

3rd. The character of the pulsation.

4th. The fact that pressure exercised on the cardiac side of the tumour had no appreciable effect on the latter.

5th. The absence of pulsation and murmur in the prone position, which can, in my mind, be accounted for by the fact, that the aneurism sprang from the anterior wall of the artery.

6th. The unusually nodulated irregular outline of the dense layers of fibrine contained in the aneurism.

7th. The wonderful efforts nature had made to effect a cure, and by which life had been so remarkably prolonged.

◆

OBSERVATIONS ON FEVER.

Being abstract of Lectures delivered in Dr. Steevens' Hospital.

By Thomas Wrigley Grimshaw, M.D.Dubl.,

Fellow and Censor of the King and Queen's College of Physicians; Physician to the Hospital, and Senior Physician to the Fever Hospital, Cork Street, &c.

Reported and Edited by Henry J. Tweedy, M.B.Dubl.,

Fellow and Examiner in Arts in the Royal College of Surgeons in Ireland.

The wonderful complications of fever must be regarded in the light of distinct diseases when we come to treatment. However, difficulties frequently arise, for in many cases the drugs which would be used with advantage under ordinary circumstances, will be found totally inapplicable for the treatment of the disease when it occurs as a complication of fever. For example, if a patient in enteric fever be attacked with bronchitis, we cannot with safety give carbonate of ammonia for fear of irritating the intestines, and so another class of remedy must be adopted—say ipecacuanha, the compound tincture of camphor, &c. When pneumonia complicates a fever, stimulants will be found treatment sufficient. Drugs are of but slight avail in laryngitis; external applications—such as poultices, mustard, liniment of iodine, or a leech or two—may do some good, but the inhalation of steam is perhaps the most soothing treatment.

The treatment of the complications connected with the digestive organs requires less consideration than most other complaints. The simplest but perhaps the most frequently observed of these complications is the soreness of the mouth, tongue, and gums, which almost invariably accompanies any severe fever. It is met with in the earlier stages of the enteric, from the raw condition of the mucous membrane; but in typhus it comes on later, when the disease has spent its violence cracks and fissures appear in the black and parched tongue of the patient. Little can be done to remedy this disagreeable condition; borax and honey are of some use, however, in making the affection more endurable and keeping the mouth moist, and washes of chlorate of potash promote healing of the fissures. It is a very bad plan to attempt to remove the sordes from the tongue, as some foolish nurses try to do, by mechanical means; such treatment will only increase the discomfort of the sufferer. The teeth, however, may, from time to time, be gently cleansed with vinegar and water.

The vomiting and acrid discharges from the stomach, which sometimes cause so much trouble, especially in enteric fever, should, in the first instance, be treated by such simple means as iced milk and lime water, and if these fail to check the vomiting, we may employ the subnitrate of bismuth, the oxalate of cerium, or hydrocyanic acid ; care must be taken, however, not to press too far any of these remedies, especially the last, bearing in mind the morbid condition of the circulation.

Of diarrhœa we have already spoken, and need make no further remarks thereon at present.

Hæmorrhage to any considerable amount from the intestinal surface is, as we before remarked, highly dangerous. In such cases, we must endeavour to arrest it at once by cold drinks, ice in the rectum, opium, or opium combined with acetate of lead. Other remedies are also frequently employed, and with good effect, as, for instance, the liquid extract of ergot, tannic and gallic acid, or either of these drugs combined with opium. Turpentine has also been recommended ; this, however, should always be used with caution, and never be administered in the form of enemata, as it is liable to produce obstinate diarrhœa.

Splenic and hepatic enlargements are seldom serious complications, and we cannot enter here upon their treatment, which, when attempted at all, must be conducted as if they were distinct diseases. Bed-sores, abscess, cellulitis, &c., must be treated on ordinary surgical principles.

We have hitherto been considering the three fevers only in relation to each other, but I should wish, before concluding our course, to direct your attention very briefly to the differential diagnosis between fevers and some other affections with which they might possibly be confounded. This is sometimes exceedingly difficult. Let us take as an example that terrible disease, cerebro-spinal meningitis: here we have an array of febrile symptoms often mistaken for typhus ; in many cases there is a petechial eruption. How, then, are we to distinguish them ? We must, in a great measure, be guided by general symptoms, and then, added to these, we find that its onset is usually very sudden. There will be great hyperæsthesia, retraction of the head, and green vomiting. If a rash is present it strongly resembles the petechiæ of typhus ; however, there are some points of difference—it does not go through the various phases of a typhus rash, but suddenly becomes petechial, and is raised, hard, and shotty to the feel. This we must remember during epidemics of cerebro-spinal meningitis, as it frequently resembles typhus.

There is another disease which is often mistaken for typhus fever ; I allude to pneumonia—many cases of this affection are annually sent to our fever hospitals : during the last year 36 were admitted to Cork Street Hospital, and 140 to the London Hospital, under the belief that they were suffering from typhus fever. Pneumonia, however, reaches its culminating point much sooner than typhus. It is unattended with any eruptive phenomena except labial herpes, and it has a number of local signs which can, when fully developed, be detected by careful examination.

Scarlatina has likewise been mistaken for typhus fever, and indeed it is often impossible to pronounce which disease it is till the appearance of the scarlatina rash decides the matter.

Acute rheumatism has likewise been mistaken for one of the continued fevers, but the diagnosis of this affection is so palpable and well known that we shall not at present dwell upon it.

There are several diseases that bear a greater or less resemblance to enteric. We may mention among these pyæmia, when it comes on without any apparent local lesion: we have, however, one essential mark of difference, viz.—that in enteric fever the joints are never in any degree implicated. But the disease of all others which is most difficult—nay, almost impossible in some cases—to distinguish from enteric fever, is acute tuberculosis. They are both slow in their invasion, are accompanied by diarrhœa, and often pain on pressure over the abdomen. True, we have no rash ; but then the phenomenon of eruption is not essential to enteric fever. In acute tuberculosis, however, the pain is not localized, and the onset of the malady is preceded by a more or less lengthened period of ill-health : but with all this, though we do not believe the diseases to be identical, we are yet in the dark as to how we are positively to distinguish the two affections ; as if to heighten our embarrassment, we find, in many instances, that one disease may pass into the other. Dr. Sidney Ringer proposes to bring the thermometer to assist the differential diagnosis, and in time his researches may throw some more light on the subject.

We have now considered the continued fevers under various aspects, as far as the brief limits of a summer session would permit. These lectures have been chiefly intended for the instruction of the more junior of my hearers, with a view of teaching them how to investigate this important subject for themselves ; and I say, in conclusion, to them—as well as those of you who are more advanced—what I have myself found to be the truth, that the only way to the attainment of an accurate knowledge of fever, or any other branch of medical study, is this, viz.—constant, careful, and critical observation by the bedside.

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REMARKS ON BICHLORIDE OF METHYLENE AS AN ANÆSTHETIC.

By H. Macnaughton Jones, M.D., M.Ch.,
Fellow of the Royal Colleges of Surgeons, Ireland and Edinburgh; Surgeon Cork Ophthalmic and Aural Hospital, &c., &c.

Attracted by some comments in the Medical Press and Circular of August 27th, on this valuable anæsthetic, I desire to give the results of my experience of its value, inasmuch as I have been now using it almost daily for the past five years, more particularly in operations on the eye. That it has received "a fair trial in Ireland," at least at the Cork Ophthalmic Hospital, is manifest, when I mention that there have been over one thousand administrations of methylene at the hospital up to this period. I first was in the habit of giving it in a cylindrical flannel bag, similar to the one in use at Moorfield's Hospital. Lately I use a large conical bag (made by Mayer and Metzler) of gauze, lined with light flannel (which is removable), and a small sponge in the aperture at the bottom of the cone. The patient can respire freely through this bag, which has a fair-sized opening in its centre. Of all the means of administering chloroform or methylene, I believe this to be the safest and best for general purposes.

A large number of the patients I have operated on have been placed under its influence by my friend Dr. Grattan, for many years resident surgeon at the county hospital, and whose large experience in the administration of chloroform I have been glad to avail myself of on many occasions. The method of administration is as follows. The patient reclining has every article of clothing carefully loosened. This precaution is especially necessary in *women* in the case of "*short* operations," as one might be tempted hurriedly to administer the vapour for some trivial cause, as these patients are generally selected from the extern department, and operated on immediately. In cases remaining in hospital, I generally forbid food for some hours before, and operate early in the day. I find that this prevents that disagreeable vomiting which attends its administration when a hearty breakfast is eaten shortly before, as also I think the patient more rapidly and easily succumbs to its influence. One drachm is first poured into the bag, or lightly sprinkled over its interior.

A steady assistant is ready to give a second drachm or half drachm if requisite. The bag is held pretty firmly over the patient's nose and mouth, and only removed for a fresh supply of methylene, unless the appearance of the patient indicates that it is prudent to withhold its administration, or that he has been fully placed under its influence. Many persons are rendered quite insensible by from one drachm to ninety minims, and this in a space of time varying from one minute to two. There is then ample time to perform all ordinary eye operations without any more methylene. If they become unruly, another drachm is placed in the bag, and they speedily again are rendered unconscious. It is very easy to ascertain the exact time to commence an operation from the sensibility of the conjunctiva to the point of a strabismus hook. In my experience the majority of cases are fit to commence any operation on, after about two minutes' inhalation. Children get very quickly under the influence of methylene, a few respirations in many instances being quite sufficient to render them perfectly insensible, and this is one advantage of *this* anæsthetic over chloroform in unruly young patients, as after a moment's restraint they are perfectly powerless, and the administration can be easily continued. Only this day I removed two aural polypi, one from each ear, of a boy on whom an unsuccessful attempt to operate had already been made under chloroform, which, in consequence of his struggles, though forcibly restrained, proved a failure, as it could not be administered.

I find that young persons take methylene particularly well. It is of importance to remember the rapidity with which *very young* children are rendered insensible, as it must be very cautiously and sparingly administered to them. The only instances in which alarming symptoms have occurred in my patients were in very young persons, or those advanced in life. Old alcoholic tipplers are especially hard to get under its influence, becoming as a rule wildly delirious and readily stertorous and livid. I never push it in such. I prefer here to perform any operation on the eye without an anæsthetic, if possible. I not long since enucleated the ball in a child of six months old under methylene; and some short time previously operated on a case of cataract in a person over eighty, who took it remarkably well. I have frequently performed other minor operations by means of methylene. I obtain the methylene from Messrs. Robbins and Co. I have no experience of its use in very protracted operations; but I find in the *Lancet* of April 26th, 1873, the reports of several cases of ovariotomy performed at St. Mary's Hospital, Manchester, in which bichloride of methylene was the anæsthetic employed. I have frequently used it for enucleation, though I generally use chloroform for this operation. My experience of bichloride of methylene enables me to give a most favourable opinion of its merits. The patients quickly recover from its effects, and as a rule can walk (*supported*) from the operation theatre in a few minutes after the operation is completed. I find no unpleasant subsequent results from its administration.

I may say that I drew attention to its value at the Cork Medical Society in April last, and then pointed out its advantages and the length of time I had been employing it, a summary of which was published in the *Dublin Monthly Journal of Medical Science* of June last.

4 Camden Place, Cork.

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ERGOT IN MIDWIFERY PRACTICE.

By William Carleton, M.B.Dub.

I was sent for on Friday, 15th August, at 5 p.m., to visit Mrs. Maguire, æt. 25, residing at Diamor, co. Meath, she being in her first confinement. On my arrival there about 6 p.m., I was told by an experienced midwife in attendance that she had been in second stage of labour since 1 p.m. on previous day, and that first stage was prolonged. Symptoms, when I saw her—Pulse weak; stomach irritable; mind rather desponding; restlessness; slight shiverings; pains weak and irregular. I gave her some wine and water, which the stomach rejected. Some whiskey and water were administered, which the stomach retained, as it did also a small quantity of toast broken up in tea. The pains became somewhat stronger, but the head did not advance much, the presentation being a head one; pelvis sufficiently roomy; no rigidity of soft parts or deformity. On inquiry, I heard that she had a very irritable stomach during entire period of gestation. She is a woman of rather weak constitution. On auscultation I found that the child was alive, the fœtal heart beating without intermissions. I gave her a draught containing forty drops of tr. ergotæ, which very soon brought on strong bearing-down pains, causing the head to advance a good deal. I continued the whiskey and water occasionally, which kept up her strength. About an hour after the draught was given, the pains became weak, no advance taking place. I administered another draught of same strength as former one, having first found out that the child was alive, and the unfavourable symptoms in the woman not increasing: it brought on strong pains, which caused the head to advance, but they became rather weak in half an hour or so after the draught was given; when I administered sixty drops of tr. ergotæ in draught, which brought on very strong pains, and terminated the labour, a healthy female child, crying lustily, being born. The placenta was brought away in twenty minutes afterwards by gentle traction on cord. I visited the woman on two or three occasions afterwards, and found herself and infant going on very well.

In this case, as in others, I administered ergot three times, fully three hours elapsing from time first dose was given to the termination of the case without any bad effects to mother or child.

Crossakeel.

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ON HEALTH AND COMFORT IN HOUSE BUILDING; OR, VENTILATION WITH WARM AIR BY SELF-ACTING SUCTION POWER (a).

By John W. Hayward, M.D., M.R.C.S., L.S.A.,

Vice-President of the Liverpool Architectural and Archæological Society.

In building a dwelling-house, the conditions I deem of essential importance are the following:—

1. That the house shall be so placed as to be as much as possible exposed to the fresh air and sunlight; *because* fresh air and sunlight are essential to the health and growth and life of the occupants. The site, therefore, should be rather elevated, if not absolutely, at all events in comparison with the surrounding objects.

2. That it shall be absolutely free from damp; *because* a damp house is a most potent and active and ever present cause of disease, especially of rheumatism, neuralgia, colds, coughs, consumption, and such like. The site, therefore, if not naturally dry, must be rendered so by means of asphalte or cement, throughout the foundation, and the roof and gutters and drainage must be perfect. All the house drains should terminate outside the house on an open grid or trap, that is, they should be cut off from the street drain, and they should be ventilated by having a pipe run up from every soil pipe and every bend in the house.

3. That it shall be so placed that the direct rays of the sun shall have free admission into the living apartments; *because* the sun's rays impart a healthy and invigorating quality to the air and stimulate the vitality of human beings as they do that of plants, and without sunlight human beings as well as plants would sicken and die. The aspect, therefore, should be south-east.

4. That the look-out from the living apartments shall be cheerful, lively, and interesting; *because* much of the time of the family must be spent in-doors, and a cheerful look-out is as necessary to render in-doors attractive and even endurable in the daytime as society is in the evening. The prospect, therefore, should be as extensive and varied as possible.

5. The apartments should admit into themselves a great quantity of light, *because* light is essential to the health and vigour of the inmates. The *window openings* should, therefore, be large; but the greater the surface of glass, the colder the rooms in winter and the hotter in summer.

(a) A Paper read at the Royal Institute of British Architects.

6. The window openings should be well splayed, as well outside as inside, so as to do with as little glass as possible.

7. The *windows* should be so arranged as to admit the direct rays of the sun at the times when the apartments are in use; *because* it is when the apartments are occupied that they require the cheering and invigorating influence of the sun's rays. For instance, the breakfast-room window should admit the early morning rays; the dining-room windows, one should admit the morning rays for breakfast time and the other the noon rays for dinner time; and the drawing-room windows, one should admit the morning rays for callers and another the evening rays for company; and the bed-room windows should, if possible, admit the early morning rays.

8. The *interior* of the apartments should provide wall space for the arrangement of furniture; *because* without wall space no manner of furnishing a room can make it either handsome, elegant, or comfortable. The WINDOWS, therefore, should be few, and they and the door and fireplace should be so arranged as to provide as much wall space as possible.

9. In the bed-rooms the window, door, and fireplace should be so arranged that the bed can be fixed entirely out of the draught, and not have to be placed between the window and door, the window and fireplace, or the door and fireplace; *because* a cold draught playing on persons whilst sleeping is often dangerous to life, and always destructive of comfort.

10. The DOORS of the apartments, besides not admitting cold air when shut, ought not to admit cold air when open; *because* the draught thus produced not only destroys the comfort of the apartment, but produces lumbago, rheumatism, neuralgia, &c., in the occupants. The DOORS should, therefore, open out of a warmed lobby or corridor.

11. The APARTMENTS should provide a large cubic space for air; *because* plenty of air is essential to the health and comfort of the inmates. The apartments should therefore be as large and lofty as possible.

12. The apartments, besides providing a large cubic space for air, should also provide for the escape of the foul and admission of fresh air; *because*, however large an apartment is, the air is sure to become deteriorated and contaminated when the apartment is occupied by living beings. There should, therefore, be TWO SPECIAL OPENINGS to each apartment, one for the escape of the foul air and another for the admission of fresh air. There must be *two openings*, an outlet and an inlet. It is useless to make one without the other; it is useless to make an outlet unless there is also an inlet, for no air can go out if none comes in. This is a self-evident fact; still, it is very frequently disregarded in attempting to ventilate apartments. There will, for instance, be a perforated or louvered pain in the window, a perforated brick or grating in the wall, an Arnott's ventilator in the chimney breast, an opening above the gas with a tube leading to a grating in the wall or into the chimney smoke flue, or some other contrivance for the escape of the foul air, whilst there is no opening at all for the admission of fresh air; and the doors and windows are made to fit as tightly as possible, and even list put round them to prevent any possibility of air getting in by them, as though that could go out which never got in! In these cases, if the outlet act at all as an outlet, it must obtain its supply down the chimney—hence a smoking chimney; but generally, instead of acting as an outlet, it becomes an inlet to supply the current up the chimney, and always so when the fire is burning—hence the cold draught so generally complained of from the ordinary ventilators, and hence the reason that ordinary ventilators are so generally closed up in disappointment and disgust, and ventilation decried as a nuisance, failure, and farce.

13. These OPENINGS providing for the escape of foul air and the admission of fresh air should, both of them, be *special and permanent*, and altogether independent of every other arrangement of the house, such as opening the windows, doors, chimneys, &c.; *because* the escape of foul air and the admission of fresh air are most needed when, in consequence of the coldness of the external air, we close the doors and shut the windows. Special VENTILATION is most needed in winter, in cold frosty weather, with an east wind blowing, and when we are very careful to shut the doors and windows, and adopt every other means we can to exclude the out-of-doors air, particularly if sitting at table for meals, or round the fire for evening entertainment.

14. The OUTLET should take the foul air from the upper part of the room; *because* the foul air being more heated is specifically lighter than the fresh air, and so rises to the upper part of the room. The outlet should, therefore, be in or near the ceiling.

15. The outlet should be effectually protected against any possibility of back draught—indeed, it should have a considerable amount of suction; *because* any liability to back draught is quite incompatible with an efficient outlet. The OUTLET, therefore, should not communicate directly with the out-of-doors air, but by means of a tube or flue, should pass through some permanently heated contrivance. If the outlet go directly to the out-of-doors air, as, for instance, a tube from over the gas to a grating in the outer wall, there will certainly be back draught; and so also will there be if the tube lead to an opening into the chimney flue—at any rate, when the fire is not burning, and particularly if the room door be also open, and most certainly if there be also a strong draught up the chimney of another room opening out of the same lobby, as, for instance, a dining room or a kitchen. To prevent any possibility of back draught the outlet should be provided with some means of constant suction, and the more thoroughly to remove the foul air the more suction the better, provided there is also an ample inlet for fresh air; if not ample, the suction would produce a smoking chimney and draughts from around the windows and doors, and perhaps draw in air from foundation and drains. The necessity for this suction is generally acknowledged, and it is sometimes attempted to be gained by carrying the tube before mentioned up a little way in the smoke flue, and even by bending it down and round the fireplace. But a fatal objection to this plan is, that it is quite inoperative for the greater part of the year, and is of no use whatever unless the fire is burning; when the fire is not burning it may indeed become an inlet, and then an additional objection is that a back draught down the smoke flue carries the soot into the room to the spoiling of the ceiling, paper, and furniture. And to be really effectual the suction referred to must be *constant* and *permanent*, and operative both winter and summer, and day and night; and whether the apartment is occupied or not, and whether the fire is burning or not. The OUTLET must, therefore, pass through some contrivance for keeping it constantly and permanently heated.

16. The *inlet* should admit only warmed air; *because* the admission of cold air would produce dangerous draughts, and these specially directed towards the part of the room occupied by the inmates in cold weather, viz., the neighbourhood of the fireplace. The INLET should, therefore, open out of a warm lobby or corridor.

17. The *outlet* should be sufficiently large to carry off all the foul air at the time when the apartment is being put to its maximum of use; *because* it is just at that time the outlet is most needed, its capacity for other times could be regulated by a valve. The outlet for a dining-room, for instance, should be calculated for a dinner or supper party, and that of a drawing-room for a ball, *conversazione*, or *soirée*, and should be sufficiently capacious to carry off at the very least fifteen cubic feet per minute for each occupant. The outlet should, however, be considerably less than the inlet, or it will produce draughts.

18. The *inlet*, on the contrary, should be as capacious as possible; *because* it has to provide not only for the outlet in the ceiling but also for the chimney, and that when the fire is burning and requiring for its supply alone

from six hundred to a thousand cubic feet per minute. Indeed the INLET should be able to admit more air than can possibly find its way out by both these outlets, otherwise it will produce draughts. When the air can get out of an apartment more rapidly than it can come in there are sure to be currents; but when more air can come in than can get out—when the air has to go out under pressure, so to speak—there will be little or no current. And the INLET should be through the wall of the opposite side of the room to the fireplace; *because* the fire will then draw the air into and across the room, and thus cause it to circulate throughout the whole of the apartment. If the fireplace be on the same side as the inlet, it will not only not assist to circulate the air throughout the apartment, but it will prevent it from so circulating by drawing it directly up the smoke flue. And it should, moreover, be split up into as many divisions as possible so as to distribute the supply along the whole side of the room, and thus assist to prevent any perceptible current; and this will be further helped by having the openings through the cornice instead of through the skirting, because then the fresh air will be the warmest that is in the corridor, and it will also have to descend through the warmer air of the room before it can come in contact with the persons therein. When through the skirting it is the coldest air of the corridor; it comes through the coldest air in the room, and it comes first to the part of the body where it can least be borne, viz., the feet.

In this country it is necessary to provide specially for ventilation. In consequence of the nature of our climate, the doors or windows can very seldom be left open, even in the day, and never in the night, without risk. Indeed, no direct admission of the external air into the apartments of the house can be endured during at least eight or nine months of the year—in fact, the great prevalence of cold, searching, and shrivelling east wind renders such admission absolutely dangerous; so that no kind of arrangement of openings directly to the out-of-doors air, such as drawing down the window sash, perforated bricks or gratings in the wall, perforated or louvered squares in the window, the wire gauze at the top of the window sash, Watson's ventilators, or any other contrivance that communicates directly with the out-of-doors air, can possibly answer for ventilation in a country like ours. In this country, where eight or nine out of the twelve months in the year are cold, windy, and winterly, houses should be built with reference to winter, and not with reference to summer; and they should be planned and built with the object of keeping out the cold air and not with the object of letting it in; ventilation should be provided for specially; and in making this provision it should be borne in mind that we are living at the bottom of an ocean of air, and that the same manipulation is required as though we were living at the bottom of an ocean of water, and were endeavouring to make it come in at the bottom of the house and go out at the top in a continuous stream.

From the foregoing remarks it will be seen that I maintain that VENTILATION is the great and main necessity of house building; and that whatever else may be left undone this should be attended to; and whatever else may be left imperfect this should be made perfect and complete; and that it should include the whole house; and should be self-acting and inexpensive. It should, I repeat, be perfect and complete, include the whole house, and be self-acting and inexpensive.

Ventilation is *the* point for discussion between the architectural and Medical professions, for it is here in particular that their duties meet and combine; the education, knowledge, and experience of both professions are wanted here.

It is of little use for Medical men to grumble at the want of ventilation in a patient's bed-room when it is impossible to obtain it, except with air at a temperature which would itself kill the patient. In about ninety-nine out of every hundred houses in this country bed-rooms open directly out of the stairs lobby, and this opens directly to out of doors, without even the protection of a vestibule door, so that every time the outer door is opened, there is a rush in of the outer air, and the whole air of the lobby is reduced to nearly the temperature of the outer air, which in winter will perhaps be below 28°, and there is no provision in the lobby for raising it any higher; stairs lobbies probably range in frosty weather about 35°, and at this time there is necessarily a fire in the patient's bed-room, and in all probability the bed has to stand between the fireplace and the doorway. Now the fire requires at least 600 cubic feet of air every minute, and this it must obtain either from the stairs lobby through the doorway, or from the outer air through the window opening; and the outer air will at this time be not higher than 28°. Now the temperature of the patient's body will be about 98 or 99°; imagine then the evil effect of exposing the patient to a current of air at 28 or 35°! Of course chill must be produced, and then there will most probably follow neuralgia, rheumatism, inflammation, &c. But patients are of necessity so exposed, to a certain extent, in about ninety-nine out of every hundred houses in this country, either by the fire drawing air in, or by the rushing in that takes place when the door is opened; and imagine the danger of having the door or window permanently open at such times! The result might be fatal to the patient, and it would certainly be dangerous to the attendants. A Medical man cannot, indeed he dare not, order the door or window to be kept open, under such circumstances, however much he feel the necessity of fresh air; of the two evils he must choose the lesser, for it is better that the patient's recovery should be retarded by foul air than that he should be killed outright by cold draughts; and it is better that the attendants should have to leave the room occasionally for fresh air, than that they should shortly be laid up with rheumatism, neuralgia, or inflammation. The evil is bad enough when the bed has to stand between the fireplace and the doorway, but it is worse when it has to stand between the fireplace and the window, for then the beating draught is with the outdoor air. According to the last published annual report of the Registrar-General, asthma and consumption alone caused in England itself 18,125 deaths, and I have not the slightest hesitation in saying that a very large proportion of the cases of these diseases owe their origin, and still more certainly their obstinacy and incurability, to the vicious construction of bed-rooms. Most persons occasionally take cold, and in the majority of instances the cold falls on the respiratory organs, in one case as influenza, in another as sore throat, and in another as bronchitis or pneumonia. Now, in each of these instances the temperature of the air respired affects very materially the progress of the case, and even determines whether it shall be mild or severe, or, indeed, whether it shall be curable or fatal. In acute bronchitis the temperature of the air respired should never be lower than 65°; but how is it possible to obtain this temperature in ordinary bed-rooms in winter, when bronchitis is most prevalent? And even when it is obtained by well-fitting windows and doors and large fires matters are not much better, for the very means taken to obtain warmth exclude fresh air, and subject the patient and his attendants to the evils of foul air. As before stated, it is to these unpropitious bed-rooms that may be traced very many of the cases of consumption, chronic bronchitis, and asthma, and indeed of heart disease also, for heart disease is one of the results of chronic bronchitis and asthma. In fever cases much fresh air is required, and sometimes every endeavour is made to obtain it, even by opening the doors and windows; hence many typhoid fever patients die of bronchitis, and many typhus fever patients die of pneumonia, and many rheumatic fever cases are prolonged and complicated; and with all their knowledge and care Medical men cannot prevent these evil results, because of the defective construction of bed-rooms, and even of hospital wards. But it is not in bed-rooms only that cold draughts are pernicious, they are almost equally so in sitting-rooms, in which, as Mr. Rawlinson puts it, persons may be "roasted on one side and frozen on the other," which subjects them to neuralgia, rheumatism, colds, cough, asthma, consumption, &c.; and the cold lobbies contribute materially to these evil results; in fact, the defective construction of ordinary houses is a crying appeal to all present and future architects and engineers to improve our dwellings.

Now, bad as are the evils that result from cold draughts through doorways and window-openings in both health and disease, the evil results of preventing these by having tightly fitting doors and windows are infinitely worse. Of course you are all familiar with the results of a fish being out of water or being in impure water; well, exactly the same results follow to human beings when out of air or in impure air. Death by drowning is nothing more than an effect of man being out of air, and death by charcoal fumes is only an instance of the results of excessively impure air. Now, human beings themselves burn charcoal, or what is the same thing, carbonaceous compounds, in their food; and they pollute the air with the very same poisons that burning charcoal does; and they also produce other impurities besides, such as sulphuretted hydrogen and other poisonous gases; also particles of animal matter, warm, moist, and in a state of decomposition, are given off from the lungs, stomach, bowels, and skin. The quantity of deleterious gas and watery vapour thrown into the air of a room by one adult person, amounts to something like four gallons and a-half per hour, and contains suspended in it something like three-quarters of an ounce of solid matter; and this from all persons into all rooms, but from patients in bed-rooms there are also other impurities, such as evaporated urine and stool, &c., which are exceedingly injurious in some cases, for instance, in typhoid fever and cholera; and the secretions and excretions of patients in infectious diseases are all extremely injurious; one whiff of the breath of a diphtheria patient has been known to be fatal to persons up to that time in health, and merely passing by a small-pox patient has been known to communicate that disease so virulently as to produce death. What then are likely to be the qualities of a warm bed-room where these poisons are kept pent up and in concentration for want of ventilation? It is indeed frightful to contemplate the evil results to the attendants and to the patients themselves, shut up for hours together and sleeping in warm bed-rooms, the air of which is loaded with these poisons! Medical men know by daily and reluctant experience that the foulness of the air of many of the bed-rooms into which they have to go is enough to produce nausea and vomiting immediately on their entrance, and sometimes does so; and they silently curse such architectural monstrosities.

Now, bad as are the evils of the want of ventilation in bed-rooms in winter, they are infinitely worse in summer, when the temperature outside is equal to that inside, and the whole air of the town is still, and there is not even the help of a fire to make a change of air in the room; for when the temperature is the same in-doors and out, and there is no wind, there is no spontaneous change, even when the doors and windows are open; this is remedied in hot climates by the use of the punkah and other immense fans; but in this country all the change that can be obtained is from a miserable little hand-fan which just vibrates the air in front of the face but scarcely moves it away at all. Under these circumstances is it at all surprising that putrefaction and germination should go on at a rapid rate and produce fever, diarrhœa, cholera, and gangrene, sometimes to a frightful extent? Truly there ought to be provided in every house a power of absolute *suction* of the vitiated air from every room, independent of the chimneys and windows, with provision for the inlet of fresh air, and this at an agreeable temperature.

Thus far my remarks have applied to the ventilation of *rooms*—to "single-room ventilation," but rooms are not the only parts of a house that require ventilation. No plan of single-room-ventilation can possibly supersede the necessity of a general plan for the whole house. The lobbies require special means of ventilation and warming quite as much as do the rooms, indeed the latter cannot possibly be obtained without the former. When referring to bed-rooms of patients in winter, with the fire drawing in 600 cubic feet of air each minute, I laid stress on the fact of this air being cold; but coldness is perhaps the lesser of its two evil qualities; it is also *foul*, indeed, perhaps, loaded with dangerous effluvia. This is one of the evils that our improved architecture and building have increased, if not absolutely provided for us. The water-closet opens into the lobby; the front door is made to fit as tightly as possible, to prevent cold draughts; and this prevents fresh air from coming in from the front; whilst with well-fitting intermediate doors to shut off kitchen smells, the admission of fresh air from the back of the house is prevented; these arrangements make the lobby into a chamber with the termination of the main drain opening into it through the water-closet. The rooms of the house—at least one or two living rooms and the patient's bed-room—have fires in them, and these fires must and will have from 600 to 900 cubic feet of air per minute each, and this they obtain most easily from the lobbies, round the door when this is shut and through the doorway when it is open, which of necessity it frequently is. Also directly from the drain, when there is a fixed wash-basin communicating with the drain. The supply of air for the rooms is thus obtained principally through the water-closet, especially if, as is usually the case, this is against an outer wall with a ventilating window through this wall, for the cold air then absolutely *blows* into the house through the water-closet window. The water-closet is placed against an outer wall, and a window placed there under the mistaken notion that the foul air will force its way out through it in spite of the force of the wind, and in opposition to the power of gravitation and that of fire-suction. It is, however, perhaps worse if there is no water-closet window when all other inlet is shut off, for then the fires of the house will suck in air through the water-closet pan out of the drains. So also will opening and shutting the lobby doors; this may be demonstrated by the simple experiment of holding a lighted taper or bit of smoking tape within the closet pan; by this it will be seen that every time the doors are opened or shut, air is drawn up through the water in the pan. We all are familiar with the circular stain on the under surface of the lid by the foul gases. The foul air of the house drains and of the main drain of the street is then being continually drawn into the lobbies of the house; so that the freshest air to be had in such houses is that loaded with water-closet effluvia! One partial remedy for this state of matters is to keep the water-coset lid and door shut; and another is to cut off the house drains from the main drain of the street by an open trap or grating just outside the the house. These are, however, only very partial and imperfect protections; the only complete and effectual remedy is a direct opening from the outer air into the lobby, only protected by shutters to regulate the supply according to the requirements of the house, and by hot-water pipes to regulate the temperature according to the season of the year; and this should be sufficiently large to supply the whole house during its maximum of use, and so as to make it more easy for the rooms to draw air through this opening than any other way; indeed, instead of the lobby drawing air from the water-closet the water-closet should draw air from the lobby,—there should always be an *inward* current from the lobby to the water-closet produced by absolute suction through its ceiling, and this should be strong and continual; a window in the water-closet opening to the outer air is quite a mistake, as it is sure to drive the water-closet odours into the house; the water-closet window should always be shut.

The supply of air must not only be ample for the maximum requirements of the whole house, but it must be fresh,—that is, as fresh as can be procured, and if possible passed through canvass or other filter; and it must not only be ample and fresh, but it must also be warm; if it is to be admitted freely and copiously into sitting-rooms and bed-rooms, air must not be below 60° temperature, indeed, it should be about 65°; without ventilation, that is, still air, is comfortable at 60°, but air in motion—that is, when there is ventilation—is not comfortable to sit or remain still in lower than 65°. There must, therefore, be a coil of hot-water pipe at the entrance opening, or somewhere in the lobby. Even Mr. Rawlinson admits this, and provides it in his own house, and recommends it for all other houses.

The next thing is the admission of this air into the rooms; of course some will gain admission when the doors are open, and even round the doors when they are shut. But this is not enough; for when a room is fully occupied a quantity of fresh air, equal to the cubic contents of the room, should gain admission every twenty minutes; that is, three times every hour. Special inlets must therefore be provided directly from the lobby into the room; and these should, if possible, be controllable by valves to accommodate the supply to one or two persons,—that is, to a partial occupation of the room.

The next consideration is the abstraction of the vitiated air from the rooms. All opening or openings must be provided in or near the ceiling; to this must be adapted a pipe or flue, and this must run up an inner wall to the top of the house; each room, each water-closet, and each gaselier in the house should have a separate flue; all these flues should terminate in one common chamber in the top of the house; this chamber should terminate in one common flue or shaft; and this should be kept permanently heated. It is absolutely necessary that this latter flue should be kept permanently heated, for in no other way can a constant suction from the rooms, &c., of the house be procured and maintained, and in no other way can the rooms be emptied every twenty minutes, which they ought to be; and in no other way can back draught be prevented. This common abstraction flue may be kept permanently heated with very little trouble and for very little permanent cost, by a jet of gas constantly burning in it, or by a few coils of the hot-water pipe; or for no permanent cost, by bringing it down to below the kitchen floor, and carrying it up behind the fire and round the smoke flue, and terminating it outside near the top of the chimney; in this latter case, the kitchen chimney smoke flue should be made of iron. This permanently heated abstraction flue being properly proportioned to the size of the house, will empty the whole house three times every hour, and of course three times every hour will the whole house be replenished with fresh warm air. An intermediate drum or chamber, into which all the flues of the house may terminate separately, and which is emptied by one common abstraction flue, is absolutely necessary, for in no other way can the suction act equally on every room.

I have now lived four years and a-half in a house provided with these arrangements, and have thereby satisfied myself and all my friends who have observed along with me, that the system is complete and perfect, and answers every expectation originally formed; there are perfect ventilation and complete warmth throughout the house, so that persons may sit in any part of the room, and do not require to crouch over the fire, or be "roasted on one side and frozen on the other;" the odour of dinner is gone directly, and so is that of smoking, in any room; the bed-rooms in the morning do not smell like bed-rooms; there is no offensive odour from the water-closets, and both the ventilation and warmth are easily regulatable according to the requirements of the occupants and the season of the year; each room receives an ample supply of fresh air, so distributed that there is no perceptible current, and which in summer is cooled from 5 to 10°, and in winter is warmed from 10 to 30°; so that all the year round the atmosphere of the whole house can be kept from varying more than 8 to 10°. In the coldest winter it can be kept up to or above 65 deg., and in the hottest summer it is prevented from rising above 72°, and it could be kept down to almost any temperature by spray or ice in the primary inlet. Of the comfort and advantage of these conditions I have had practical experience, not only in health, but also in disease. For some weeks in the winter of '69 and '70, I had staying with me a young lady in the early stage of consumption, and my wife was laid up with bronchitis; both patients felt the advantage of being able to range through the lobbies and the whole house at any time with a full supply of fresh air, and without the fear of the irritating effect of cold air. Also in the spring of 1871 I had two of my children down with severe putrid scarlet fever; and I then felt the immense advantage of plenty of fresh warmed air going from the lobbies into the bed-rooms, and thence out of doors without returning into the lobbies, and with the ability to load the incoming air with disinfectants. By using disinfectants in the first floor lobby the air entering the house became impregnated, and then passing through the lobbies into the rooms to out of doors without returning into the house, left my professional part on the ground-floor free from any risk of infection, much to my own and my patients' satisfaction. But this is not the only practical testimony. During the four years and a half thermometers, placed in the different lobbies, rooms, and passages, have recorded the temperatures throughout the house; and during 1871-72 very careful observations of the currents of the air through the house were made with Casella's anemometers: one fixed in the primary inlet, in the secondary inlet, in the outlets from the different rooms, in the downcast shaft, in the transverse, and in the upcast in two places; and readings were taken in the morning before the fires were lighted or the sun had risen, in the day at different times and under varying circumstances of the house, also in the night after all the fires had gone out: with many persons in the house and with few. Canvas has been stretched across the primary inlet, and readings taken with the canvas and without, and with the doors open and with them shut, during strong wind, and in calm whether. The results arrived at are: That with a good kitchen fire burning and the water in the boiler boiling, we gain an average increase of temperature in the upcast shaft in winter of about 20° between the outside air and the air in the upcast, for the suction of the vitiated air out of the house; and that this produces a velocity of about 220 feet per minute. The temperature of the smoke at the beginning of the kitchen smoke flue is about 230° and of that escaping at the chimney top 195° Even with an earthenware smoke flue, open kitchen range, and wide chimney top, therefore, we utilise about 35° of the waste heat of the kitchen fire. With an iron smoke flue, close kitchen range and contracted chimney top, we should in all probability utilise from 50° to 70°, which would probably increase the velocity to about 300 or 350 feet per minute. The area of the upcast is four square feet; 480 cubic feet of air, therefore, passed through the house every minute, besides what went up the chimneys,—enough to supply the standard quantity of fifteen cubic feet per minute to thirty-eight persons in the house at one time; and, supposing the ordinarily used fires to be lighted, about 4,500 cubic feet of fresh air would pass through the house every minute,—enough to supply 300 persons; for of course the occupants would have the use of that which passed to the fires as well as that which passed to the ventilators. The quantity passing up the upcast is not diminished when the fires are burning. I am sure it is the warmest house in winter and the coolest in summer; the most airy and fresh, and at the same time the house that is the freest from cold draughts in this country, if not in the world; and from personal experience of the comfort and advantage of living in a house built to live in, and of the discomfort of living in houses built for gain, I do not hesitate, in reference to ordinary houses, to vary the well-known epigram, and say that "knaves build houses and fools live in them."

THE *Philadelphia Medical Register* states there are in that city 699 regular physicians; of these, 50 are on the retired list.

Reports
ON
DISEASES OF THE THROAT.

Edited for the "Medical Press and Circular."

By Prosser James, M.D., M.R.C.P.,

Lecturer on Materia Medica and Therapeutics at the London Hospital.

LARYNGOSCOPAL THERAPEUTICS.

(*Continued from page* 122.)

Application of Solid Caustics within the Larynx. Caustic Holders. Effects of Caustics on Mucous Membranes generally. Effects within the Larynx. Inconveniences. The Various Caustics. Their Uses—to Destroy Tissues, to Modify Action. Other Operations. Scarifying. Laryngeal Lancets. Œdema. Abscess. Interstitial Injection.

The resources of laryngoscopal therapeutics have not yet been exhausted. Not only may we apply liquids or powders to the interior of the larynx by the methods previously described, but we may by the aid of the mirror apply solid caustics to small and defined portions of that organ. Nitrate of silver is the most frequently used substance of the kind, and was the first ever employed for the purpose. Various forms of caustic-holders have been designed for the purpose of facilitating the procedure. Most of them conceal the caustic until the instrument is introduced to the spot to be cauterised, when it is propelled forwards by pressure on a spring; on removal of the pressure the caustic retreats within the sheath. Such a contrivance will give confidence to the beginner, and is constantly used by some laryngoscopists. I have, however, abandoned it in favour of the more simple naked conductor. It is desirable for everyone who intends to practise laryngoscopal manipulations of an operative kind to be able to apply caustic to minute portions of the laryngeal surface. Indeed, this procedure should be looked upon in the light of a surgical operation. For this reason, I did not consider it when treating of the employment of solid remedies by means of the insufflator, but reserved it as an introduction to the subject of operations within the larynx.

The holder I employ closely resembles the laryngeal brushes already described, without the termination. It consists of a handle of the same shape and size, mounted with aluminium wire of the same form; but the wire terminates in a rough bulb, instead of having a camel-hair brush affixed. The nitrate of silver is fused in a small crucible, and the rough bulbous end of the aluminium wire dipped in. The bulb is thus covered with a thin coating of the caustic, and the instrument is ready for use. A minute or two suffices to charge in this way twenty or thirty holders at the cost of a few grains of the silver salt, and they can be kept ready for use. One of the greatest advantages of this simple instrument is, that it is impossible for a piece of caustic to break off and drop into the larynx—an accident that may occur with some of the more complicated holders. Instead of the bulb at the end, we may have depressions hollowed out on either side, into which the fused nitrate may be run; and other variations in the form of this simple instrument are occasionally serviceable. Besides only coating one side of the instrument, we may secure still further protection by covering the other with a paste containing some table salt. Should then some of the nitrate left in one cord come into contact with the other, it will be decomposed by the salt that is left upon the sound cord, and the silver chloride will produce no effect. The holder should be cleansed and recharged after each occasion on which it has been used.

The effects of nitrate of silver on mucous surfaces generally are familiar to all practitioners. In the larynx it may produce the inconvenient symptoms already described as sometimes supervening in the application of liquids. Great care should be exercised to confine its effects to the parts on which it is desired to act. It should be remembered that, on becoming dissolved, the solution naturally spreads somewhat on the surface of the membrane. Moreover, the movements of the larynx itself tend to increase this liability. It is often very desirable that the action of the caustic should be particularly limited. In such cases, if unusual sensitiveness exist, it may be desirable to train the patient in the same way as for still more delicate operations.

Sometimes the slighter effects of nitrate of silver are easy to obtain when the deeper action is prevented, because contraction of the ventricle, suffocative cough, or movement on the part of the patient prevent the more prolonged application of the remedy, and its firmer pressure on the part. Much of the good effects desired may, however, be gained by a little patience, so that the use of more potent caustics is seldom called for. They have, however, been employed. The caustic alkalies are not well adapted for use within the larynx, nor is the *potassa c̄ calce*. Objections also exist to sulphate of copper and bichromate of potass, as solid caustics. In rare cases chromic acid has proved very valuable. For ordinary purposes nitrate of silver is the most suitable as well as the least dangerous.

Caustics may be used for various purposes. They are of the utmost value in certain cases of deep ulceration. When rapid destruction is going on by the ulceration of the later stage of syphilis it may often be arrested by thorough cauterisation, and thus give time for constitutional remedies to be brought to bear.

Caustic is also successfully used for the removal of hypertrophy, induration, and thickening of limited extent, as well as for the destruction of more defined growths in the larynx. Cauterisation is further frequently employed to the pedicle of a polypus that has been removed by instruments. Nitrate of silver is also employed with the object of modifying the condition of mucous membranes, but within the larynx the solution is more appropriate for this purpose than the solid substance.

Some laryngoscopists employ the powdered nitrate by means of a delicate insufflator, and there are cases in which it may be desirable to resort to this method. For moderate cauterisation the nitrate should be diluted with two or three times its weight of sugar of milk or magnesia. For a more potent caustic equal parts may be employed. This will produce a more intense cauterisation than the use of the solid as above described, inasmuch as a larger quantity of the caustic remains on the surface—from a scruple to a dram of the powder being blown in at a time.

He who has acquired skill in applying solid caustic will not find it a great advance to proceed to the use of the laryngeal lancet, and it is desirable he should take an early opportunity of doing so, inasmuch as by this means he may be able on an emergency to snatch a fellow creature from the very jaws of death. In those cases of rapid œdema in which the patient is being suffocated, the only plan is by means of the laryngeal lancet to give exit to the fluid, and thus at once restore the power of breathing. The same instrument is also occasionally required to open an abscess, and it has been employed as a scarificator in certain other conditions arising in inflammation. It is, however, to be resorted to with reserve whenever there is not great emergency in the case.

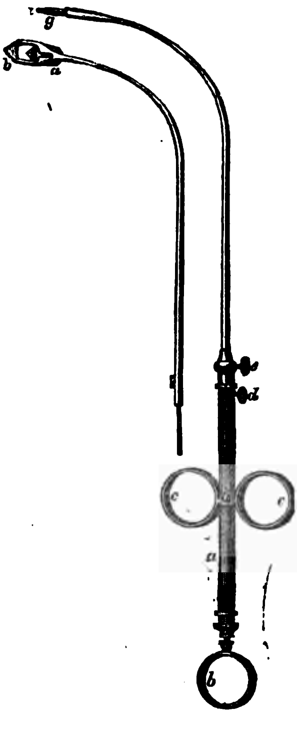

Fig. 45.

(*a*) Handle. (*b*) Ring for thumb. (*c*) Rings for two first fingers. (*d*, *e*) Screws for fixing blades. (*g*) Lancet protruded.

The laryngeal lancet is made of a similar shape to the other instruments, but the blades vary with the fancy of the operator and the object to be attained. The majority of operators use guarded lancets, the points of which can be pushed forward at the exact moment, and which at once spring back within their sheath. The engraving (Fig. 45) shows a laryngeal lancet in combination with a handle of a similar pattern to that used by Stoerck for his guillotine. Other models are to be seen at all ou instrument-makers'. I prefer the simpler form of unguarded lancets, mounted on handles like those of the laryngeal brushes. They give more power and precision. In skilled hands—and others ought never to touch them—they are not excessively dangerous.

The next operation may be termed interstitial injection. It is analogous to hypodermic injection, but far more difficult. By means of a small pointed syringe of a proper form fluids are injected beneath the mucous membrane of the larynx, or into the substance of morbid growths in that organ. Some successful cases have been recorded; but last year a patient died in Vienna a few minutes after the operation, and it is since less frequently resorted to. It is a method of treatment I do not recommend.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 10, 1873.

ANÆSTHESIA.

We had the opportunity of observing the effect of the bichloride of methylene, not only as administered by Mr. MacNamara, in the case to which Dr. Kelly alludes in our correspondence columns, but as exhibited in a number of ophthalmic operations at Moorfields Eye Infirmary; and our observation has been that, as regards external symptoms and results, the effect of the anæsthetic on the cases we have seen leaves nothing to be desired. At Moorfields the agent was administered by a cloth cone, which was applied to the face as closely as possible, and hardly any air was admitted. The anæsthesia was, in these cases, extremely rapid, averaging probably not longer than one minute, until insensibility was produced. The agent as administered by Mr. MacNamara at Mr. Spencer Wells's suggestion, was given with an apparatus invented by Mr. ——. The bichloride of methylene was contained in a small bottle hung to the administrator's button-hole, and so arranged that the air was—by a bellows arrangement similar to that of the ordinary spray-producer or atomiser—forced to the bottom of the bottle, and bubbling up through the methylene, became saturated with the vapour, and was thus conveyed to a mask which fitted over the patient's mouth. The condition of muttering insensibility was produced in Mr. MacNamara's case—after a brief excitement stage—in about four minutes, and on taking away the mask after the removal of the limb, a beautifully tranquil sleep continued for about ten minutes. The pulse under full anæsthesia was rapid, and somewhat poor in force and volume.

The external physical conditions in these cases of methylene anæsthesia were, as we have said, entirely satisfactory. So far as they go, the cases we have observed prove that methylene is a very convenient and complete anæsthetic, but they prove nothing more, and they contribute nothing towards the solution of the all-absorbing question as to the safety of its employment. We believe that when administered without considerable admixture of air, it is confessedly dangerous—perhaps even more so than chloroform—but it is possible that given with the inhaler used by Mr. MacNamara, this danger may be obviated. Its demerits in this respect, and those of ether and chloroform, ought to be settled, once for all, by a systematic scientific investigation, for it seems to us that an aggregation and tabulation of hospital cases, on which the Anæsthetic Committee of the Irish Surgical Society proposes to base its verdict, is all but worthless as scientific evidence.

It is *naïvely* confessed by Dr. Kelly that the surgeons of his hospital "prefer chloroform to ether, owing to the greater facility of administration, and continue to use it during the tedious guerilla settlement of an important question." In other words, Dr. Kelly and his colleagues stick to chloroform, because it is supposed to be handier than ether, and while waiting for others to settle the question of danger to the patient, decline to aid in taking evidence and forming an opinion for themselves. This is not, we think, the right way to approach the solution of an important question of science involving the life of the patient, but it is, at least, more unbiassed than that which we imagine is pursued elsewhere. It may be that in one hospital the surgeon can see no fault in ether, and may be content to report cases as most satisfactory, although there might be violent delirium and prolonged vomiting; in the next the surgeon may decline to see that the patient is at death's door from chloroform poisoning, and will roundly declare that nothing could be more satisfactory than the anæsthesia, although the patient has never been under its complete influence at all, and the surgeon has been kept throughout his operation in an *embroglio* by his screams and struggles.

We are quite well aware that in certain quarters all the ill-results of bad materials and imperfect administration are being charged against one or other anæsthetic. Druggists' ether of a high specific gravity is given falteringly on a sponge or cone to a patient with his stomach full of food, and when the anæsthesia is slow and the excitement and sickness troublesome, we are told that the anæsthetic is to blame. Experiments loosely conducted, and opinions founded on prejudice, are worse than worthless, and any verdict which may be arrived at in such evidence will be misleading and mischievous. We advise the Ether Committee, if they hope to hand down to the Profession a reliable and exhaustive examination of the subject, to test the physical action of chloroform, methylene, and ether, side by side, on the same patient, and with the most perfect method of administration and investigation. If we have a reliable record, by chest measurement and sphygmograph, as to what is the actual effect of these agents upon lungs and heart, we shall be at length in possession of evidence on which we can depend, and at length the question may be solved as to which of them ensures the calmest sleep with the least danger to life.

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THE PUBLIC HEALTH ACT.

The many differences of opinion that exist as to the working of the Public Health Act were very well represented in the conference of officers of health that took place last month. It is true that the conference in question was not confined to officers of health. In fact, the chairman, Mr. Ernest Hart, is not the holder of such office; but he represented the British Medical Association, and it was during the annual meeting that the conference was held. He opened it with a statement that put clearly enough forward the views taken by a large section of those well able to judge. His condemnation of the conduct of the Government we completely re-echo, and as we have been furnished with proof of the address, we select that passage for quotation. He said :—

> "It was natural to suppose that, in managing what had become a health department of the Local Government Board, its own health officers would have been consulted. It is publicly known that that has not been the case; and I speak of it here because it is essential that it should be understood that, in what we have to say in objection to what has been done, we do not desire to involve in any censure the Medical advisers of the Government, for the reason that they are in truth wholly innocent of the errors that have been committed, and that this extraordinary state of things exists—that an attempt has been made to establish at Gwydyr House a health department dealing with great principles of public medicine, with great questions of sanitary science, from which all those persons who had any previous knowledge, any previous experience of the subject, have been carefully excluded. From what motive, I neither know nor am I concerned to know; but the fact remains that an attempt has been made to establish on *dilettante* principles, and by spontaneous and heaven-born intelligence, a measure which, above others, required the most careful deliberation, the largest experience, the most minute knowledge. It required this because a great experiment was being tried; a nation was being brought to the performance of a task of which the importance cannot be overrated, but which had previously been neglected; a new series of authorities were being created; a new series of precedents were being formed; a new series of officers were being instituted. There was a mass of experience available at the office of the Local Government Board, which could have told the President or the Secretaries of the Board what areas could be considered possible, what duties could fairly be entrusted to Medical officers, what was the importance of gaining prompt and complete local knowledge, and what were the means by which the best instruments for obtaining such local knowledge could be selected, and the machinery by which they could be placed in communication with such central officers as could promptly co-ordinate and act upon that knowledge. The whole of that experience has been ignored. As the Medical officer of the Local Government Board was not consulted in the construction of that faulty Act, so neither was he consulted in arranging the machinery for carrying it out. True to the instincts of a Board which has for years thought itself competent to manage affairs of which it knew nothing; true to the instincts of a Board which disgraced the metropolis, disgraced the country, disgraced humanity, by its mismanagement of its Medical

> department, by its cruel and ignorant neglect of the Medical infirmaries of the workhouses under its care, by its oppression, contempt, and carelessness towards its Medical subordinates, the Local Government Board has on this occasion sought to take into its own hand, uninformed, careless of information, and contemptuous of the skill which it was compelled, for form's sake, to have at its side, but which it has dared to despise, that Board has on this occasion sought to aggrandise itself, enlarge its power, to magnify its chosen instruments at the expense of the very Bill which itself had framed, at the expense of the very objects which it bound itself before the country to promote. What have we seen? We have seen, in spite of remonstrance, in spite of warnings, those very inspectors selected whose ignorance of all that relates to public medicine is avowed and has been proved, and to send them out broadcast over the country to experiment according to their own unassisted intelligence. Of course, I do not imply that they are not men of great intelligence, and possibly, in various departments, of great acquirements; but it has sent them, knowing that they had neither knowledge, nor experience, nor reading, nor instruction in sanitary administration to guide them; and it has entrusted to them the task of organising a health administration throughout the country. To pursue them each through their own work would be to unroll a story of almost continuous blundering, relieved by occasional snatches of success, by occasional hints derived from chance sources, by intelligent efforts to retrieve past blunders, and to undo what they had just been doing."

We now turn to the remarks made by others present, and shall select those likely to be valued for the practical knowledge of the speakers. Although we fear little good is likely to come of the two desultory discussions to which we gave our attention, there may be something to hope from an epitome of the views that were put forward being widely circulated.

Mr. Dyke, of Merthyr Tydfil, said that, in February last, Mr. Doyle laid before certain meetings of the Medical Profession a plan for appointing union district Medical officers of health for rural districts. The gentlemen present at those meetings concurred fully in the plan. It was then proposed to the unions, and in a large majority of cases was adopted by them. It was, however, only adopted temporarily. At the same time, inspectors of nuisances were appointed; and it was the distinct desire of Mr. Doyle that those inspectors should everywhere be subordinate to the district union Medical officers.

Dr. Bond, of Gloucester, said that he had heard with considerable surprise that the Medical officers of health were under the supervision, either tacitly or avowedly, of the lay inspectors of the Local Government Board, because he had had no experience of any kind to justify such a supposition; and he could scarcely understand the circumstances under which such a state of things could occur. He had every reason to believe that his own reports had gone direct to the Medical officer of the Local Government Board; and, whenever he was brought into collision with a lay inspector on a subject that involved Medical knowledge, he should be quite prepared to throw up his appointment. He regarded the notion that the Medical officer was subordinate to the lay inspector, as a chimera, a thing which could never be where the Medical officer was competent to the performance of his duties. One point of some little importance was the relation of the Medical officer to the inspector of nuisances. In his own district, he had found that there were two objectionable conditions with which he had to deal: first, that the inspectors made reports of a sanitary nature upon the sanitary condition of the population; and next, that they recommended rather extensive structural alterations. In the former case, he had informed them that it was not their duty to present such reports; and in the latter case he had strongly urged the authorities not to permit any structural alterations until a thorough survey had been made. In every instance, his remonstrance had been taken in good part. He had felt it necessary to deal with this question of the inspectors at the very outset, so that there should be no mistake about their relative positions. He had provided new forms both for the record of nuisances and for the sanitary survey; so that he might have the opportunity of expressing an opinion on every fact recorded by the inspector of nuisances. The authorities in his district had made no difficulty about adopting those forms.

A good deal of interest was excited by this, and several questions asked to which Dr. Bond replied, and he added that he had started with a very strong conviction of the importance of the association of the district Medical officer and the central Medical officer, but the more experience he had in the working of his district, the more difficulty he found in assigning theoretically to the district Medical officer any definite work except the supply of information. If the inspector of nuisances and the central officer were thoroughly efficient, and if the functions of the Medical officer were to be still further limited, it would be difficult to convince either the central government or the local government that he deserved a large remuneration. The inspector of nuisances was the man who ought to take action with reference to nuisances, and give information; and the central Medical officer was the man who ought to be able to co-ordinate all the information which was derived from different parts of the district, and to give advice, and when those two elements were abstracted from sanitary work he did not know what was left. It was the duty of the central Medical officer to see that the inspectors did their duty. The great point to settle was, what was the area which one man could effectually accomplish.

Dr. Tripe said that he was a metropolitan Medical officer of health, in no way connected with the Poor Law Board, except as an analyst, or under their authority or directions, except at a time of epidemics, when they had power to issue certain orders; but it had long been his feelings that it was an unheard of, almost an infamous thing, that lay inspectors should have been appointed to superintend the work of Medical men who had passed Medical examinations, and possessed Medical knowledge and skill. It was really an insult to the Profession. He pointed out that the inspector of nuisances was an officer appointed under an Act of Parliament, and had certain duties laid down, to be performed irrespective of any control or authority, save that of the Board appointing him; but he himself had taken care to obtain from his Board such a supervision over the inspector of nuisances that he could suspend him at any time if he did not do his work. That power had only been acquired by an arrangement before appointment, that, notwithstanding anything in the Act of Parliament, the inspector should be under his control and direction in everything. It was most important for all who were newly appointed that they should do the same thing, and struggle for their rights. They should try to indoctrinate the authorities with the notion that they were the chief in all sanitary matters, and that they must be the best judges as to how things were carried on. Our readers will observe that Dr.

Tripe's suggestions are as practical as they are important, and we doubt not will be acted upon by many.

Dr. Vernon said it appeared to him that the main blot on the Act of last year, was, that the appointments in some cases might be made by or with the concurrence of the Local Government Board and districts receiving Government aid, and some might be made by the districts themselves without any such participation on the part of the Local Government Board. He himself fortunately happened to act under an authority which was keenly alive to the necessity of doing all that could be done, and even desired to go beyond what might be considered absolutely necessary, in order to exhibit to the public a model borough. There were, however, a vast number of localities not possessed of such advantages, and where it was absolutely necessary to the proper discharge of his duties, that the Medical officer should have the moral support derived from the fact that he could not be removed without the concurrence and sanction of the Local Government Board, and that he held his office *quamdiu se bene gesserit.* It was all very well to say that an honest and courageous man would retire if he found he could not discharge his duties, but the only result of that retirement would be to place another person in the same predicament. He considered that all these appointments should be made with the concurrence of the Local Government Board, and that no officer so appointed should be removable without their sanction. He thought the relative positions of inspectors of nuisances and Medical officers of health might be left to the natural influence of superior education and intelligence over inferior. We believe there is much force in this, and it seems desirable to get all the benefit possible from the Act as it is.

Mr. Liddle here remarked that though the power to discharge or suspend a Medical officer of health might not belong to the local authority, it had the payment of the salary, and might reduce it to so insignificant a sum that it would amount to actual dismissal. We certainly consider that the salaries ought never to be lowered except by consent of the central authority.

Mr. E. Chadwick confessed that he was a great deal alarmed when he saw it announced by Mr. Stansfeld that he would not interfere with local authorities; that he would defer to them and trust to them in matters which they were utterly incompetent to decide upon. Very large outlays had been incurred in various parts of the country, which, if properly applied, would have reduced the mortality, but which had either not affected the death-rate at all, or tended even to augment it. He thought no expenditure in any locality, either for offices or for works, was justifiable until inquiry had first been made into the cause of the failure of any previous expenditure. He believed that in Lancashire there had been an enormous outlay on sewers, without any water-supply to work them. In the Government Board itself, some time since, bad smells arose from an immense deposit of a character similar to what might be found in many miles of the metropolis, but which might have been removed by a judicious and timely expenditure.

It is to be regretted that neither at the meeting of which we have above given some of the salient points, nor at another held at a subsequent date, was any really effective plan proposed to bring the matter before the Government or the public. Like many other changes in this country, we suppose there is nothing for it but to let the new system grow up with all the irregularities and inconsistencies that can possibly be crammed into it. The Medical profession has for years been endeavouring to push forward sanitary measures, and now that we have at last entered on a new path there is every reason to fear that we are heaping up for ourselves work in the way of undoing that may hinder our progress to a sad extent.

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RAILWAY ACCIDENTS.

The present pleasure-seeking period of the year seems to have brought about an unusual number of casualties. Scarcely a day passes without adding to the list of railway disasters, which involve grave and serious consequences to travellers. The number of calamitous injuries have by this time assumed gigantic proportions, and, withal, the chairman of one of the most important lines of railway declares "that no human power can prevent these terrible catastrophes."

If this be true—although we are not disposed unhesitatingly to accept his verdict—it behoves travellers by railway to look to themselves. This is the more necessary since Parliament declares itself powerless in dealing with railway companies, and compelling them to employ all the means placed at their disposal, and which science incontestably shows would go very far towards preventing injuries to life and limb. If companies obstinately refuse to avail themselves of scientific inventions because they cost money, then it behoves us to cling more closely than ever to Lord Campbell's Act, and which, if it can be made to mete out even-handed justice, in the shape of heavy damages, may act as a deterrent, and lessen the instances of wilful carelessness brought about by railway directors, who, bent upon making the same line of rails do double duty, overwork their servants, until in a moment of dreamy forgetfulness a second train is sent on to smash another a few hundred yards ahead. It has been said that Lord Campbell's Act bears hard on companies, because juries show more sympathy with injured travellers than with shareholders; but we ask, is this possible, and do we not require, and should we not demand the greatest possible protection for life and limb, rather than compensation for a miserable existence, or to the representatives of the dead? "Mental sufferings, bodily pain and disability, or complete annihilation of the prospects of a life, weigh lightly in the scales of justice, which are only made to kick the beam by the burden of the actual money loss entailed by accident."

If railway companies will not try to make their lines safer to travel upon, they must be made to feel that although killing is no murder, it is nevertheless a very costly business. The fact is simply this, that railway directors find it cheaper to pay for mutilated limbs and killing outright, than applying the means science places at their command, for such appliances give trouble and necessitate the employment of a larger staff, all of which tends to lessen dividends. Again, is there not a chance of avoiding payment altogether to an injured traveller, or of getting the verdict of a jury reversed? In glancing over the morning papers a few days ago, we noticed a long array of gentlemen learned in the law engaged on the part of a railway company, and appealing against an award made to a sufferer, who at the end of twelve months is quite unable to stand or walk, is, in fact, crippled for life. For all that, he is about to undergo the dreadfully anxious ordeal of another trial, but fortunately for him the Judge steps in and declares "that the sum awarded by the jury is precisely the one he had fixed upon in his own mind as the proper one." No doubt in some instances the injuries received have seemed trivial, and the compensation awarded may appear excessive, yet there are other instances in which no amount of money can compensate for the suffering induced, or for the loss of the head of the family. Numerous instances of the latter truism could be cited. A notable case was reported only a few months ago, that of a Mr. Jepson, of Blackburn, who was at the time, apparently not much injured in a railway collision; the bruises he sustained in a short time quite disappeared, and he was able to attend to business. At the end of six months symptoms of spinal concussion showed themselves, paraplegia followed, and he sank shortly afterwards. A trifling amount of compensation was at first offered to this unfortunate man by the company, and it is but natural that juries should be unable to appreciate the nature and measure the importance of such an injury.

There is, however, just one other point, and which seriously concerns the Profession; it is the position of the Medical witness. Dr. Morgan, in a lecture which appeared a short time since in our pages, says that too often the mode in which Medical evidence is given in railway injuries is to be deplored, inasmuch as it is embarrassing to juries to listen to the contradictory nature of rival witnesses, and tended towards widening the issue between the plaintiff and the company. This arises from the fact that Medical men allow themselves to be led away by a belief in their own infallibility, which leads them to dogmatise and go far beyond what they would do in ordinary cases, and in a calm and quiet consultation with their brethren. It has been our lot to listen to a physician in a witness-box, confident in his own opinion, replying to a question from the Judge as to the probable recovery of the injured plaintiff: "He will recover as soon as the trial is over and a verdict given in his favour." We could also name a surgeon who appears to hold a perpetual brief in the interest of railway companies, and who is seen eagerly rushing about from one end of the country to the other to protect them from deep-laid schemes of imposition! Others content themselves by looking up the injured immediately after an accident, persuading them of the trifling effects of a shaking, and do not leave them until the amount of compensation is agreed upon and a receipt obtained in full of all demands. All this, we contend, is very derogatory and irregular. It would be for the interest of all parties if the nature of the injury were submitted to the arbitration of properly-selected Medical men on both sides, and who would candidly and impartially examine the condition of the patient, and forecast the probabilities as to his ultimate recovery to health. If such a course were adopted, it would result in a saving to the company, and free the Profession from the reproach of assuming often a most questionable position.

According to A. Hirschberg (*New Remedies*), the addition of 15 grains of boracic acid to two pounds (equalling a quart) of milk will keep it sweet in hot weather for five days. The usefulness of the milk is said not to be impaired, but the cream rises more slowly than normal.

Notes on Current Topics.

A Hair-pin removed from the Male Urethra.

An accident of a curious kind was seen lately at the Hôtel Dieu—a hair-pin was introduced by a man into his urethra. It slipped from his fingers, and was drawn gradually into the urethra, by what has been called its vermicular or retractive action; it stopped finally at the membranous part of the urethra, and was easily felt there. It had remained there several days, and was now removed by making a median section in the perineum; attempts to remove it by means of urethral forceps or urethral instruments having proved unavailing. The patient was discharged cured on the 22nd day.

We believe records of hair-pins in the female urethra are not so unusual, but are rare in the male.

Typhoid Fever.

The following potion is advised by Jaccoud to be given freely in alternate doses with wine:—

Red wine	100 parts.
Tincture of canella . .	8 „
Ext. of quinine . . .	3 or 4 „
Cognac . . .	30 to 100 „
Syrup of oranges . . .	30 „

Mix.

Our Irish physicians can judge of the superiority of this "potion" over genuine Jameson, Roe, &c.

Another Suggestion for the Treatment of Typhoid.—Jaccoud.

The use of cold lotion, or sponging with aromatic vinegar. The patient is to be laid naked on an impermeable sheet, and sponged over with vinegar, and then to be thoroughly dried. Each bathing should last two minutes, and be repeated twice to four times a day, according to the temperature of the patient.

The Diarrhœa of Infants.

Dr. Brakenridge recommends the use of oxide of zinc in this troublesome affection—the dose to commence at one grain every three hours, to be gradually increased. By its action on the nervous system, and so allaying the intestinal hyperæsthesia, as well as from its tonic and astringent properties, he believes it a most suitable and effective remedy.

Treatment of Chronic Dysentery.

Professor Maury has frequently found by speculum examination, that severe and deep ulcerations exist in the intestines in this distressing disease. He recommends the local application of nitrate of silver solution by means of a sponge.

Reduction of Strangulated Hernia subsequent to Tapping the Tumour.

A patient, æt. 37, had suffered for three years from an inguinal hernia; it became strangulated, and the symptoms urgent. The taxis was tried ineffectually. The tumour was tapped with Luer's fine trocar canula. Fifteen grammes of fluid, inodorous and mixed with gas, was evacuated; taxis was then tried but unsuccessfully. Puncture was repeated higher up in the tumour, and twenty grammes of fluid evacuated; taxis on being applied succeeded, and the patient made a good recovery.

The Use of Fruit with Diabetic Patients.

M. Mayet believes that the interdiction of fruit sugar to diabetics is unnecessary, the quantity being comparatively insignificant. Thus he found that

Cherries	gave but	10·25	per cent. of sugar.
Raspberries	„	10	„
Gooseberries	„	7 to 8	„
Oranges	„	10	„
Peaches	„	10·50	„
Melons	„	7·50	„

Dried fruits, however, contained, of course, much more.

Death from Embolism.

M. Demarquay has lately shown a preparation illustrative of this remarkable affection.

A woman, æt. 27, while dancing at a marriage feast fractured her leg. She was treated on ordinary principles. During thirty days nothing unusual occurred, when without any warning on the thirty-first day she died suddenly. A *post-mortem* examination was obtained, when a large clot was found in the right ventricle, extending into the pulmonary artery, and entirely filling it, even to its primary ramifications. M. Demarquay was inclined to believe that the clot was formed in the first instance at the fracture.

Action of the Intercostal Muscles.

Thomas Dwight, Jr., M.D., Prof. of Anatomy at the Medical School of Maine (*Boston Med. and Surg. Jour.*, May 1, 1873), concludes that the action of the intercostals during ordinary respiration is very slight, if indeed they act otherwise than as ligaments. Both sets, at the upper part of the chest, tend to raise the ribs. Owing to the fixing or drawing down of the lower rib, both sets in the lower part of the chest may tend to draw the ribs downward. By sudden contraction, drawing ribs together, they are muscles of spasmodic expiration. Position, muscular action, disease, deformity, and various slight and undefinable causes, may modify the action of any of them.

Treatment in Poisoningfrom Rhus Venenata and Toxicodendron.

James C. White, M.D., Prof. Dermatology in Harvard University (*N. Y. Med. Jour.*, March, 1873), has an important paper "On the Action of Rhus Venenata and Rhus Toxicodendron upon the Human Skin"—the first being popularly known as poison-sumac, poison dog-wood, &c.; the latter, as poison-ivy, poison-vine, &c.

The treatment, when the inflammatory process is well developed, is the selection of applications appropriate to a simple eczema of the same stage. In the great majority of cases he has found black-wash ʒj., lime-water Oj. by far the best application to the affected parts, used as an evaporating lotion upon thin and old linen or cotton cloth, for half an hour to one hour at a time, two or three times a day. He has used in connection with it, to moist or excoriated parts, a powder of oxide of zinc ʒj., starch ℥j., or plasters of oxide of zinc or diachylon-ointment, as in the management of ordinary eczema. In the black-wash, possibly there may be three elements at work: first, the alakli as antidote, if it is of any avail at such periods; second, the action of cold from evaporation upon the local hyperæmia; and third, the astringent effect of the mercurial powder upon the diseased tissues. In all cases of poisoning he has been entirely satisfied with its effects, however extensive in distribution or advanced in development the inflammatory condition of the skin. Only, upon the thickened epidermal coverings of the efflorescences in the palms does it seem ineffectual. For these special manifestations he applies solutions of corrosive sublimate, from one to two grains to the ounce of water, in the same way as the black-wash is used upon the other parts.

Leprosy in the Sandwich Islands.

Samuel Kneeland, M.D., Boston, Mass. (*Boston Med. and Surg. Jour.*, March 6th, 1873), writes concerning the asylum for lepers, which contains about 20 patients, and is situated in the outskirts of the town of Honolulu. The sexes are equally divided, and of all ages from over 50 to 5 or 6 years. Though some of the cases were horrible to look at, he was told that many worse ones had recently been sent to the national asylum on the island of Molokai. The two usually described varieties co-existed in the same person. The first symptom is, in most cases, a tuberculous condition of the skin over the eyes, and on the forehead, cheeks, and chin; the skin looks as if indented with small pits, like those on top of a thimble. After a while the flexors of the fingers begin to contract, with loss of sensation, gradually creeping up the hands, with loss of the nails, and finally of the phalanges. The skin over the whole body gradually becomes affected, preventing its nutrition, finally destroying the digestive powers, and arresting nutrition. The patients stated that they suffered little or no pain. All ages are affected, and all ranks of society. It is almost inseparably mixed with syphilis, which has raised like wildfire in these islands since the visit of Capt. Cook. No treatment seems of any avail, except to remedy the syphilitic taint; tonics, stimulants, alteratives have alike been tried in vain. In regard to its origin, there is a general belief that it was brought from China; it was not known in these islands until 1848, at which time it was said to have been introduced by Chinese. The disease is incurable, and the only remedy is segregation of the affected. The physicians of these islands believe that leprosy is contagious. In the two years ending March 31, 1872, there were at the Kalibi Asylum 202 lepers—124 males and 78 females, including 26 children under 14 years of age; and since its establishment nearly 600 cases have been treated there; most of these, as they grow worse, are sent to the National Asylum in Molokai, but 29 have died at Kalihi. Up to the same date, nearly 600 have been received at Molokai, of whom 200 had died, about 400 remaining there at that date, who, sooner or later, will perish.

Treatment of Erysipelas.

E. Wigglesworth, Jr., M.D. (*Boston Med. and Surg. Jour.*, Feb. 27th, 1873), gives the translation of Dr. V. Kaczorowski's paper on the "The Treatment of Erysipelas" published in the *Berliner Klin. Wochenschrift*, Dec. 30th, 1872, in which the author believes that erysipelas is an infectious disease, dependent upon the presence of micrococci, a belief justified by the concurrent testimony of Von Recklinghausen, Waldeyer, Hueter, Kelbs, and Orth. His treatment is, on the one hand, to repress the development and the extension of the globular bacteriums, and, on the other, the support of the resisting power of the organism, the activity of the heart, by stimulation and on easily digestible diet.

To obtain the first result, those parts of the skin which are affected already by erysipelas are rubbed, by means of the finger or a little sponge, every three hours with a mixture of carbolic acid and oil of turpentine (1 : 10), but very gently; the skin of the neighbourhood, however, more energetically. The whole district rubbed is then covered with a soft linen compress moistened with concentrated lead-water (1 : 100), and finally the parts affected already by the disease are again covered, outside of this compress, by thicker linen cloths dipped in ice-water and lightly wrung out, or by a bladder of ice. The external enveloping compresses with ice-water are changed as often as they begin to grow warm. Internally, the patient takes lemonade or a week solution of chlorate of potassa, to alleviate the accompanying stomato-pharyngitis and prevent diphtheritic depositions, and every one or two hours a teaspoonful of strong wine, to support the action of the heart.

This treatment has been very effective during the last few months in the epidemic which occurred in Posen, Germany. He has never seen a relapse when this treatment has been pursued.

Etiology of Typhoid Fever.

Dr. P. W. Payne, of Franklin, Indiana (*The Clinic*, March 8, 1873), relates five cases of typhoid fever which he believes were referable to the decayed vegetable matter in a well, from which the families of these patients procured their drinking water. The water had the smell and taste familiar to those who have drunk water from an old well, curbed with oak boards or slabs. Sawdust had been used for grading up the lot around the well, and some had drifted into it from time to time.

Progressive Muscular Atrophy.

Prof. Roberts Bartholow, M.D., relates, in a report on nervous diseases presented to the State Medical Society and published in the last number of the *Clinic*, the following case of progressive muscular atrophy, with a very able commentary.

J. C——, Irishman, labourer, an able-bodied and a vigorous young man, was referred to me for progressive muscular atrophy, by Dr. Robert Thornton, of Newport, Ky. He knows of no instances of hereditary neuroses, nor of a case similar to his own having occurred in his family. He first began to experience pains and tingling in the hands followed by loss of power. Wasting of the thenar and hypo-thenar eminences was next observed. Soon after these symptoms appeared his friends noticed that his voice had a nasal tone, and he had difficulty in swallowing.

The following points were observed by me when he presented himself :—

Decided loss of power in the hands, especially in the thumbs. The thenar eminences are very markedly wasted, the skin being wrinkled and dusky. The hypo-thenar eminences also wasting, but the atrophy has not advanced so far as in the other group of muscles. The interossei are also undergoing atrophic change, and the hand is hence assuming the shape described by Duchenne de Boulogne as *la forme d'une griffe*. The affected muscles do not respond at all to the strongest induction current. The sensibility to pain and touch of the skin overlying the affected muscles, is much diminished. The temperature of the thenar and hypo-thenar regions as measured by Seguin's surface thermometer is two degrees lower than parts in the neighbourhood, not affected by atrophy. No fibrillary contractions of the diseased muscles are to be seen, and pain is still felt in them. No other external muscles are, as yet, undergoing atrophy. The tongue is not affected. The uvula is drawn to the right, the left side of the veil of the palate hangs down without contraction and appears to be entirely without reflex sensibility. He complains of difficulty of swallowing, and of the escape of fluids through the nose. He has also more or less headache and giddiness, the latter being especially disagreeable to him. Vision, hearing, and taste are unaffected. The pupils are decidedly contracted.

Commentary. This is clearly a case of progressive muscular atrophy. The atrophy has commenced in the muscles usually first affected—the thenar and hypo-thenar groups. The disease will undoubtedly extend and involve other voluntary muscles, and cause death at last by failure of the respiratory muscles. The extreme degree of wasting to which the muscular system is sometimes reduced is exceedingly well shown in a lithographic plate accompanying the great work of Friedreich. The patient in this case is reduced to the condition popularly known as "skin and bone," and being without power of voluntary motion is represented doubled up on a chair in a most characteristically helpless attitude.

The pathology of this singular disease has been variously explained since it was first described by Cruveilhier. Meryon, one of the earliest investigators of its morbid anatomy, styles it "granular and fatty degeneration of the voluntary muscles," and gives four excellent drawings of microscopic preparations showing the nature of the change in the muscular system. Under the title of "progressive fatty muscular atrophy," Duchenne de Boulogne contributed largely to our knowledge of this disease. More credit is undoubtedly due to this indefatigable observer than to any other investigator, for the very full knowledge which we now possess on the subject. The nature of the change in the nervous system was first observed by Cruveilhier, who found an atrophic degeneration of the anterior roots of the spinal nerves. This has not, however, been always the case, and contradictory reports have been made. Lockhart Clarke found degeneration of the anterior columns—nerves and tubules—and amyloid bodies. Trousseau questions the constancy of the relation between the changes in the anterior columns of the cord and the degeneration of the muscular tissue. A great degree of obscurity in regard to the real cause of the lesions existed until the observation of Clarke was confirmed and supplemented by the accurate and painstaking investigations of Charcot and Joffroy. These observers found not only a degeneration of the tubules of the anterior columns and an hyperplasia of the neuroglia, but a marked atrophy of the multipolar ganglion cells of the anterior cornua. Similar changes, as is now well known, take place in the singular disease called glossolabio-pharyngeal paralysis, and in infantile paralysis. So closely allied are these affections clinically and pathologically, that Charcot in a recent lecture, groups them together as "myopathies of spinal origin." A very distinctive characteristic of this group of maladies is the occurrence of atrophic changes in the paralysed muscles. Hence the present generally accepted opinion that these multipolar ganglion cells of the anterior cornua, are trophic cells. Recently the eminent professor of medicine in Heidelberg, Friedreich, has examined this whole question and published his observations in an elaborate monograph. He concludes that progressive muscular atrophy is a chronic myositis, and that secondary disturbances arise in the nervous system. The local process in the muscles invades the intramuscular nerves, giving rise to a chronic neuritis which extends along the nerve track to the spinal cord. The change in the anterior columns and the cells of the anterior cornua, is in this view merely an extension of disease from the end organs of the nerves to the cord.

The primary lesion, according to some authorities, is in the sympathetic. The first case in which this was demonstrated was that of Schneevogt, a Dutch physician, and the most recent one, that of Dumenil. Five cases in all have been reported. In Dumenil's case there existed a sclero-fatty degeneration of the cervico-dorsal ganglia and a granulo-fatty degeneration of the lumbar ganglia of the sympathetic. In my own case the alteration in the pupil and the paretic condition of the veil of the palate, would seem to indicate a primary affection of the sympathetic. I need not enter into the supposed trophic influence of this system, which serves to explain the wasting of the muscles.

May Cholera be Spontaneously Developed?

In a series of open letters (*Allgem. Wien. Med. Zeit.*) intended as an appendix to his work on the Diffusion of Cholera, Privy Councillor Dr. Friedrich Kuchenmeister, of Dresden, expresses himself as follows as to the spontaneous development of this disease :—

I.—May the infection of cholera and typhus originate independently of man, *i.e.*, from the earth?

II.—Is the development of cholera entirely from man?

The true answer to the above propositions would run as follows :—As yet there is no positive proof on either side, and we can only accept certain facts for what they are worth. We ask then first, Does cholera originate in the soil without a germ *sui generis*, *i.e.*, autocthonously?

The more I have studied the conditions of this disease, the more I have become convinced that the term "autocthonous" in reference to the origin of disease, especially of infectious disease, is like the theory of spontaneous generation in zoology. It is a great chamber full, not of disbelief, but of false beliefs and superstitions. Just as in the generation of animals, are pre-existent atoms necessary for the genesis of infectious diseases. These atoms may be simple (animate or inanimate, organic or inorganic, solid, fluid, or gaseous), or compound; they may be directly poisonous or only indirectly by contact with other poisonous substance, yet the pre-existence of some material substance is a necessity.

All infectious diseases, therefore, especially cholera, require specific moving particles for their development and diffusion. But as these products are derived either directly or indirectly from man, the disease cannot be named autocthonous. The disease products are everywhere where man exists; they are, therefore, anthropocthonous, or, as in the case of the zymotic diseases which also attack animals, zoocthonous, that is, caused by the transmission of infectious substances from living animals to other animals or to man. It is our task to show, by experiment, the concealed paths of transmission and the forms of changes which the unknown poison takes.

It is stated that since the death of the late Prince Consort, no fewer than 500,000 persons in this country have been killed by typhoid fever.

With the change of temperature and the adoption of urgent sanitary precautions, the cases of cholera in Rome, Berlin, and other cities on the Continent have considerably diminished during the past week.

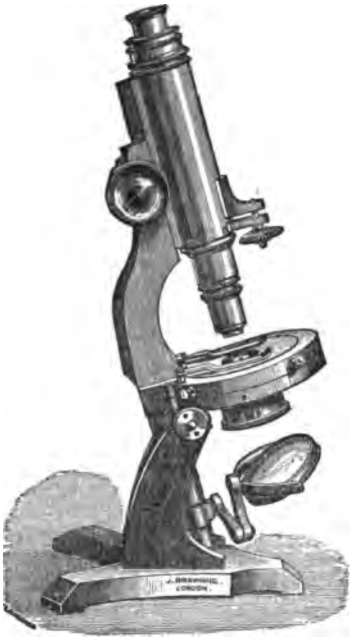
During the past week the deaths registered in London and twenty other large cities and towns in the kingdom were 3,571. The average rate of mortality in these towns was 25 per thousand of population, whilst in London the death-rate was but 23 per thousand of population.

There is a good deal of excitement in London just now, in consequence of the finding of the body of a woman in the Thames, horribly mutilated. The legs and arms appear to have been literally torn from the trunk, which had been "chopped" in two; the skin was stripped from the face to prevent identification. Gossip attributes the outrage to Medical students, who are supposed to have thrown the parts, after dissection, into the river at different points in order to create a sensation, but the unskilful manner in which the hacking and tearing was performed completely negatives the idea, and suggests that a murder of the foulest kind has been committed.

Inventions.

BROWNING'S IMPROVED MICROSCOPE.

Mr. John Browning, the optician of the Strand, has recently constructed a new Microscope Stand, which is likely to attract some interest among English microscopists. The novelty is in the adaptation of a very simple yet perfectly concentric turning-stage. The utility of a turning-stage, the command it gives of varying the position and illumination of the object to be examined, depends on the perfection with which it rotates concentrically with the field of vision. Hitherto, this has been only partially attained in the English models. In the new stand, this condition is absolutely fulfilled by the stage and the eye-piece revolving together on the same axis; thus the image remains in the field of vision during the whole revolution whatever objective be used. A stage of this kind has long been in repute on the continent, where it is considered indispensable to the finest development of high-power definition. The new stand aims at combining, in the simplest and least expensive form, the high qualities of the best English models, and the turning-stage, which is the chief merit of the best foreign models.



Mr. John Mayall, jun., assisted Mr. Browning with many valuable suggestions during the experiments which led to the construction of the instrument, and which for excellence of workmanship and freedom from flexure has not been surpassed.

The instrument was exhibited at the last meeting of the Medical Microscopical Society.

At the Chemical Society of Berlin, Professor Smee proposed a method for discovering the organic matters contained in the air by means of distillation by cold. A glass funnel, with the tube stopped, is filled with ice and held suspended in the air. The humidity of the air is condensed upon the outside of the funnel along whose surface it trickles to drop in a little basin beneath. This liquid is weighed. It contains ammonia usually, which is separated and its quantity determined by well-known methods. The quantity of organic matter in the air is then approximately estimated by that in the liquid. It is possible in this way also to arrive at the odorous principle in flowers.—*Gaz. Med. de Paris.*

Correspondence.

THE ANÆSTHETIC CONTROVERSY AND ITS ELUCIDATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—During the controversy on the Anæsthetic Question the value of unique cases is considerable. Last Monday I amputated below the knee for traumatic gangrene, while the patient was under the influence of the bichloride of methylene. In the Jervis Street Hospital we prefer chloroform to ether, owing to the greater facility of administration, and we continue to use it during the tedious guerilla settlement of an important question. In the above mentioned case I hesitated to administer the much abused chloroform owing to a cardiac intermission, the history of a previous pleurisy, and the probability of an investigation with discrepant Medical evidence. I gladly availed myself of the less abused methylene administered by Mr. Macnamara, in the presence of Mr. Spenser Wells, its warmest supporter. The patient remembers nothing from the third inhalation until he was again settled in bed, a period of about fifteen minutes; he experienced no headache or sickness of stomach. The mask was removed immediately after the division of the bone, and all subsequent processes of securing vessels, introducing sutures, &c., had not the slightest effect upon the man, who continued in a tranquil sleep. I have rarely seen chloroform act so satisfactorily, and never with such sustained yet safe results. Methylene deserves a share of that enthusiasm displayed in the discussion upon the relative merits of the various anæsthetics.

The deaths which are scored against methylene merely enforce the necessity of caution in the administration of novel and potent medicines. Statistics cannot as yet be relied on, to decide between ether and chloroform, as the latter had become such a familiar agent that it was administered a thousand times without being recorded.

Yours very truly,

JAMES EDWARD KELLY,

Surgeon to the Jervis Street Hospital, Lecturer on Anatomy and Physiology, Ledwich School of Medicine, &c., &c.

6 North Great George's Street, Dublin,
August 30th, 1873.

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HILL STATIONS OF INDIA AS PLACES OF HEALTH RESORT.—NYNEE TALL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—After a residence of nearly twenty-five years in India, and half that time spent in visiting the different sanitaria located in the Himalayas, I may be excused in commenting on the statements made by your "Special Correspondent," "Medical Notes, No. IV.," July, 1873, published in your issue of the 20th ult.

Evidently your correspondent, owing to his official position and experience, can with some authority offer an opinion on the treatment of soldiers' wives and children during a march in the plains of India in the scorching month of July, and the pathetic picture drawn by him is in no way exaggerated, and there is no doubt much good would accrue to these unfortunate European women if the Profession would agitate this question oftener, and thus direct the attention of the authorities to the lamentable position, privations, and hardships the wives of our gallant soldiers have to undergo in those fearful marches through India, at a time of year when even the natives, except under unavoidable circumstances, refrain from leaving the shelter of their houses. The sight of European women "on the march," which simply means being conveyed in a rough country cart, without springs, over which a rickety tilt covered with thin calico is placed, and a couple of diminutive bullocks drawing this wretched creaking vehicle at a snail's pace, never exceeding three miles an hour, and necessitating continual halts for "patching and mending," is pitiable. Inside these conveyances may often be seen a fever-stricken mother with a babe at her breast, and several children lying almost naked on a straw mat, looking the very picture of misery, with a long fifteen or eighteen mile march before them, the end of which will not be reached till the sun is high in the meridian.

That such sights should be witnessed by the natives of India is a disgrace to our Indian Government there can be no doubt, and is so considered by intellectual natives themselves. If our surgeons in India, who are continually deputed to accompany detachments on such marches, would publish their experiences as your special correspondent has done, there would be some prospect of the condition of our poor fellow-country-women being ameliorated when compelled to follow their soldier husbands from one military station to another during the sultry and almost deadly months of the Indian year.

Your correspondent, so far, has done good service, but his remarks and comments on promoting the glorious Himalayas as a health resort might have a contrary effect, except that at a glance the most uninitiated reader must detect that the writer was not giving the results of actual observation, but purely relying on casual report, and describing diseases in localities he has (he himself admits) never visited. One example will suffice for my purpose: "The lovely lake at Nynee Tall encourages fever, likewise neuralgia, whereas at Mussoorie the most exhausted drink in new life, only 120 miles distant from Meerut." Now Nynee Tall, apart from its extraordinary natural beauties, has a wide-spread reputation for the salubrity of its climate, being one of the few hill stations hitherto exempt from the ravages of cholera. The lake decried by your correspondent is a large expanse of water, three quarters of a mile long, and of great depth, so clear that for twenty feet small fish can be easily discerned. The lake receives a copious supply of water from the neighbouring mountains, and indeed it can only be considered as a continuation of the mountain stream, the lake being formed by a natural obstruction at Nynee Tall, and at the end of the lake the stream continues its course. This lake situated over a mile in altitude above the level of the sea, is constantly swept by mountain breezes, which would effectually take away any fever-producing gases, if such could be generated in a locality where the soil is gravel, and where "fever and neuralgia" are quite as much unknown as at any of our other highly-prized hill stations. Nynee Tall is equi-distant from Meerut and Mussoorie, and within sight of the large military stations of Bareilly and Mooradabad, but more than a hundred miles nearer the many important European garrison towns of Oudh. The locality has also the benefit of being governed by a wise and humane commissioner, a boon only to be fully appreciated by those whose lot has been cast in provinces where these qualities are wanting.

I could write with equal force on most of the hill stations of India, and I may remark that I have had long experience and close acquaintance with this subject, and know the incalculable advantages to our troops that particular care and consideration should be exercised by members of the Profession, lest in making hazardous assertions they may retard the present movement of the Government in taking advantage of these healthy spots as convalescent depôts on a scale more commensurate with the great interest at stake when dealing with the health of our soldiers serving in India. In Kumaon, not far distant from Nynee Tall, the commissioner has established an asylum for lepers, where the history of each individual can be obtained and authenticated. And the theory started that leprosy is a cerebo-spinal disease will, when he has facilities for the study of the disease, prove a fallacious one. To this most interesting question I will refer at another opportunity, for beyond doubt leprosy is more frequently met with in mountainous districts than elsewhere.

I remain, your most obedient servant,

London, Sept. 1st, 1873. SENEX.

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COCOA ADULTERANTS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Our attention has been called to two articles on the "Adulteration Act" and on "Trade Adulterations and Misrepresentations," which appeared in your journals of the 23rd and 30th ultimo, and which, in so far as they affect the manufacture of cocoa, we rely upon your sense of justice to permit us to reply to.

In the first article referred to, we think it unfortunate that the writer should have placed cocoa containing farina in the same category with mustard adulterated with brickdust; the use of sugar and farinaceous substances in this manufacture having been specially recognised and sanctioned by Act of Parliament (3rd Geo. IV., c. 1, iii.), by many of our most eminent scientific authorities, to say nothing of long and well-known custom.

Dr. Normandy, in his "Commercial Handbook of Chemical Analysis," states, "The preparation known as cocoa-powder or chocolate-powder, when genuine, consists only of cocoa-nibs, sugar, and arrowroot;" and also states that the addition of these substances renders cocoa emulsive and more digestible. The suggestion that persons purchasing soluble cocoa-powders are under any misapprehension as to what they are buying is quite unfounded, unless, indeed, they be adulterated,—that is, contain other substances than cocoa, farina, and sugar. And we fail to see in what way the public would benefit by the adoption of your suggestion, to call all mixed cocoa-powders chocolate, a proposal first made, we believe, by Messrs. Cadbury. For ourselves, we should consider that to apply the name popularly associated with preparations in the form of cake, and only with the finer preparations of cocoa-powder, to our lower class cocoas (although these are equally genuine with our best goods, and only differ in quality) would be to commit a fraud, leading the purchaser to imagine the article to be better than it really was. Another objection to such a change would be that unless the substances of which chocolate should consist were accurately defined, it would admit of a host of unlawful admixtures, and would afford a loophole of escape from the charge of adulteration, which would be only too gladly availed of by fraudulent manufacturers, who would think that the term thus used would cover any admixtures which were not absolutely poisonous. Some confusion on the subject has arisen from the fact that the words cacao, cacoa, cocoa, and chocolate are, in reality, convertible terms, and have been applied indiscriminately by scientific writers both to the cocoa-tree and cocoa-bean; but owing to the fact of the raw cocoa-bean (which, in your issue of June 2nd, 1869, you state is "not an article of commerce,"—meaning, we presume, in the sense of its being but seldom retailed) being almost useless as a food without undergoing various processes of manufacture, the terms cocoa and chocolate have come to be applied in general parlance to the various forms of preparation of this food. We readily admit that, were the public under the impression that they were buying cocoa pure and simple, and not the mixed or manufactured article, when purchasing it for domestic use, a gross fraud would be perpetrated in supplying the latter. But that this is not the case is fully shown by the fact that in all popular articles on the subject, manufactured cocoa is always described as a mixed article, and further, from the circumstance that there is a demand, although on a comparatively small scale, for cocoa pure and simple, as in the case of roasted cocoa-beans and flaked cocoa, and when somewhat more fully prepared, as in the case of cocoa-nibs and flaked and ground nibs, all of which articles have been known to the public and sold in the trade almost from the time when cocoa was first imported.

The demand for these forms has always been limited, owing to the trouble required in their preparation, and also owing to the wastefulness of their use. It must be borne in mind that, unlike tea and coffee, the substance of the cocoa-nib is nutritious and, when properly prepared, digestible; and that when mere infusions are made, but a very small proportion of the nutritious parts of the nib is extracted, being, indeed, thrown away in the form of grounds, and the cocoa-butter being usually skimmed off, the value of the drink is reduced to the minimum. On the other hand, if the whole of the substance thus prepared is taken into the stomach, it is found to be exceedingly indigestible.

As you are doubtless aware, Mr. D'Eyncourt, after a most careful and lengthened investigation, in his decision has entirely justified the position we have taken in emphatically denying that sugar and farinaceous substances are adulterants when used in the preparation of soluble cocoa. They are as necessary to render cocoa-powder soluble (using the word in its popular sense—that is to say, readily miscible in boiling water and without the need of further boiling to render it fit for use) as water is necessary to make bread. All the so-called pure cocoa-powders with the cocoa-butter abstracted (our own preparations not excepted) really require boiling to render them fit for use, or else the cocoa, unless perpetually stirred, sinks to the bottom of the cup, and instead of being consumed is thrown away, the valuable phosphates contained in cocoa especially being lost.

It was to do away with this unnecessary trouble of boiling which was the chief cause that circumscribed the use of cocoa, that Mr. Daniel Dunn was anxious to accomplish when he first devoted himself to the subject. The result of his investigations and experiments which gave "soluble" cocoa to this country, has produced the astonishing effect of raising the annual consumption of raw cocoa from only 276,321 lbs. in the year 1820 to the rate of nearly 9,000,000 lbs. for the present year. This result equally testifies to the great value of this food, and not less so to Mr. Dunn's mode of preparation, seeing that at a moderate computation two-thirds of the raw cocoa imported is used in the manufacture of "soluble" cocoa and the bulk of the remainder in that of chocolate. The conclusions which Dr. Ure arrived at after an elaborate series of experiments carried out at the instance of the Government, coincided to a great extent with those arrived at many years previously by Mr. Dunn; and to this day the cocoa used in the navy consists of cocoa, farina, and sugar. As an additional evidence of how little foundation there is for the assertion of there being any misrepresentation in the manufacture and sale of mixed cocoa-powders, we need only point to our own labels, on many of which for more than thirty years the admixture of sugar and farina has been prominently set forth in order to protect ourselves against competition with adulterated articles; and previously to this credit was taken by us in our advertisements for the ingenuity and advantages of the combination.

With regard to your expression of dissent from our interpretation of the word adulteration, we would call your attention to your reports on cocoa, in which in mentioning our "Maizena Cocoa" you state it is "genuine." Now, if this article, which consists of cocoa, maizena, and sugar, be genuine, it is difficult to see how another cocoa-powder in which the farina used is arrowroot or sago can be "adulterated," provided the consumer knows that he is buying a mixed article, a fact we think sufficiently proved.

You observe that if "cocoa *plus* sugar and farina be better than the unsophisticated article the public *will* discover the fact." Permit us to point out that having had a number of unmixed cocoas before them since its first introduction into this country, the public *have* made the discovery, and have acted on it now for nearly seventy years, during which time a marked preference has been given to the mixed preparations. And this conclusion has been a wise one, since only by this means can the cocoa-butter be preserved to the consumer, a point of great importance, this fat being the only one which does not become rancid, and hence the most valuable of that class of our carbonaceous foods. The cocoa-powders from which this substance is taken, although suitable in certain forms of disease, are really exactly analogous to skimmed milk, and from their high price and the trouble required in their preparation, can never be used by the masses. The mixed cocoa-powders, on the other hand, are cheap, easily prepared, and the whole of the cocoa being utilised, are for general use the most economical.

In this expression of opinion we speak without prejudice, having two forms of the former mode of preparation, both of which have been highly eulogised by the Medical press, your own journal not excepted.

We remain, Sir,

Your obedient servants,

DUNN AND HEWETT.

[IN our observations on the subject of trade adulterations, we have continued to enunciate the principle to which we still adhere, that the crime of sophistication is the deception of the buyer. On this principle the addition of starch or sugar to cocoa is perfectly justifiable as long as the presence of the adulterant is *honestly and plainly* notified to the buyer, and perfectly wrong and improper whenever any concealment of its presence is attempted.

As regards the carrying out of this principle, it is not relevant to the question whether the adulterant is an improvement or a deterioration of the article, and, therefore, we think that the deceptive addition of starch to cocoa should be placed, as a matter of principle, in the same category as the deceptive addition of brick-dust to mustard. We, of course, recognise a further duty in the Legislature of protecting the uninitiated public against *deleterious* sophistications, which no declaration of their presence ought to make lawful, and we class innocent sophistications with the deleterious only in regard to the fraud—if we must use the word—which is involved in the deceiving of the buyer.

We entirely differ from Messrs. Dunn and Hewett when they say that "the suggestion that persons purchasing soluble cocoa-powders are under any misapprehension as to what they are buying is quite unfounded, unless, indeed, they be adulterated,—that is, contain other substances than cocoa, farina, and sugar. We readily admit that, were the public under the impression that they were buying cocoa pure and simple, and not the mixed or manufactured article, when purchasing it for domestic use, a gross fraud would be perpetrated in supplying the latter. But that this is not the case is fully shown by the fact that in all popular articles on the subject, manufactured cocoa is always described as a mixed article."

That such adulterations are widely known amongst educated persons who read such books as Letheby "On Food," and Normandy's "Commercial Analysis," is no proof whatever that an ignorant old woman is familiar with their existence.

It is to protect the poor and not the readers of popular science that adulteration law is made, and no declaration of the presence of a sophistication will satisfy us except a plain and honest notification on the label which encloses the article. We say *plain* and *honest* because we don't, as our correspondents seem to think, consider that to call adulterated cocoa "chocolate," or "soluble cocoa," or "homœopathic cocoa," or any other name, without distinctly setting out the nature of the admixture, is a plain or honest description of the article sold.

On this point, Messrs. Dunn and Hewett say, "We need only point to our own labels, on many of which for more than thirty years the admixture of sugar and farina has been prominently set forth in order to protect ourselves against competition with adulterated articles; and previously to this, credit was taken by us in our advertisements for the ingenuity and advantages of the combination."

We are glad to give the firm the benefit of this declaration. Not having the labels before us we are unable to say whether they would fulfil our idea of a *plain* and *honest* enunciation of their contents, but if they do, we entirely repudiate the applicability to them of the words "deception" and "fraud," which we have, in discussing the general question, been obliged to use. The firm further remark, "With regard to your expression of dissent from our interpretation of the word adulteration, we would call your attention to your reports on cocoa, in which in mentioning our 'Maizena Cocoa' you state it is 'genuine.' Now, if this article, which consists of cocoa, maizena, and sugar, be genuine, it is difficult to see how another cocoa-powder in which the farina used is arrowroot or sago can be 'adulterated,' provided the consumer knows that he is buying a mixed article, a fact we think sufficiently proved."

Our analyst very properly described a mixture of real maizena with real cocoa as being "genuine" Maizena Cocoa, but he did not call it genuine cocoa, which it was not. To sum up our view, we would say that it is useless for manufacturers and traders to plead special. They know quite as well as we do what is and what is not an honest description of their wares, suitable to the comprehension of all buyers. We are well aware that it may spoil sales and reduce profits to state simply and clearly that the *soi-disant* soluble cocoa-chocolate, or superfine mustard is in reality a mixture of equal parts of cocoa and starch, or of flour, turmeric, and mustard. With that consideration neither we nor the public have anything to do. If the law be equally and firmly applied all manufacturers must conform to it, and none whose productions can stand fair competition will be permanent losers. But whether they be or not, the public must be protected, and must be allowed to receive for their money that which they wish to buy and pay for and nothing else.—Ed.

ATHETOSIS.

Dr. H. S. Purdon, Physician to the Belfast General Hospital, contributes to the *Dublin Medical Journal* notes of a case of athetosis. From the remarks appended to his paper, we take the following. He says that we are indebted to Dr. William A Hammond, of New York, for an accurate account of the disease known and designated by him athetosis. The chief phenomenon of the disease consists in an inability to keep the fingers and toes from continued motion. "The movements are not disorderly, like those of hysteria and chorea, nor so tremulous as those of paralysis agitans, and the various forms of sclerosis hitherto described. They are regular, and are to some extent under the control of the will—that is, by a strong effort of volition the patient can, for a short time, prevent them, but they soon re-assert themselves, notwithstanding his most strenuous endeavours to keep the muscles quiet. Even during sleep the movements continue more or less." There are two kinds of paralysis agitans, so to speak, with which athetosis may be confounded: 1. Those with discoverable organic lesions; and, 2nd, those where no lesion could be found. It is accompanied by wasting and weakness of muscles, and is generally confined to the aged, although Dr. Beard states he saw a typical case in the Clinic of Duchenne (Paris), occurring in a child two years old(*a*). Dr. H. Jones (*b*) believes that there is a form of shaking palsy met with in younger persons than those generally seen, and is more curable, and therefore presumably not dependent on organic change. Dr. Hammond states that the cause of athetosis is not clearly made out. In two of his cases the patients were intemperate; whilst in a case under the care of Dr. Allbut (*c*) the patient was a temperate woman. The prognosis is unfavourable, and no case is materially benefited by treatment. In each case there has been a steady advance in the severity of the peculiar symptoms, but the general strength of the patient has not been much impaired.

In regard to diagnosis, the following are the most important diseases to distinguish from. Such affections as multiple cerebral sclerosis, secondary degeneration from cerebral hæmorrhage and chorea being omitted. To quote Dr. Hammond again: "In paralysis agitans there is tremor and not entire muscular contraction. There is no pain, no anæsthesia. The tremor usually ceases during sleep, and there are often intermissions during which the patient is comparatively quiet. There is no tendency to the tonic contractions which seem to ensue late in the course of athetosis." Relative to the morbid anatomy nothing is known, as no *post-mortem* examination has as yet been made in any case of athetosis. Physiology would, however, indicate the *corpus striatum*, and perhaps also the *optic thalamus*, as the seats of the morbid process. The diseased condition is most probably sclerosis, which in its turn is the result of slow inflammation. As regards the treatment nothing has yet been efficacious in arresting the

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(*a*) "Treatises on Medical Uses of Electricity," pp. 464.

(*b*) "Functional Nervous Disorders," p. 242.

(*c*) *Medical Times and Gazette*, January 27, 1872.

onward march of the disease, though galvanism has apparently exercised a slight controlling power."

In Dr. Purdon's case there was no anæsthesia, as has been observed in athetosis, but the opposite condition—viz., hyperæsthesia, as shown by the urticaria, which was a reflex neurosis. According to Dr. Althaus (a), these two conditions—viz., anæsthesia and hyperæsthesia—have been too much separated, seeing that they are often allied.

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THE LYMPHATICS OF THE SKIN.

A brief review of Dr. Neumann's work on "The Lymphatics of the Skin" appears in the *Philadelphia Medical Times* for July 26th, by Dr. Louis Duhring. Dr. Neumann, who is Professor Hebra's assistant, has had ample opportunity for investigation at the Vienna General Hospital. We make no apology for offering the following extract:—

"The results of Neumann's experiments and observations may be summed up as follows:

"1. The lymphatics of the skin present an enclosed tubular system, with independent walls, whose interior is lined with flat epithelium. These walls are nowhere interrupted by openings. There exists, therefore, no communication with the so-called juice-canals, or with other interspaces of the skin. Neither can spaces anywhere between the epithelium be noticed, not even in examples of disease where there exists an enlargement of these vessels.

"2. The relation of the blood and lymph-vessels is only constant to the extent that the former are always found much nearer the surface than the latter. The branches of the lymphatics, together with their meshes, are found spreading themselves in the deeper tissue in all directions. Nowhere, however, within a lymph-tubule could a second vessel be detected: so that there can be no ground for considering the question of invagination.

"3. The lymphatics from two close and separate networks in the corium, the deeper being the more extensive of the two. Their walls are markedly capable of extension. The more superficial vessels are in general thinner; the deeper ones are thicker, and, like the first, are, to all appearances, without valves. Only among the subcutaneous vessels is it possible to demonstrate the valves plainly.

"The larger lymphatics possess a number of branches with blind endings, which are of variable calibre. The lymph-vessels make their way into the papillæ of the skin, partly in the shape of single tubules, and also in the form of loops.

"4. The appendages of the skin, as the hairs, hair-follicles, and sweat-glands, possess their own lymphatic capillaries situated about their periphery, but they do not enter into the follicles. The aggregations of fat are also surrounded by lymphatics. The vessels were found to be greatly developed in the subcutaneous tissue.

"5. The number of lymph-vessels of the skin was found to vary according to locality. They occur in greatest numbers about the scrotum, labia majora, palms of the hands, and soles of the feet. In pathologically altered skin, an enlargement of the vessels was at times demonstrable.

"In ulcerative processes the lymphatics are, in part, destroyed, though they may be regenerated. They occur only sparsely in cicatricial tissue. No vegetations were observed upon the walls of the vessels."

We cannot resist noticing an excellent monograph on the "Functions of the Sudoriparous and Lymphatic Systems," by Robert Willis, M.D., London, 1867, and which will well repay perusal. Dr. Willis states that "the lymphatics, or to speak more correctly, the cells of which their walls are composed, manifest in the course of their evolution a special affinity for the watery element of the blood," which he proceeds to prove. At page 40 he writes: "It is important to observe that in certain diseases where the function of the skin is seriously implicated, as it is in anasarca, the lymphatic system acquires its highest state of development. To display the lymphatics anatomists commonly select the body of one who has died of some disease complicated with general dropsy."

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Gleanings.

Ablation of a Cancer of the Neck of the Uterus in a Pregnant Woman.

Dr. Walton Todd (*Pacific Medical and Surgical Journal*, Dec, 1872) thinks that the dangers of operation on the gravid uterus have been exaggerated. He relates a case of a woman, aged thirty-six, suffering from cancer of the posterior lip when two months pregnant. There was considerable hæmorrhage, which was arrested by a tampon of perchloride of iron. In spite of the complication of erysipelas of the face, she recovered and went to full term, and was confined naturally of a healthy child. The urgent reason for the operation was the intense pain in the hip and abdomen, which disappeared after the amputation of the neck.

Heart Disease a Consequence of Gonorrhœa.

The relations between blenorrhagia and affections of the serous membranes have been perfectly well established, and are universally admitted by pathologists. But there are but few clinical facts showing the connection between this affection and certain serous membranes, particularly the endo and pericardium.

M. Lacassagne has collected nine cases in which gonorrhœa was accompanied by multiple arthritis of that character that the affection of the cardiac serous membranes may be considered as a localisation of blenorrhagic rheumatism. In a tenth case, in the author's own hands, the blenorrhagia gave birth to a pericarditis without passing to the articulations. M. Lacassagne deduces from his observations that cardiac complications are very rare, and that when they do occur it may be in the form of myocarditis, or endo-carditis, but the pericardium is always affected.—*Arch. Gen. de Med.*, *France Médicale.*

The Causes and Nature of Hydrocele.

Every clinician has met with cases of lesion of the testicle accompanied with hydrocele, but they have all considered the lesions not as cause of the hydrocele, but as a complication or a consequence of the compression exercised by the liquid about the testicle. In the author's opinion, based upon eight observations of cases occurring *au hasard* in the same year, the testicle is far from being absolutely sound in simple hydrocele, for in all the cases epididymus was more or less indurated. In some the body of the testicle showed a certain augmentation in volume and consistence, and was at the same time painful to pressure.

It should be added that no one of the patients had had orchitis; they were all free from blemish by syphilis, blenorrhagia, or phthisis; in short, the testicle upon the opposite side was perfectly sound. There was manifest thus a kind of partial epididymitis, most frequently alone, more rarely accompanied by a swelling in the body of the testicle. This epididymitis is always sub-acute, indolent, and but little painful, yet there was always enough inflammation present to cause an abundant effusion from the tunica vaginalis. What, then, is the cause of this orchitis which engenders the hydrocele considered spontaneous? If attention be paid to these cases, it will be seen that the majority of the individuals affected with hydrocele have passed the fourth, even the fifth decade of life. At this age lesions of the neck of the bladder and of the prostate are common (prostatic calculi, uric gravel, hypertrophy of the prostate, varicose condition of the neck of the bladder, &c.) Thus there exists in advanced life a low form of irritation about these parts which extends to the epididymus and testicle, and is the first cause of orchitis.—*Panas, Arch. Gen. de Med.*, *France Medicale.*

(a) *British Medical Journal*, December 19, 1868.

How to Remove Adhesive Plaster.

Every surgeon, doubtless is familiar with the appearance of a part which has enveloped in adhesive plaster, after the straps have been removed. The appearance is not one in very good keeping with a cleanly and neat surgical dressing. The portion of the plaster which is left adhering to the skin may be quickly and completely removed by the use of oil of turpentine and sweet oil. Use a little more than half turpentine. This compound, carefully rubbed over the parts with a bit of cloth or sponge, and then washed off with warm soap-suds, will leave the surface as clean as nature ever intended.—*N. Y. Medical Record.*

Ergotine as a Hæmostatic.

C. H. Boardman, M.D., St. Paul, Minn. (*North-Western Med. and Surg. Jour.*) speaks highly of ergotine, hypodermically given, in an obstinate case of placenta prævia, after all other remedies had failed. For a period of two weeks the perils incident to this grave condition were averted, and the patient brought safely to within a fortnight of her full time.

The Cause of Collapse in Diphtheria.

Professor Molser, of Greifswalde, has published two cases of sudden collapse during apparent recovery from diphtheria. They give a somewhat different theory for the cause of death than has been urged by Trousseau. In fact, this complication is barely mentioned by the latter author. Niemeyer describes such cases as those whose general condition has not excited much apprehension, or, in fact, has been regarded as satisfactory, until without warning of any kind, they fell into a collapse. In other cases still profound syncope has occurred a number of times, at last ending in death.

A great deal of discussion has taken place with regard to the implication of the nervous system in the pathological changes, but in many cases no lesion whatever could be discovered. Wagner was the first to call attention to the fact that in these cases there was usually some change in the muscular tissue of the heart.

In the two cases cited by Molser collapse was sudden and unexpected, the first taking place on the fifteenth, and the second on the fifth day. In both of them the walls of the heart were found dilated, and the seat of fatty degeneration. The trabeculæ in each case were flattened down.

The author makes the practical deduction that this demonstrates how necessary it is to adopt a tonic and stimulant method in treating this disease.—*Archiv der Heilkunde,* 1873.

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NOTICES TO CORRESPONDENTS.

Notice to Subscribers.—Gentlemen who have not paid their Subscriptions for the past year are respectfully reminded by the Publishers of the omission.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials,* and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

Local Newspapers, &c.—When forwarding newspapers containing news or articles to which our attention is wished to be drawn, correspondents will oblige by marking the copy, as it is impossible for us to wade through all the country papers we receive.

SQUIRE'S COMPANION TO THE PHARMACOPŒIA.

How fast some books sell! is an expression one often hears; nor is it a necessity that a work should be of great intrinsic value to meet a demand. Every one who has a knowledge of current literature knows that the veriest trash sometimes finds ready buyers, whilst books of real merit encumber the publisher's shelves. The one, however, before us has no compeer in any language; it is simply unique, and has met with only the just reward of merit. The announcement of the ninth edition, making nearly 25,000 copies of a work which sells at half a guinea, is a recommendation much stronger than can be expressed by a reviewer, and we therefore convey the announcement of this new edition to our readers, by stating that to former editions has been added an index to diseases, and the recently published Pharmacopœia Germanica and the new American Pharmacopœia have been compared with the British, and some of the preparations adopted.

Dr. Murray.—The additions did not arrive in time for insertion in the early copies of the Journal. They were afterwards made; and the copies sent out, from which the daily and weekly press quoted, and upon which the various editors founded their comments, contained the paragraphs referred to in your letter of the 6th inst.

Articles of Diet.—Amongst the awards at the Vienna Exhibition to English exhibitors a medal has been adjudged to the well-known firm of Crosse and Blackwell, London, so long known for the excellence of the prepared meats, soups, sauces, pickles, and other articles prepared by them. The jury, it appears, made a minute inspection of the various samples submitted to them, and were much struck with the extreme purity of the vinegar used in the preservation of the vegetable and other matters.

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VACANCIES.

Longford Union. Medical Officer for the Drumlish Dispensary District. Salary £100 per annum. (See advt.)

Royal Free Hospital, London. Junior House-Surgeon. (See advt.)

Langport Union, Somerset. Medical Officer to attend the paupers. Salary £35 per annum. (See advt.)

Manchester Royal Infirmary. Pathological Registrar. Salary £100 per annum. Address the Chairman of the Board.

Manchester Royal Eye Infirmary. Three Surgeons. Honorary.

Liverpool Northern Hospital. House Surgeon. Salary £100 per annum, with board and residence.

Royal London Ophthalmic Hospital. Curator and Assistant House Surgeon. Address applications to the Secretary.

Stafford General Infirmary. Assistant House Surgeon. Salary £35, with board, residence, and washing.

Whitchurch (Salop) Tradesmen's Friendly Society. Medical Officer for the Wem District. Salary £40. Address Mr. R. B. Jones, Whitchurch.

York County Hospital. House Surgeon. Salary £100 per annum, with board and residence.

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APPOINTMENTS.

Armstrong, G. W. F., M.D., Medical Officer to the Workhouse, Castletown Union, Co. Cork.

Blake, Dr., Medical Officer, &c., for the Spiddal Dispensary District of the Galway Union.

Evans, R. W. J., L.R.C.P.Ed., L.R.C.S.Ed., House Surgeon to the Wrexham Infirmary and Dispensary.

Graham, F. B., L.R.C.S.Ed., Medical Officer to the Workhouse, and for the Low District of the Longtown Union, Cumberland.

Grant, P. M., M.B., C.M., Resident Physician to the Royal Hospital for Sick Children, Edinburgh.

Hirons, G. M., L.R.C.P.Ed., Resident Surgeon to the General Dispensary, Bournemouth.

Hodges, F. H., L.R.C.P.Ed., House-Surgeon to the Leicester Infirmary.

Hunt, W. J., M.D., F.R.C.P.Ed., L.R.C.P.L., an Assistant Physician to the Metropolitan Free Hospital.

Lyne, D. J., L.R.C.P.Ed., Medical Officer, &c., for the Kilcatherine Dispensary District of the Castletown Union, Co. Cork.

Molloy, M. H., L.K.Q.C.P.I., M.R.C.S.E., Medical Officer to the Workhouse, Manorhamilton Union, Co. Leitrim.

Morton, Dr., Medical Officer of Health for Guildford.

Shaw, J., L.R.C.S.I., L.K.Q.C.P.I., Medical Officer to the Riverstown Dispensary District of the Sligo Union.

Tytler, P., M.B., C.M., Assistant Medical Officer at the Crumpsall Workhouse, Manchester.

Willing, G. F. B., L.R.C.P.Ed., M.R.C.S.E., Certifying Surgeon for Great Wakering, Shoeburyness, and Leigh, Essex.

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OPERATION DAYS AT THE LONDON HOSPITALS.

Wednesday, September 10.

Middlesex Hospital.—Operations, 1 p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
St. Bartholomew's Hospital.—Operations, 1½ p.m.
St. Thomas's Hospital.—Operations, 2 p.m.
St. Mary's Hospital.—Operations, 1¼ p.m.
King's College Hospital.—Operations, 2 p.m.
Great Northern Hospital.—Operations, 2 p.m.
University College Hospital.—Operations, 2 p.m.
St. George's Hospital.—Ophthalmic Operations, 1¼ p.m.
London Hospital.—Operations, 2 p.m.
Throat Hospital.—Demonstration, 2½ p.m.
Cancer Hospital.—Operations, 3 p.m.

Thursday, September 11.

St. George's Hospital.—Operations, 1 p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
University College Hospital.—Operations, 2 p.m.
Throat Hospital.—Demonstration, 2½ p.m.
Royal Orthopædic Hospital.—Operations, 2 p.m.
Central London Ophthalmic Hospital.—Operations, 2 p.m.

Friday, September 12.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Royal South London Ophthalmic Hospital.—Operations, 2 p.m.
Central London Ophthalmic Hospital.—Operations, 2 p.m.

Saturday, September 13.

Hospital for Women, Soho square.—Operations, 9½ p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Royal Free Hospital.—Operations, 9 a.m. and 2 p.m.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 17, 1873.

STUDENTS' NUMBER.

THE devotion of one issue of our Journal in each year to the information of the Student, and of those responsible for his education, is a tribute to the important position, in the minds of our readers and the public, which the education of the coming Medical Practitioner deserves to occupy. We have, however, our own idea of the Journalist's duty in the matter; an opinion apparently not shared by our contemporaries. It is our *rôle* to place in the hands of the Student and his guardians the semi-confidential details, directions, and hints which College Regulations are not intended to communicate, and which are only known to those conversant with the various systems of education, examination, and qualification, and with the ultimate prospects of the Student. We have, therefore, carefully abstracted the official regulations of Licensing bodies, not sacrificing even the least detail, but striking out the prolix legal repetitions in which those details are hidden. Our readers may depend on the accuracy of these abstracts, but should they desire a higher authority for the information, the official regulations of any College or University are easily at their disposal."

Into the space which this epitomising has given us, we have endeavoured to compress as much practical, every-day information as we conceive to be necessary; and writing as we do for the Students of the United Kingdom, we have endeavoured to give predominance to the educational arrangements of no special locality.

As we have, with the view of economising the space at our disposal, dispensed with all details which are contained in the advertisements of the various Medico-Educational Institutions, we beg to refer our readers to the advertisement of each in connection with which the editorial information should be read. Our readers are thus, we trust, in possession of a complete *vade mecum* of the method and means of Medical Education.

The Student's Life, Education, and Qualifications.

THE GENERAL MEDICAL COUNCIL.

REGISTRATION OF STUDENTS.

To THIS body is entrusted the supervision of Medical education, and it has made a number of recommendations, the majority of which have been accepted by all the Examining Bodies, and are, consequently, found in their regulations. The student has, therefore, nothing to do with the Council, except that he must take care to be duly registered as a student of medicine, *at the commencement of his career*, at the offices, Soho Square, or Dawson Street, Dublin, or in Edinburgh. He must previously have passed a preliminary *Arts Examination*. In order to effect this, each student should apply according to a form accompanied by a certificate of his having passed such examination, same to be lodged with the Registrar, who will thereupon enter the name in the Students' Register, and issue a certificate to that effect.

REGISTRATION OF PRACTITIONERS.

All duly qualified Physicians, Surgeons, Medical Graduates, and Apothecaries are required by the Medical Act 21 and 22 Vic., c. 90, to be registered before they can hold any public Medical or surgical appointment, or issue valid Medical certificates.

The Medical Registration of any Practitioner may be effected, on application, in writing (according to a form to be had at either of the Branch Offices or at Soho Square), and producing, or transmitting with such requisition the *Diplomas* to be registered, and also paying or remitting the fee which is regulated by the Medical Council, viz., £5 for first registration, and 5s. for every qualification which may be subsequently added.

THE CAREER OF THE ENGLISH MEDICAL STUDENT.

SEVERAL courses are open to the young gentleman who has decided to enter the Medical profession in England, whether he fulfil his curriculum in London or in the provinces. As the latter course is generally determined by local causes, we will first of all point out a few things that concern both London and provincial Medical students.

APPRENTICESHIP.

The Society of Apothecaries, which is bound by Act of Parliament, is the only English corporation which absolutely requires an apprenticeship. Nevertheless the clause is liberally interpreted, as the apprentice may fulfil part or all of his curriculum during his apprenticeship. Although despised by many as a badge of trade, there are, nevertheless, many advantages in the system, and we feel sure that if carried out in a liberal manner the pupil would never regret having entered into such an agreement with an honourable Medical man. Thus, suppose a pupil to be bound apprentice to a Licentiate (*the master must be a Licentiate of the Society*) of the Apothecaries' Company for a period of five years, with the right to attend lectures and hospital practice during the last three years; he enjoys the following advantages: In the early part of his pupilage he not only learns practical pharmacy, and becomes acquainted with the more generally used articles of the Materia Medica, but may be assisted in preparing for the preliminary examinations. Moreover, he prepares himself to take, should he ever wish to do so, the post of assistant to a general practitioner, as the experience he has thus acquired will procure him a situation in preference to prizes, gold medals, and even university distinctions. Again, this experience is of the very highest value should he decide on settling in general practice after he is qualified. On the whole, then, this modified apprenticeship system is equal to any, and parents who know a practitioner to whom they could entrust their sons cannot do better than pay a fair premium. Those residing near will sometimes be able to arrange for an out-door apprenticeship.

PUPILSHIP.

Supposing that the plan of apprenticeship be rejected, a young man can instead become the *pupil* of some one in practice. This is frequently done by those who aim at the higher branches of practice. An experienced practitioner, whether a physician or surgeon, who will superintend or direct a pupil's studies, offers great advantages, and we think that those who can afford a pupilship will not regret the expense of providing themselves with such a guide.

THE PRELIMINARY EXAMINATION.

We would remind the student that some preliminary examination in arts, which is recognised by the General Medical Council, *must* be passed by him *before* entering a hospital. The subjects must include Latin and mathematics. There are numerous preliminary examinations, of which a list may be obtained. For the *English* Medical Student we should say that, *cæteris paribus*, the Matriculation Examination of the London University was the best. We do not deny that it is harder than most or all of the other preliminary examinations, but, nevertheless, we would recommend those who have sufficient ability and the time to prepare for it, to present themselves for this examination, as they will thereby be enabled hereafter, if if they should desire so to do, to present themselves for the degrees in Medicine or Surgery conferred by this university. It also, *if the candidate pass in Greek as well* (for this language has recently been placed amongst the optional subjects), is accepted by the College of Surgeons in lieu of the arts examination otherwise imposed on candidates for its Fellowship.

Should circumstances deter the Student from offering himself for the matriculation, he will find an easier standard in one or other of the preliminary examinations for the Fellowship or Membership of the Royal College of Surgeons of England, or that of the Society of Apothecaries. Full information with regard to the dates and subjects of examination, or the list of examinations recognised by these bodies, may be obtained from the Secretary to the College of Surgeons, Lincoln's Inn Fields, or from the Beadle at Apothecaries' Hall, Bridge Street, Blackfriars.

As soon as the preliminary examination has been passed, it will be necessary for the Student to register at the Medical Council, 32 Soho Square, as the commencement of the course of professional study recognised by any of the qualifying bodies will not be recognised as dating earlier than fifteen days before the time of registration.

HOSPITAL STUDY.

A pupil may enter at any of the London Hospitals without having passed through either a pupilship or an apprenticeship. Provided he has passed a preliminary examination, he has only to pay his fees and hear the Introductory Lecture on the 1st of October, when he is admitted at once to all the dignity of a Medical Student. He should decide on the diplomas he requires, and guide his studies accordingly. Most schools have now a composition fee entitling to all lectures and practice required for the ordinary qualifications in medicine and surgery. They also mostly have another sum, very little higher, entitling the student to *perpetual* attendance on all lectures and hospital practice. It is best to take the perpetual ticket, as all contingencies are provided for. The fees are generally payable in instalments, at the commencement of each winter session. The Dean will always forward details as well as any special information which a student may need.

RESIDENCE.

The student who comes to London to fulfil his curriculum at a metropolitan school, generally requires lodgings, unless he can live with relations or friends, which is of course better. Comfortable furnished apartments are to be had in respectable streets near all the hospitals. Two brothers or two friends can, of course, do this a little less expensively than one. The price varies with the season and the quality of the rooms. It should be mentioned that one or two of the Medical Schools (St. Bartholomew's, University College, King's College) have collegiate institutions in connection with them, where rooms may be had instead of taking lodgings. At many schools, also, some of the lecturers receive pupils. Special information on this subject may be had on application to the Dean or any of the lecturers.

PRIZES AND SCHOLARSHIPS.

As to contending for prizes, there are differences of opinion. Diligent attendance on the classes and in the wards will enable the student to store his mind with knowledge fitting him for his profession, and this should be his first aim. Gold and silver medals are honourable distinctions, but only secondary ones. Still we would not discourage those intending to compete. It should be remembered by all students that the true end and aim of their studies should be to make them good doctors. They should study diligently to make themselves such, and there can be no reasonable objection to their striving for, in addition, an extra good standard in any subject or subjects in which they feel they are qualified to obtain it. In so far as prizes and scholarships encourage the study of particular branches there can be no objection to them. Nearly every student excels in some subjects more than others, and a prize is an additional incentive to arduous but otherwise unrequited studies. The only danger is that they should become too special, and encourage one branch of study at the expense of the others. Students have often failed at examinations where the number of subjects was numerous through giving undue attention to some favourite branch of study.

Competition for appointments to dresserships and other offices, where much practice is seen, stands on a different footing. No prizes can equal such posts; and the possibility of getting them should influence largely the choice of a school. In some schools they must be paid for. In others the diligent gain them without extra expense. The student having selected his hospital and school, has chosen his teachers. We have only to remind him that however able they may be, the result depends chiefly on his own application.

CURRICULA AND QUALIFICATIONS.

The information most valuable to students may be divided into two parts:—

I. The regulations with which they must comply before they can present themselves for examination to any of the Licensing Bodies.

II. The means that exist to enable them to do so. In the first division are to be placed the regulations of the corporations; in the second, some account of the many Schools of Medicine and Hospitals where professional education can be pursued. A natural supplement to this information is a brief sketch of the career open to young men after they have obtained their diplomas, especially in the Public Services.

In accordance with this plan, we proceed to consider—first, the Regulations of the Qualifying Bodies. These may also be divided into two classes—I. The Universities; II. The Corporations.

OXFORD AND CAMBRIDGE.

The older English Universities have lately opened their doors much wider than hitherto, without, however, losing any of their prestige. Those who propose to follow their course of education need not any longer enter at any particular College or Hall, though it will be most probably long before lodger students become numerous. There are advantages in a collegiate life that will not willingly be given up by those who can afford it.

THE LONDON UNIVERSITY.

For those who would not like or cannot afford to enter a College, it is perhaps preferable to graduate at the University of London. The Medical degrees of this University have now obtained a reputation second to none. No student can therefore propose to himself a higher qualification. The training is rather longer than is required for the diplomas of most corporations. The examinations are very stringent, but in after years the student will feel the gratification of having obtained such a degree. Every student is required to go through the full course of hospital studies *after* he has passed the Matriculation examination. It is therefore very important that he should matriculate before entering a Medical School, otherwise he will be compelled to stay more than four years at a hospital, as the University regulations requires four years of hospital study and attendance on lectures *after* matriculations. It is therefore desirable he should matriculate before entering a Medical school. The matriculation examination of this University is accepted as a preliminary by the Medical Council, and therefore the labour bestowed in preparation will serve the student's purpose even if he do not proceed to a degree.

We would also strongly recommend those students who intend to graduate at the London University to so arrange their studies as to pass the Preliminary Scientific Examination *before commencing their regular Medical studies*, taking a preliminary year for the purpose of preparation. In this way much knowledge will be gained which will go to clear the way for his first year's studies, which would otherwise be much encumbered. Otherwise much valuable time would be lost. The Medical degrees of the University are Bachelor and Doctor of Medicine, and Bachelor and Master in Surgery. Degrees in Science are also now obtainable. There are at each stage of the graduate's career examinations for honours, which afford the student the opportunity of gaining highly-prized distinctions in various branches. There are prizes, exhibitions, and scholarships for the most successful.

UNIVERSITY OF DURHAM.

The degrees of Bachelor and Doctor of Medicine are granted by this University, as is also the degree of Master of Surgery. There is also a license in medicine, for which residence is not essential. A licentiate cannot pass to the M.B. until he has obtained the degree of B.A., or passed an equivalent examination. Only M.B.'s of twenty-one terms' standing can proceed to M.D.

There is a Medical scholarship of £25 tenable for four years, and the fees, both Collegiate and University, are very moderate.

From the Universities we pass to the other bodies that are empowered to give authority to practice.

THE ROYAL COLLEGE OF PHYSICIANS OF LONDON.

The Membership.—A person may become a Member of this College without holding a degree in Medicine, or indeed any diploma. This is not very often done; for the Membership gives no right to the use of the title doctor, though some Members not possessed of a degree style themselves so. This is, however, a direct violation of the rules of the College to which a member pledges himself on admission. The curriculum extends over four years.

Graduates in Medicine of any *British* University are admitted to an examination for the membership. Such graduates are exempt from some parts of the examination —*e.g.*, anatomy and physiology. Even foreign graduates of accredited Universities have no difficulty in being admitted to examination.

The Fellowship.—The Fellowship of this College is attainable only by election, and no one can be proposed who is not a member of at least four years' standing.

The License.—This diploma authorises the holder to practise his Profession as a Licentiate of the College. Unless a graduate of some University, he is forbidden to use the title of doctor, but we regret to say many do so. It was regarded at first as a diploma for the general practitioner, intended to supersede that of the Apothecaries' Company. The examination is conducted by specially appointed examiners, and is complete in the several departments.

Nearly six years ago the most important change occurred that has ever taken place in reference to the qualifications of general practitioners. This license of the London College of Physicians was then recognised by the Poor-law Board as a qualification *in surgery as well as medicine*. Consequently, this single diploma is sufficient to enable any one to take a Poor-law appointment. Any one contented with the diploma of L.R.C.P. Lond. would thus have all he needed as a legal qualification.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

No College has exercised more influence over the Profession than this. Without M.R.C.S. it is not easy to obtain any English Surgical appointment. Its membership, although no longer essential, yet carries great weight in a parish appointment. For this reason most English students take this diploma, which, together with a Medical qualification, suffices for every purpose of the general practitioner. The College gives three diplomas, the Membership, Fellowship, and also a diploma in Midwifery, which latter is, however, mostly confined to those who are already members.

The Membership.—This diploma gives no vote in the affairs of the College. It is only a license to practise, and corresponds with the licentiateship of the Edinburgh and Dublin Colleges.

In future, candidates for the diploma will be examined in the practice of *medicine*, and also in the practical employment of splints, bandages, and other surgical appliances. There are now two examinations for the Membership, the Primary and the Pass.

THE FELLOWSHIP.—Members of long standing can be admitted by election. As, however, this grade is also to be obtained by examination, this is the usual manner of taking the F.R.C.S. Consulting Surgeons mostly take the Fellowship, though many hospital surgeons in London have been content to remain members.

A Member of the College of eight years' standing is admitted to examination on producing a certificate signed by three Fellows to the effect that he has been engaged in the practice of Surgery for eight years, and is a fit and proper person to be admitted a Fellow.

APOTHECARIES' SOCIETY OF LONDON.

The License of the Worshipful Society of Apothecaries is perhaps the most useful Medical diploma for the general practitioner in England. The monopoly enjoyed by this body for many years, in this respect, is not easily to be disturbed. The laws of many institutions require their Medical officers to hold this diploma, and these laws are not readily altered. Though other Medical qualifications are recognised by the Poor-law Board, there is no doubt that the guardians throughout the country—and they elect the Medical officers—are familiar with the diploma of the Apothecaries' Society, and it is to them more of a guarantee than other qualifications of which they are ignorant. The drawback to most students is that, by Act of Parliament, the Society requires apprenticeship. This clause has, however, received a very liberal interpretation, and every pupil of a licentiate, who is certified to have served *after the manner* of an apprentice, is considered to have fulfilled the requirement. During this term he may have carried on his hospital studies. Everyone, therefore, who can show this certificate, intending to settle *in England* as a general practitioner—even if he take other diplomas—would probably consult his own interest by becoming a Licentiate of the Apothecaries' Society; and as the fee is only six guineas, a very large number of young men will, no doubt, secure this avenue to appointments.

IN entering a School of Medicine, application is to be made to the Dean. In London the fees range from 80 to 100 guineas for the course of study required for the ordinary diplomas. The sum, if paid at once, is less than if paid in two or three instalments. From 40 to 50 guineas at the commencement of each of the two first years is an ordinary arrangement, the remainder being paid on entering the third winter. There is a tendency to slightly increase the fees in consequence of the improvements in schools and the additional requirements of the Examining Boards, but the amount does not differ sufficiently to make it of importance in the choice of a school.

DURING the past year the Brackenbury Bequest of £2,000, and the Lawrence Memorial Gift of £1,000, for founding Scholarships and Prizes at St. Bartholomew's Hospital, have enabled the Medical Committee to rearrange the distribution of the existing Scholarships.

The Medical Committee have also decided to found two Scholarships in Science—one to be an open Scholarship, of the value of £100, to be competed for in September; the other, of the value of £50, to be competed for by students of the hospital of the first year, in October.

A syllabus of the subjects required for these Scholarships may be obtained on application personally or by letter to the Warden of the College.

NOTES ON THE HOSPITALS AND MEDICAL SCHOOLS IN LONDON;

CHIEFLY IN REFERENCE TO THE PRIZES, SCHOLARSHIPS, AND APPOINTMENTS OPEN TO STUDENTS.

THE LONDON HOSPITAL AND COLLEGE.

THE Medical College of the London Hospital has been greatly enlarged, and is now very complete, lectures and demonstrations being given in all subjects required by the Medical examining boards. In the new buildings the museum has been more than doubled in size, and a physiological and histological laboratory has been erected and amply furnished with microscopes and all needful appliances. Pathology is also systematically and practically taught in this school. The college, therefore, worthily supplements the great East-end hospital, which has long been famed as one of the finest fields for practical study. There are now a large number of scholarships and prizes of considerable value, but more important still to studious men, all the numerous appointments in the wards are open to pupils without extra payment, and it is almost impossible to exaggerate the value of the dresserships, clerkships, house surgeoncies, house physiciancies, and other residential positions in a hospital of the first magnitude, where the staff take great interest in the development of its educational resources.

ST. BARTHOLOMEW'S HOSPITAL.

H.R.H. the Prince of Wales is the president of the hospital, which receives within its walls upwards of 6,000 in-patients annually, and its out-patients and casualties amount to more than 120,000 annually. The Clinical Practice comprises a service of 710 beds, of which 403 are allotted to surgical, including orthopædic, aural, and syphilitic cases, 247 to Medical cases and diseases of women and children, and 26 to diseases of the eye; while 34 are for convalescents at Highgate. Four house physicians and four house surgeons are appointed annually. The fee for these appointments is only nominal. The midwifery assistants, the ophthalmic house-surgeons, the clinical clerks, and the out-patient clerks and dressers are appointed, without fee, from among the diligent students. Sixteen free in-patient dresserships are awarded annually, other dresserships may be obtained on payment of the usual fees.

Accommodation is provided for residence of students in the college connected with the institution, for which an entrance fee of £2 2s. is required. By applying to the warden, students may obtain information respecting rooms in college, or will be advised respecting residence out of the hospital.

In addition to the many valuable prizes and scholarships open to students at this institution, a new scholarship in science has been founded this year of the value of £100, tenable for one year. The subjects for examination are Physics, Chemistry, Botany, and Zoology.

GUY'S HOSPITAL.

This old favourite borough school still attracts many students. It has long been one of the most popular in the metropolis, and still keeps up its renown. In special departments, Guy's is the most advanced. This hospital set the example of giving the appointments to its special departments to gentlemen not on the general staff.

Guy's is situated close to the London Bridge Railways. Hence great facilities for getting to any part of London or the country. It is quite practicable for students to reside a little distance down either of the lines that converge at this point, and thus enjoy the benefit of country air during their hospital career. For those who wish to live close to the hospital, lodgings are to be had at a moderate price.

Every facility and encouragement is given to students to examine and study for themselves at the bedside, and they have opportunities of becoming Clinical Ward Clerks to the physicians and surgeons, as well as dressers to the assistant surgeons and dressers in the surgery. The house-physicians and house-surgeons are appointed directly by the treasurer. All the other appointments are made by the treasurer upon the recommendation of the Medical Council. Mr. Stocker will supply every information.

WESTMINSTER HOSPITAL.

This is near the Abbey and the Houses of Parliament, upon one of the finest sites, and with convenience for locomotion and recreation equal to any other in the metropolis. It is well appointed in every respect, and one of the most moderate in respect to fees. The whole course of study for the usual examinations may be here completed for £80, payable in two instalments. The perpetual fee is only eighty guineas, or £78 in one sum on entrance. Resident appointments, clerkships, and dresserships, are all conferred without extra payments. Suitable lodgings may be obtained in the neighbourhood, and at not more than a quarter of an hour's walk from the hospital. Some of the staff take pupils to reside with them.

ST. THOMAS'S HOSPITAL.

The opening of the new buildings on the Thames Embankment, and the strengthening of the professional staff, has given a new impetus to this school.

There is accommodation for residence and free maintenance in the college-house for the two house surgeons, resident accoucheurs, one dresser, one obstetric clerk, and assistant obstetric clerk, which appointments are awarded by competition. There are many prizes and scholarships.

The admission fee to practice and all the lectures is £40 for the first year, a similar sum for the second, £20 for the third, and £10 for each succeeding year; or £105 at one payment for unlimited attendance. Special entries may be made to any course of lectures or to the hospital practice; and a modified scale of fees is arranged for students entering in their second, third, or any subsequent year. Fee for general subjects required for students of dental surgery for two years, £45, or by instalments of £40 for the first year and £10 for the second year. All students have the opportunity afforded them of being engaged in the performance of practical duties in connection with the medical, surgical, obstetrical, ophthalmic, and pathological departments in the hospital. Laboratories, under the direction of the physiological and chemical lecturers, are provided; and students availing themselves of them are required to pay for the use of materials a sum of one guinea and a half for the course of practical physiology, and a similar fee for a course of practical chemistry. Students have access to the library on payment of a fee of one guinea for the whole period of their studies at the hospital.

UNIVERSITY COLLEGE AND HOSPITAL.

This is situated in a very central position, near the Gower Street station of the Underground Railway, affording facilities for gentlemen residing in all parts of London. The college gives instruction in every department of science, and specially prepares students for degrees in all the faculties at the University of London. There is, however, no theological faculty, the college, like the University with which it is in intimate connection, being founded on the non-sectarian principle. The Medical faculty and the hospital are very complete, and flourishing as educational institutions. There is also a Faculty of Science. University College School specially prepares boys to be ready at a proper age to enter the college.

KING'S COLLEGE.

This College gives instruction in all the faculties, and has a theological department. It was established by Church of England persons, in opposition to University College, which is a non-sectarian institution. King's, then, is the Church of England College. The college is situated close to Somerset House in the Strand, having a frontage on the new Thames Embankment, within a few minutes' walk of several railway stations, and the principal places of amusement. There is a junior school in connection with this college, to prepare boys to enter the college at a proper age. The hospital is only a short distance from the college, at the back of the Royal College of Surgeons, and although smaller than some of the London hospitals the renown of its staff has always kept up its reputation, so that King's is one of the most popular of the Medical educational institutions in London. Full particulars of the scholarships, &c., will be found in our advertising columns.

CHARING CROSS HOSPITAL.

This hospital, though one of the smaller ones, derives from its situation great advantages. It is in one of the most central positions in London, where there is constant communication with every part. When the present extensive alterations are completed 200 beds will be at the disposal of the staff, which, at the present time, reckons several names of eminence. In connection with it the practice of the Royal Westminster Ophthalmic Hospital close by, affords an excellent opportunity for the study of that branch of the Profession. Other special departments have been established, and the authorities have had the courage to establish them on a liberal basis, the hospital staff not monopolising them.

The prizes and scholarships open to students are many, and worthy of competition. Fees for the full course of lectures required by the University of London, the Royal College of Physicians, the Royal College of Surgeons, and the Society of Apothecaries, £76 5s. (including the matriculation fee of £2 2s., involving no examination), which may be paid by five instalments. Composition fee for dental surgery, £42 2s.

Further information may be obtained by application to the dean at the hospital.

ST. GEORGE'S HOSPITAL.

The chief advantage of this school is its unrivalled position, at the corner of Hyde Park—perhaps the most salubrious part of the metropolis. Students can easily find lodgings within half an hour's pleasant walk. It is, perhaps, the most aristocratic of the London schools, and the present staff maintain their position as worthy successors of Hunter, Brodie, and other worthies who formerly taught in it.

The hospital contains 350 beds; 200 for surgical and 150 for medical cases. There are special wards for diseases of the eye, diseases of women, &c. In addition to the ordinary curriculum, there are separate courses of lectures on ophthalmic, aural, dental, and orthopædic surgery, and on psychological medicine.

Upon payment of a compounding fee of 100 guineas, gentlemen may become perpetual pupils of the hospital. Perpetual pupils enjoy certain privileges in the matter of appointments, &c. Students may enter for all the hospital practice and lectures required for the College of Physicians, the College of Surgeons, and the Society of Apothecaries (*with the exception of practical chemistry*), on payment of the following fees—viz., 40 guineas for the first year, 40 guineas for the second year, and 10 guineas for each succeeding year. Pupils who have entered under this rule may at any time become perpetual by making up their total payments to 110 guineas.

MIDDLESEX HOSPITAL.

There is a special department for cancer cases affording accommodation for thirty-three in-patients, whose period of residence in the hospital is unlimited. Wards are also appropriated for the reception of cases of uterine disease and of syphilis, and beds are set apart for patients suffering from diseases of the eye.

Special attention is bestowed on the clinical instruction of the students both in the wards and out-patients' rooms. Three clinical prizes, including the governors' prize of twenty guineas, are annually awarded to those students who pass the most satisfactory examination at the bedside, and in the *post-mortem* room. Class prizes are given, and six resident clinical appointments are annually awarded after competitive examination, to students who have completed their education and complied with the regulations of the school. The officers thus appointed reside and board in the hospital free of expense.

ST. MARY'S HOSPITAL.

There is a Medical school in connection with this hospital, which is located at Paddington, in close proximity to the Great Western terminus. Students with slender purses will find the neighbourhood of the hospital a moderate one as regards lodgings, and easy of access by omnibus and the Underground Railway from all parts of London. Three resident Medical officers are appointed for twelve months, and an obstetric officer for six months, who board free of expense in the hospital. A resident registrar is also appointed from amongst the students, with a salary of £100 a year. These appointments are awarded after competition, without additional fee. There are several scholarships.

The entrance fee to the hospital practice and lectures required by the Royal Colleges of Physicians and Surgeons, and the Society of Apothecaries, £89 5s. in instalments, or 80 guineas in one sum. Entrance fee for unlimited attendance on the hospital practice and all lectures delivered in the school, including one course of practical chemistry, £105 in instalments, or 95 guineas in one sum. Entrance fee to the hospital practice and lectures required for the examination in dental surgery by the Royal College of Surgeons, £52 10s. Students who have kept the two-years' course of Medical study at the University of Cambridge are admitted as perpetual pupils on payment of a composition fee of 55 guineas; and students who have kept a portion of the course there or elsewhere, at a proportionate reduction.

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OTHER METROPOLITAN HOSPITALS AND INSTITUTIONS.

Royal Westminster Ophthalmic Hospital, King William Street, Charing Cross.—The Hospital contains 36 beds, and the patients (10,000 annually) are seen and operations performed daily at 1. The following are the days of attendance of the surgical staff—Monday and Friday, Mr. Power and Mr. Rouse. Tuesday, Thursday, and Saturday, Mr. Hogg. Wednesday and Saturday, Mr. Cowell. The practice of the Hospital is open to Students. Fees, for six months, £3 3s. Perpetual, £5 5s. Students of the Hospital are eligible for the post of House-Surgeon. Secretary, Mr. Farrant.

Victoria Hospital for Children, Gough House, Queen's Road, Chelsea.—The Hospital contains 50 beds, and has a large out-patient department. The practice is open daily at 12. Fees, for six months, £3 3s. Perpetual, £5 5s. Physicians: Dr. Evans and Dr. Cavafy. Assistant Physicians: Dr. Jones, Dr. Grigg, and Dr. Laking. Surgeon: Mr. Cowell. Assistant Surgeons: Mr. F. Churchill and Mr. Roberts. Dental Surgeon: Mr. Risdon. House-Surgeon and Pathologist: Mr. Peregrine. Secretary: Captain Scoones.

Royal Free Hospital, Gray's-inn Road.—102 beds. Of the smaller metropolitan hospitals, few offer a more extensive field for students in Medicine and Surgery. Physicians: Dr. O'Connor, Dr. Cockle, Dr. Rickards. Surgeons: Mr. Victor de Méric, Mr. Frederick Gant, Mr. John D. Hill. Secretary: Mr. J. S. Blyth.

Hospital for Women, Soho Square.—Established 1842. 68 beds. Physicians: Dr. Protheroe Smith, Dr. Alfred Meadows, Dr. Heywood Smith. Surgeons: Mr. John Scott, Mr. Christopher Heath. Assistant-Physicians: Dr. Arthur W. Edis, Dr. Squarey, Dr. C. H. Carter. Operations: Saturday mornings, 9.30. Third year's men and practitioners may attend the practice and operations by presenting their card.

Royal London Ophthalmic Hospital, Bloomfield Street, Moorfields, E.C.—Founded 1804. 70 beds. Consulting Physician: Dr. F. J. Farre. Consulting Surgeon: Mr. J. Dixon. Surgeons: Messrs. Critchett, Bowman, Wordsworth, Streatfield, J. W. Hulke, G. Lawson, J. Hutchinson, J. Couper, and J. Soelberg Wells, M.D. House-Surgeon: F. Buller, Esq. Number of patients annually, about 20,000.

West London Hospital, Hammersmith Road, W.—68 beds. In-patients, 407. Out-patients, 20,240. Consulting Physician: Dr. Henry Maudsley. Consulting Physician Accoucheur: Dr. W. O. Priestly. Consulting Surgeons: Samuel Armstrong Lane, Esq., William Bird, Esq. Physicians: Dr. Goddard Rogers, Dr. Thorowgood. Physician for Diseases of Women: Dr. Wiltshire. Surgeons: William F. Teevan, Esq., Alfred Cooper, Esq. Surgeon for Diseases of the Eye: B. J. Vernon, Esq. Junior Physicians: Dr. Fish, Dr. Ferrier. Junior Surgeons: J. A. Bloxam, Esq., H. T. Butlin, Esq. Surgeon Dentist: H. E. Sewill, Esq. Analytical Chemist: William Crookes, Esq., F.R.S. Resident Medical Officers: Two House-Surgeons, Apothecary. The practice of this Hospital is open to all Students and Members of the Medical Profession. Gentlemen desirous of acting as Clinical Clerks or Dressers, can obtain all information on application to the Secretary, Mr. T. Alexander, at the Hospital.

Hospital for Stone.—This Hospital is situated in Berners Street, close to the Middlesex Hospital. The practice, which is confined to the treatment of diseases of the bladder, and of the genito-urinary organs, is open free to Members of the Profession and Hospital Students. Mr. W. J. Coulson, F.R.C.S., and Mr. W. F. Teevan, B.A., F.R.C.S., are the surgeons. The Hospital is at present very small, but having received one or two very handsome legacies lately, a more commodious building is in contemplation.

London School of Dental Surgery, 32 Soho Square.—Lectures are delivered in winter on Mechanical Dentistry, on Wednesdays, at 7 p.m.; on Metallurgy in its application to Dental Purposes, on Fridays, at 6.30 p.m. In summer lectures are delivered on Dental Surgery and Pathology, and Dental Anatomy and Physiology (Human and Comparative). General fee for special lectures required for the curriculum, £15 15s.

The Hospital for Sick Children, Great Ormond Street.—Physicians: Drs. West and Dickinson. Assistant-Physicians: Drs. Gee, W. B. Cheadle, J. J. Phillips, John Murray, and R. J. Lee. Surgeons: Messrs. T. Smith, F. Howard Marsh, and Mr. J. W. Haward.

Dental Hospital of London (in connection with the above).—Surgeons: Messrs. Fox, Underwood, Gregson, Coleman, Harding, and Hill. Assistant-Surgeons: Messrs. Moon, Medwin, Tomes, Lane, Bartlett, and S. H. Cartwright. Dental House-Surgeon: Mr. C. Rogers. Fee for two years' hospital practice required by the curriculum, £15 15s. A new and more commodious building is being erected in Leicester Square, which will probably be ready for the reception of patients by the end of the year.

East London Hospital for Children.—This institution, which contains 36 beds, has become quite inadequate to the requirements of the densely-populated district in which it is placed. Funds have been asked for, and largely subscribed for the erection of a more commodious building. Physicians: Drs. Barnes, Andrew Clark, J. M. Bruce, and Eustace Smith. Surgeons: Messrs. B. Shillitoe, A. Cæsar, H. A. Reeves. House-Surgeons: Messrs. J. Magraph and J. Cæsar. Secretary: Mr. Ashton Warner.

Pharmaceutical Society of Great Britain, Bloomsbury Square, London, W.C.—School of Pharmacy. The session commences October 1st, and extends to the end of July. Lectures on Chemistry and Pharmacy will be delivered by Professor Redwood on Monday, Tuesday, and Wednesday, at 9 a.m. Also lectures on Botany and Materia Medica, by Professor Bentley. On Friday and Saturday, at 9 a.m., an additional course on Systematic and Practical Botany, will be delivered at the Royal Botanic Gardens, Regent's Park, on Friday and Saturday, at 9 a.m., commencing in May and ending in July. The Laboratory, under the direction of Professor Attfield, will be open from 10 a.m. to 5 p.m. daily, excepting Saturdays, when it will be open from 10 a.m. to 2 p.m. Students may enter at any period during the session.

Hospital for Diseases of the Throat, Golden Square, W.—Consulting Physicians: Dr. Billing and Sir W. Jenner, Bart., M.D. Consulting Surgeon: Sir W. Fergusson, Bart. Physicians: Drs. Morell Mackenzie, Semple, and Prosser James. Surgeon: George Evans, Esq. Assistant-Surgeon: Pugin Thornton, Esq.

Royal Hospital for Diseases of the Chest, City Road, E.C.—Established 1814. 12 beds. Consulting Physicians: Drs. C. J. Fox and Herbert Davis. Physicians: Drs. Horace Dobell, H. H. Crucknell, G. Goddard Rogers, A. E. Sansom, and P. J. Hensley. Consulting Surgeon: Mr. J. Adams. Surgeon: Mr. Alfred Cooper. Resident Medical Officer: Mr. Henry Harris.

City of London Hospital for Diseases of the Chest, Victoria Park. Office: 24 Finsbury Circus, E.C.—Consulting Physicians: Drs. T. B. Peacock, J. Risdon Bennett, E. Lloyd Birkett. Consulting Surgeon: Mr. John Hilton, F.R.S. Physicians: Drs. S. H. Ward, J. Andrew, J. C. Thorowgood, H. G. Sutton. Assistant Physicians: Drs. A. Shepherd, Eustace Smith, W. H. Corfield, and J. B. Berkart.

Hospital for Consumption and Diseases of the Chest, Brompton.—This is the largest institution for the treatment of affections of the chest in the United Kingdom, and contains 210 beds. Physicians: Dr. R. P. Cotton, Dr. R. Quain, Dr. J. E. Pollock, Dr. E. S. Thompson, Dr. C. T. Williams. Assistant-Physicians: Dr. R. D. Powell, Dr. J. Tatham, Dr. R. Thompson, Dr. Burney Yeo, Dr. F. Roberts.

Fever Hospital, Islington.—260 beds. Physicians: Drs. Tweedie, Murchison, Broadbent, and Cayley. Consulting Surgeon: Mr. De Morgan. House-Surgeon: Mr. Tiley.

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ENGLISH PROVINCIAL MEDICAL SCHOOLS.

THE BIRMINGHAM CLINICAL BOARD.

THE GENERAL AND QUEEN'S HOSPITALS, BIRMINGHAM.

The General Hospital.

Consulting Surgeon.—D. W. Crompton, F.R.C.S.

Physicians.—Dr. Fletcher, Dr. Russell, Dr. Wade, Dr. Foster.

Surgeons.—Mr. Baker, Mr. Pemberton, Mr. Bartleet, Mr. Goodall, Mr. Jolly.

THE QUEEN'S HOSPITAL.

Consulting Surgeon.—William Sands Cox, F.R.S.

Consulting Surgeon Accoucheur.—Samuel Berry, F.R.C.S.

Physicians.—Dr. Fleming, Dr. Johnston, Dr. Heslop, Dr. Sawyer.

Surgeons.—Mr. West, Mr. Gamgee, Mr. Furneaux Jordan, Mr. Wilders.

Obstetric Surgeon.—Mr. John Clay.

Dental Surgeon.—Mr. Charles Sims.

The Practices of these hospitals are amalgamated for the purpose of Clinical Instruction under the direction of the Birmingham Clinical Board, by whose order all schedules will be signed and all examinations conducted. The hospitals have a total of upwards of 400 beds. 4,500 in-patients and 45,000 out-patients are treated annually.

The Introductory Clinical Address will be delivered on Tuesday, October 7th, 1873, by Dr. BELL FLETCHER, at the General Hospital, at 3.30 p.m. The Clinical Prizes will be distributed after the Address.

THE GENERAL HOSPITAL.

Dr. Fletcher will visit the Wards at 9 a.m. on Mondays and Thursdays.

Mr. Baker will visit the Wards at 9 a.m. on Tuesdays and Saturdays.

Clinical Medicine at 10 *a.m.*—Mondays, Dr. Foster; Tuesdays, Dr. Russell; Fridays, Dr. Wade.

Clinical Surgery at 10 *a.m.*—Wednesdays, Mr. Pemberton; Thursdays, Mr. Goodall and Mr. Jolly; Saturdays, Mr. Bartleet.

THE QUEEN'S HOSPITAL.

Clinical Medicine at 9 *a.m.*—Mondays, Dr. Heslop; Tuesdays, Dr. Sawyer; Wednesdays, Dr. Johnston; Thursdays, Dr. Heslop; Fridays, Dr. Sawyer; Saturdays, Dr. Johnston.

Clinical Surgery at 10 *a.m.*—Mondays, Mr. West; Wednesdays, Mr. Gamgee; Thursdays, Mr. Wilders; Fridays, Mr. Jordan.

The Obstetric Department is under the charge of Mr. John Clay.

The Dental Department under Mr. C. Sims.

Special instruction is given at the Hospitals in the use of the microscope, laryngoscope, ophthalmoscope, in case taking, and the art of prescribing.

Practical Pharmacy is taught in the dispensaries of the hospitals.

Appointments.—At the General Hospital—Resident Medical Assistant, Resident Surgical Assistant, two Resident Dressers, tenable for six months. At the Queen's Hospital—Resident Medical Assistant, Resident Surgical Assistant, Resident Obstetric Assistant, tenable for six months.

Clinical Prizes.—The following Prizes will be given annually:—Senior Medical Prize, for Third and Fourth Year Students, First Prize, £6 6s., Second Prize, £4 4s.; Senior Surgical Prize, for Third and Fourth Year Students, First Prize, £6 6s., Second Prize, £4 4s.; Junior Medical Prize, for Second Year Students, First Prize, £5 5s., Second Prize, £3 3s.; Junior Surgical Prize, for Second Year Students, First Prize, £5 5s., Second Prize, £3 3s.; Midwifery Prize, £4 4s. The Examinations for all the Appointments and Prizes will be conducted by the Clinical Board, and will be open for competition to all Students registered by the Clinical Board.

Scale of Fees.—Fees for attendance for four years (the period required by the University of London, and the Colleges of Physicians and Surgeons, &c.) on the Medical and Surgical Practice, and on the Clinical Lectures at both Hospitals, £31 10s. (N.B.—This payment may be made in two equal sums—the first on entrance, and the second at the commencement of the second year.) One year's attendance, £15 15s.; six months' attendance, £10 10s.; special department for midwifery and diseases of women (optional), £2 2s.; dental fee (optional), £1 1s.

Regulations for Attendance.—All students will be required to attend six months alternately at each hospital, as they may be directed by the Clinical Board, excepting students who enter for six months only, who will be allowed to choose the hospital they wish to attend.

Registration of Tickets.—The register of tickets for attendance on hospital practice is open at the hospitals from October 1st to October 15th, 1873, and from May 1st to May 15th, 1874. The fees are to be paid to Dr. Foster, 16 Temple Row, or Mr. John St. S. Wilders, Temple House, Islington Row, from whom any further information may be obtained.

By order of the Birmingham Clinical Board.

BELL FLETCHER, M.D., *Chairman.*

BALTHAZAR FOSTER, M.D. } *Hon. Secs.*
JOHN ST. S. WILDERS, }

UNIVERSITY OF DURHAM COLLEGE OF MEDICINE, NEWCASTLE-ON-TYNE.—The winter session will commence on Wednesday, October 1st, with an address by Dr. Armstrong.

Hospital practice at the Newcastle Infirmary, which contains 230 beds, and in which the required Clinical Lectures are delivered. Number of patients last year, 16,696.

Composition Fee, 17 guineas.

Four Resident Dressers are chosen from the senior Students every six months. Fee, £10.

Composition Fee to all the Lectures, 50 guineas.

Medical Scholarships in the University.—Four Scholarships of £25 a year, each tenable for four years by Students residing in Durham or Newcastle, and not of sufficient standing to proceed to a License in Medicine. A Scholarship will be awarded in October next.

Dickinson Memorial Scholarship, viz., £15 for general proficiency.

At the end of the Session a Silver Medal and Certificates of Honour will be awarded after examination to the best Students in each class.

By a recent Act of Convocation, the terms necessary for Degrees in Medicine and Surgery may now be kept by residence either at Durham or Newcastle.

LEEDS SCHOOL OF MEDICINE.—*Lecturers in the School:* Anatomy, James Seaton, F.R.C.S., Robert T. Land, M.D., M.R.C.S., John A. Nunneley, M.B., M.R.C.S. Physiology (including Practical Physiology), C. J. Wright, M.R.C.S., James Walker, M.R.C.S. Medicine, John D. Heaton, M.D., F.R.C.P., T. C. Allbutt, M.A., M.D., F.L.S. Pathology, John E. Eddison, M.D. Surgery (including the Practical Course), Claudius G. Wheelhouse, F.R.C.S., T. Pridgin Teale, M.A., F.R.C.S., T. R. Jessop, F.R.C.S. Mental Diseases, J. Crichton Browne, M.D., F.R.S.E. Chemistry, T. Fairley, F.C.S. Materia Medica, John E. Eddison, M.D. Midwifery, W. Hall, M.R.C.S. Forensic Medicine, Thomas Scattergood, M.R.C.S. Botany, Edward Atkinson, F.L.S. Comparative Anatomy, C. G. Wheelhouse, F.R.C.S., T. C. Allbutt, M.A., M.D., F.L.S. Demonstrations of Anatomy, R. P. Oglesby, M.R.C.S., Edmund Robinson, M.R.C.S., A. F. McGill, M.R.C.S.

Clinical Lectures are given by the Physicians and Surgeons to the Infirmary.

Ophthalmoscopic Demonstrations are given by the Surgeons of the Eye and Ear Department.

Demonstrations of Skin Diseases are given in the Infirmary.

Instruction in Vaccination is given by Mr. Holmes, one of the Public Vaccinators.

Besides the Infirmary, there is a large Dispensary and a Fever Hospital, both of which are open to Students of the School.

Special Prizes of the value of £10 each are given in the classes of Clinical Medicine, Clinical Surgery, and Forensic Medicine.

Silver and Bronze Medals and Books are given in the Class Examinations.

Composition Fee, entitling to attendance upon all the required Courses of School Lectures, 44 guineas. The fees for attendance upon the medical and surgical practice of the Hospital are 20 guineas each for three years, and proportionally less for single Sessions.

The fee for the Comparative Anatomy Course is not included in the Composition fee.

Entrance fee to Library and Reading Room, £1 1s., to be paid by all Students on entrance.

Practical Physiology.—In accordance with the regulations of the Royal College of Surgeons, this course is carried out in conjunction with the Lectures on Physiology. It consists mainly of a series of Microscopical Demonstrations of Animal Structures, in which every member of the class is enabled to familiarise himself with the practical use of the microscope and the manipulations necessary for preparing specimens.

West Riding Lunatic Asylum, Wakefield.—Dr. J. Crichton Browne, F.R.S.E., the Medical Director of the West Riding Lunatic Asylum, lectures on Mental Diseases during the Summer Session. The Systematic Lectures are given at the School, and the Clinical Lectures at the Asylum, which now accommodates 1,500 patients.

BRISTOL SCHOOL OF MEDICINE.—The Winter Session will commence on Wednesday, October 1st.

Competitive Examinations are held amongst Students of the First, Second, and Third Years respectively, and Prizes of Money, Instruments, and Books are awarded annually.

The Certificates of this School are accepted by all the Examining Boards.

The General Perpetual Fee is 55 guineas.

Medical and Surgical Hospital Practice and Clinical Lectures are attended at the Royal Infirmary or at the General Hospital, at which institutions additional Prizes and Scholarships are annually offered for competition amongst the Students.

MANCHESTER ROYAL SCHOOL OF MEDICINE (incorporated with the Owens College).—Connected with this School are Museums of Human and Comparative Anatomy and Materia Medica, and a Chemical Laboratory. The Winter Session will open on the 1st October, with an address by Prof. Gamgee. Attendance will be given daily from 12 till 2 at the College up to the 14th October, for Registration. Three Scholarships, of the value respectively of £20, £15, and £10, are open annually to the competition of Perpetual Students; and Prizes for general proficiency, and Certificates of Honour for regular attendance and good conduct are awarded at the end of each session. A Composition Fee of 40 guineas admits to all Lectures, and a further Composition Fee of 40 guineas to the Hospital Practice of the Royal Infirmary.

Principal.—J. G. Greenwood, B.A.

Director of Medical Studies.—George Southam, F.R.C.S.

Lecturers.—General Anatomy and Physiology, William Smith, F.R.C.S. Practical Physiology and Histology, Arthur Gamgee, M.D., F.R.S. Descriptive Anatomy, Samuel M. Bradley, F.R.C.S. Practical Anatomy, T. Beswick Perrin, M.R.C.S., F.L.S. Comparative Anatomy and Botany, W. C. Williamson, F.R.S. Chemistry, Henry E. Roscoe, B.A., Ph.D., F.R.S. Medicine, Wm. Roberts, M.D., B.A., F.R.C.P., J. E. Morgan, M.D., M.A., F.R.C.P. Surgery, George Southam, F.R.C.S., Edward Lund, F.R.C.S. Physiology and Pathology of the Eye, Richard T. Hunt, M.R.C.S. General Pathology, Henry Simpson, M.D., M.R.C.S. Midwifery, John Thorburn, M.D., L.R.C.S. Materia Medica, Alex. Somers, M.R.C.S. Forensic Medicine, G. Morley Harrison, M.R.C.S. Hygiene and Public Health, Arthur Ransome, M.D., M.A., M.R.C.S. Clinical Medicine, the Physicians to the Royal Infirmary. Clinical Surgery, the Surgeons to the Royal Infirmary. Medical Tutor, T. Beswick Perrin, M.R.C.S., F.L.S.

UNIVERSITY OF CAMBRIDGE.—*Faculty of Medicine.*—The following lectures will be delivered in the course of the academical year:—Experimental Physics, Prof. Maxwell. Chemistry, Prof. Liveing. Practical Chemistry, Prof. Liveing and Dr. Hicks. Anatomy and Physiology, Prof. Humphry. Practical Anatomy, Prof. Humphry and Dr. Wilson. Practical Physiology, Dr. Michael Foster. Zoology and Comparative Anatomy, Prof. Newton. Botany, Prof. Babington. Materia Medica, Prof. Fisher or Dr. Latham. Pathology, Dr. Bradbury. Medicine, Prof. Paget, M.D. Clinical Medicine, Drs. Paget, Latham, and Bradbury. Clinical Surgery, Mr. Lestourgeon, Dr. Humphry, and Mr. Carver.

ADDENBROOKE'S HOSPITAL, CAMBRIDGE.—Clinical lectures in medicine and surgery in connection with the Cambridge Medical School, are delivered at this hospital twice a week during the academical year; and practical instruction in medicine and surgery, in the wards, is given by the physicians and surgeons daily, during the vacations, as well as term time. The courses of lectures and the attendance at the hospital are recognised by the College of Surgeons, as well as by the University.

SHEFFIELD SCHOOL OF MEDICINE.—The Winter Session will commence on Wednesday, October 1st, when the Introductory Lecture will be delivered by Henry Jackson, Esq., Fellow and Assistant Tutor, Trinity College, Cambridge, in the Anatomical Theatre, at 4 p.m.

The Perpetual Fee for attendance on all the Lectures at this School required by the Royal College of Surgeons and the Apothecaries' Hall is £42.

Prospectuses and all further information may be obtained upon application to the Hon. Secretary.

LIVERPOOL ROYAL INFIRMARY SCHOOL OF MEDICINE.—Four Exhibitions, value £31 10s. each, consisting of free board and residence in the Royal Infirmary for six months, with dresserships, on award of the Medical Board. Six Dressers and Six Clinical Clerks are elected quarterly. Pupils of the Infirmary are admitted to learn Pharmacy in the dispensing department for six months.

Fees.—For six months' Medical practice, 5 guineas; twelve months', 6 guineas. Surgical, 6 guineas for six months; 8 guineas for twelve months (this includes admission to the practice of the Lock Hospital adjoining the Infirmary). Perpetual Medical and Surgical practice, 32 guineas.

The hospital contains 300 beds, including wards, with 40 beds, for the treatment of diseases of women.

LIVERPOOL NORTHERN HOSPITAL.—144 beds. A special ward for the diseases and accidents of children. Clinical lectures are regularly delivered by the physicians and surgeons during the winter and summer sessions. Instruction in morbid anatomy is given by the Medical staff. Clinical clerkships and dresserships are open to all the students, without additional fee. Fee for Hospital Practice and Clinical Lectures—Perpetual, 25 guineas; one year, 10 guineas; six months, 7 guineas; three months, 4 guineas. Medical or Surgical practice separately, half these fees. One resident pupil received; fee, 60 guineas per annum. Attendance on the practice of this hospital qualifies for all the Examining Boards.

LIVERPOOL ROYAL SOUTHERN HOSPITAL.—200 beds. Clinical Lectures, with special instruction in the employment of Medical and Surgical Instruments, in Bandaging, and in Minor Surgery, are regularly given during Winter and Summer Sessions. Accommodation for resident pupils. The lectures and practice are recognised by all the Examining Boards. Fees for Practice and Lectures—Perpetual, 25 guineas; one year, 10 guineas; six months, 7 guineas; three months, 4 guineas.

WOLVERHAMPTON AND STAFFORDSHIRE GENERAL HOSPITAL.—210 beds. The practice of the Hospital is very extensive and varied; the number of cases annually treated being large and important. Practical instruction in Surgery to First-Year's Students, and Dresserships for Students after two years' professional education, both in accordance with the Royal College of Surgeons of England, may be obtained at this Hospital; also clinical Clerkships.

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CHANGES IN THE PAST YEAR AT THE METROPOLITAN SCHOOLS.

At ST. BARTHOLOMEW'S Mr. Thomas Smith has been promoted to the post of surgeon and lecturer on Clinical Surgery, vacant by the death of Mr. Holmes Coote. Mr. Marsh has been elected assistant-surgeon. Mr. Callender has become co-lecturer on Surgery with Mr. Savory. Dr. Klein lectures on Histology. Mr. Langton is co-lecturer with Mr. T. Smith on Descriptive and Surgical Anatomy. Mr. Cumberbatch and Mr. Furner teach Practical Anatomy and Operative Surgery. Mr. Butlin has been appointed surgical registrar.

At CHARING-CROSS Mr. Bolas has been appointed demonstrator of Practical Chemistry, and Mr. A. H. Garrod lecturer on Comparative Anatomy. Mr. Bellamy conducts the class of Operative Surgery; and Mr. C. W. Heaton and Dr. G. V. Poore will, in the summer session, give a course of lectures on Public Health. Dr. Mitchell Bruce has been elected assistant-physician. Dr. E. Sparks has been appointed physician for skin diseases, and Mr. J. Astley Bloxam assistant-surgeon.

At **Guy's** Dr. Owen Rees has been made a consulting physician, Dr. Moxon physician, and Dr. Frederick Taylor assistant-physician. Mr. Chas. Higgins has been appointed assistant ophthalmic surgeon.

At **King's College** Dr. Curnow has been appointed professor of Anatomy in the place of the late Mr. Partridge, Mr. T. C. Hayes assistant-physician to the hospital, and Mr. Robert Birch and Mr. William Rose the Sambrooke registrars.

At the **London** Mr. Couper is now lecturer on Surgery, Mr. J. McCarthy and Dr. Bathurst Woodman co-lecturers on Physiology and Practical Histology. Dr. Mackenzie has been promoted to the office of full physician, and Dr. Palfrey to that of obstetric physician.

At **St. George's** Mr. T. Holmes is the lecturer on Clinical Surgery instead of Mr. H. Lee; Dr. R. J. Lee has been appointed assistant-physician-accoucheur and assists Dr. John Clarke in the lectures on Midwifery; Dr. Whipham now lectures on Botany.

At **St. Thomas's** Mr. Le Gros Clarke has been appointed honorary consulting surgeon, and Mr. MacCormac surgeon and co-lecturer on Surgery with Mr. Sidney Jones. Mr. A. W. Bennett has succeeded Dr. Wale Hicks as lecturer on Botany.

At **University College** Dr. Charles Graham has been appointed assistant professor of Chemistry, and Mr. Augustus J. Pepper one of the demonstrators of Anatomy. At the hospital Mr. Marcus Beck has been appointed assistant-surgeon, Mr. Streatfield ophthalmic surgeon, and Mr. John Tweedy assistant medical officer for Skin diseases.

At **Westminster** Dr. Anstie has become physician and Mr. Cowell surgeon, Dr. Radcliffe and Mr. Barnard Holt having been appointed to the consulting position. Dr. Allchin has been appointed assistant physician and Mr. Bond assistant surgeon. Mr. Davy succeeds Mr. Pearse as lecturer on Anatomy, and Mr. Pearse and Mr. Cowell now lecture on Surgery and Practical Surgery in the place of Mr. Holthouse.

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GENERAL FEE FOR ALL LECTURES AND HOSPITAL PRACTICE REQUIRED FOR THE USUAL DIPLOMAS.

LONDON.	£	s.	d.
St. Bartholomew's (£31 10s. and £36 15s.)	110	5	0
Charing Cross (in three yearly instalments of £36 15s., £31 10s., and £14 14s., in the case of Matriculated Students a deduction of 8 per cent.)	82	19	0
St. George's Hospital (£10 10s.)	91	10	0
Guy's Hospital (£10)..	100	0	0
King's College (in one sum)	100	0	0
,, (in instalments of £52 10s., £42, and £10 10s.)	105	0	0
London Hospital (in two instalments)	90	0	0
St. Mary's (in one sum)	81	4	0
,, (in instalments by arrangement with the Dean)	81	5	0
Middlesex, unlimited (or in yearly instalments of £35, £35, and £20, and £10 each succeeding year)	90	0	0
St. Thomas (in yearly instalments)	105	0	0
University College (payable in yearly instalments)	102	12	0
Westminster (in one sum)	70	0	0
,, (in yearly instalment)	75	0	0
THE PROVINCES.			
Birmingham	84	0	0
Bristol Medical School and Bristol Royal Infirmary	103	15	0
Bristol Medical School and Bristol General Hospital	92	10	0
Leeds Medical School and Infirmary (in two yearly instalments)	86	2	0
Liverpool Royal Infirmary School (Lectures only)	42	0	0
Liverpool Royal Infirmary School and Northern Hospital ..	63	5	0
Manchester Medical School and Infirmary	84	0	0
Newcastle School and Infirmary (in one payment)	64	1	0
Sheffield Medical School and Infirmary	76	15	0

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SCOTTISH INSTITUTIONS.

THE UNIVERSITIES.

The fees for degrees in all four of the Scottish Universities are uniform—viz.: M.B., £15 15s. (being £5 5s. at each of the three examinations); C.M., £5 2s. (in addition to the fees of M.B.); M.D., £5 5s. (in addition to the fees for M.B.); and £10 3s. for Government stamp.

University of Edinburgh.—This is a teaching as well as a qualifying body, and the other faculties are as complete as that of medicine. The University confers the degree of M.D. and M.B., as well as that of C.M., and also affords its graduates the opportunity of obtaining, at the same time, a surgical, in addition to the Medical diploma. The C.M. is not conferred on any one who does not take at the same time the M.B. For the degrees of M.B. and C.M., four years of professional study must be completed after passing a preliminary examination recognised by the Medical Council. A Degree in Arts in any British University exempts from the preliminary examination. Of these four years, one must be passed in the University of Edinburgh, and one other either in that or some other University entitled to confer the degree of M.D.

The University recognises the course of lectures of extra-academical teachers in Edinburgh, subject to certain regulations.

University of St. Andrew's.—This University confers the degree of Master in Surgery (C.M.), as well as the degrees of Bachelor and Doctor of Medicine. Residence in one of the Scottish Universities is required, but an exception is made in favour of ten persons yearly.

University of Aberdeen.—This is a large teaching body, as well as one entitled to confer degrees in all the faculties. The curriculum required for Medical degrees is the same as that of the University of Edinburgh. Thus, four years of professional study, after passing a preliminary examination, is essential. One year must be passed at Aberdeen. The lectures qualifying for this and other examining bodies are delivered by the Professors in the University.

University of Glasgow.—This is a large teaching as well as examining body. The same degrees are conferred as in the Universities of Edinburgh and St. Andrew's. The course of study and regulations to be observed by candidates are the same as those of the University of Edinburgh, one year's compulsory residence at the University of Glasgow being required instead of at Edinburgh. The examinations are conducted by the Professors of medicine, together with the three Assessors appointed by the University Court. The lectures qualifying for the degrees are delivered by the Professors in the University, and the hospital practice is attended at the Glasgow Royal Infirmary.

COLLEGES.

Royal College of Physicians of Edinburgh.—This, like its London sister, is exclusively a licensing body, though, since the arrangement for the double qualification has been carried out, it may possess some additional control over the teaching at Surgeon's Hall. By this arrangement students who have filled the prescribed curriculum may pass the joint examination of this College and the Royal College of Surgeons, and obtain the two diplomas. They can thus at once register both a Medical and surgical qualification.

The *Fellowship* is conferred only by election, and no one can be ballotted for until he has been a member for one year.

The *Membership* is conferred on licentiates of a College of Physicians, or graduates of a University, who are twenty-four years of age, and satisfy the College of their knowledge of Medical and general science.

The Licence.—The regulations are nearly the same as those for the Joint Examination for the Scotch Double Qualification.

Royal College of Surgeons of Edinburgh.—The Fellowship is conferred only on persons who have obtained a diploma from this or one of the Colleges of Surgeons of England or Ireland, or the Faculty of Physicians and Surgeons of Glasgow, and who are twenty-five years of age. At the election, three-fourths of the votes are required to be in the candidate's favour, and he has to promise to maintain the privileges of the College and obey its laws. Fellows are forbidden to keep open shops, to be connected with secret remedies, or to suffer their names to be used in indelicate advertisements or publications.

The Licence.—The regulations are nearly the same as those for the Joint Examinations, conducted by the Colleges of Physicians and Surgeons.

Faculty of Physicians and Surgeons of Glasgow.—This body has similar powers to those of the Royal College of Surgeons of Edinburgh, and its regulations for License and Fellowship correspond. It has also the same arrangement with the Edinburgh College of Physicians for a double-diploma. Preliminary Examinations will be conducted by the Faculty in October, 1873, and in April, July, and October, 1874.

THE SCOTCH DOUBLE QUALIFICATION.

As already stated, the Royal College of Physicians of Edinburgh has made arrangements with the Royal College of Surgeons of Edinburgh, and the Faculty of Physicians and Surgeons of Glasgow, by which, after one series of examinations, the successful candidate receives two diplomas, and is thus able to register a Medical and a surgical qualification under the Medical Act, thus :—

Lic. Roy. Coll. of Phys. Ed., and Lic. R. C. S. Edin., or Lic. R. Coll. of Phys. Ed., and L. Fac. Phys. and Surg. Glas., as the case may be.

The principle on which the joint examinations are conducted is a simple compromise by which the College of Physicians takes exclusive charge of the examination in medicine; the College of Surgeons or the Glasgow Faculty, as the case may be, of the examination in surgery; while the examination in subjects common to both medicine and surgery is conducted by a Board, in which each of the bodies is represented.

It is proper to state that such arrangements as these were contemplated by the Medical Act and authorised by Section XIX., while those under consideration were sanctioned by the Medical Council on the 7th August, 1859.

Candidates for the double qualification having fulfilled the prescribed curriculum are subjected to two professional examinations. The preliminary examination for future students must be passed before commencing professional study, and in other respects be in accordance with the recommendations of the Medical Council.

Anderson's University, Glasgow.—This is exclusively a teaching body. It offers excellent opportunities for acquiring a complete Medical education, and the expenses are very much below those of any other institution. The fame of Glasgow as a place for clinical instruction has long been known, and this school affords the means of dissection, and the pursuit of other practical knowledge throughout the year. Hospital practice is attended at the Glasgow Royal Infirmary.

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Resources of the Young Surgeon after Studentship.

THE PUBLIC SERVICES.

ARMY MEDICAL SERVICE.

The past year has been an eventful one for the Service, and many changes have taken place which render it desirable that the expectant Army Surgeon shall, in Scotch parlance, "bide a wee" until he be definitely informed what terms of employment he may expect. Mr. Cardwell's Medical Unification Warrant, promulgated a few months, has effected serious changes. Firstly, the title of "Assistant" is abolished, and all Medical officers enter the service as surgeons, and, at their first promotion, are called Surgeon-Major. *Secondly*, they are not permanently attached to any one regiment : henceforth all Medical officers are on the general staff ; all wear the same uniform, and are drafted as may be required for temporary service of a few months or a couple of years with any particular regiment. These arrangements have created extreme discontent in the Army Medical Service, especially as promotion, after fifteen years' service, is not definitely provided for ; forage allowances are curtailed, and pay, after fifteen years' service, is reduced. It is easy to see that the position of an Army Surgeon attached to-day, say to a crack Hussar regiment in London, and next week, perhaps, to a squad of infantry on police duty at Despite Ballinafad, will not be very desirable. Notwithstanding all these serious drawbacks, the student, after qualification, may very probably elect the Army Medical Service, and we, therefore, afford him all information as to his access to it.

The appointment of surgeon in the Army is open *to all* who can prove their claim to it by superior answering. Candidates for the British Medical Service must be unmarried, and not more than twenty-eight years of age. The competitive examinations are held at Chelsea, usually in the first weeks of February and August. The candidate is not required to produce any other qualification before presenting himself for examination than his license to practise and certificates of registration, age, moral character, and physical capabilities.

The candidate must make a declaration that he labours under no mental or constitutional disease, nor any imperfection or disability that can interfere with the most efficient discharge of the duties of a Medical officer in any climate. His physical fitness will be determined by a board of Medical officers, who are required to certify that the candidate's vision is sufficiently good to enable him to perform any surgical operation without the aid of glasses. A moderate degree of myopia would not be considered a disqualification, provided it did not necessitate the use of glasses during the performance of operations, and that no organic disease of the eyes existed.

Having received his diplomas in surgery and medicine, both of which are essential to his competition, the student is obliged to apply himself vigorously to the study of certain collateral subjects, which he does usually through the medium of a "grinder." He must perfect himself in chemistry, pathology, and comparative anatomy, and if he can throw a proficiency in botany and natural history and French and German into the scale, he will materially improve his position in the scale of merit, and establish for himself a character with the authorities for industry and scientific attainments.

The surgeon is subjected to three separate examinations within the first ten years of his service, each examination having a definite object—the first, to ascertain, previous to his admission into the service as a candidate, his scientific and professional education, and to test his acquirements in the various branches of professional knowledge ; the second, after having passed through a course of special instruction in the Army Medical School, to test his knowledge of the special duties of an army Medical officer ; and the third, previous to his promotion, to ascertain that he has kept pace with the progress of Medical Science.

The candidate having sent in his papers, and followed them to London, meets his competitors at Chelsea.

For the first two days of his examination he is employed in penning answers to printed questions ; for the third and fourth days he is examined *viva voce* on all subjects ; and on the fifth and sixth days he is tested by the diagnosis of disease at the bedside in the hospital, by the application of surgical apparatus, and by operations on the dead subject. This trial finished, the successful candidates (varying in number from fifteen to thirty) are selected.

SERVICE ON THE WEST COAST OF AFRICA.

A certain number of candidates, whose answering has been satisfactory, but not sufficiently so to entitle them to a place, were formerly offered appointments on the West Coast of Africa, but recently they have been appointed to the Naval Medical Service, as vacancies on the coast have not existed for some time. These situations, while they are subject to strong objection on the score of the deleterious nature of the climate, possess some advantages for those whose health can resist its influence. The districts comprised under the West Coast Districts are Sierra Leone, Gambia, and Cape Coast Castle. If the candidate accepts the appointment he is sent out at once, without the period of probation to which others are subjected at Netley Hospital. He is allowed to spend a year at home, on full pay, for every year spent in Africa, and the entire period at home and abroad should count as service for pension.

PROBATION AT NETLEY HOSPITAL.

The competitor who has been so fortunate as to obtain a place in the ordinary service is not allowed to join a regiment at once. He is obliged to undergo a probation of four months at Netley Hospital, near Southampton, where he is compelled to attend the following lectures—viz.: Hygiene, by Dr. Parkes; Pathology, by Dr. Aitken; Military Surgery, by Dr. Longmore; and Tropical Diseases, by Dr. Maclean. The lectures on Military Surgery include gunshot and other wounds; arrangements for the transport of wounded; duties of Army Surgeons in the field, during sieges, on transport, &c., and other special subjects. Those on Military Medicine refer to the tropical and other diseases of the British possessions and colonies, and to the losses by disease. The lectures on Hygiene relate to the examination of water, air, food, clothing, &c., of the soldier, his duties and exercise, and the circumstances affecting his health, meteorology, statistics, and prevention of disease. The lectures on Pathology have reference chiefly to the scientific examination of tropical diseases, and of the other complaints which the Army Surgeon is especially called on to investigate. The candidates also attend the wards of the hospital under the Professors of Medicine and Surgery, to make themselves acquainted with the system of recruiting, and the modes of keeping the Army Medical Returns. They are also called on to make *post-mortem* examinations, to operate on the dead body, and pass through laboratory practice on the modes of recognising the qualities and adulterations of food, and on microscopic examination of morbid tissues and adulterations of food, &c. During his preliminary training here the student is understood to be in Her Majesty's Service; he wears uniform, is under military discipline, and receives pay at the rate of five shillings per day, and two shillings per day for lodging money, if he be not provided with lodgings in the hospital. A sum of money equal to the half-yearly interest on £1,200, the surplus from the "Herbert Memorial," is at the end of each session awarded to the candidate who has the highest number of marks; the fortunate young man who wins this "Blue Ribbon of Netley" being tolerably certain to be well provided for. At the termination of the four months he is again examined in the subjects in which he has been instructed during that period, his marks are added to those obtained by him at the Competitive Examination, and his position on the list of merit determined by the total. Successful candidates are now eligible to be gazetted to a regiment, or employed on the staff, and enjoy all the rank and honour, pay and privileges, of surgeons, as provided by the regulations.

Thus it will be observed that the first, or Chelsea examination, simply admits the candidate to the service, and the conjoint result of it and the Netley examination determines his order of merit.

LIFE AT NETLEY.

The Medical candidates, as the surgeons are called until they have passed out of the hospital by their second examination, are congregated at Netley, in addition to the commissioned officers who may be there. During the period of his residence at the Army Medical School each candidate will receive an allowance of 5s. per diem with quarters, or 7s. per diem without quarters, to cover all cost of maintenance; and he will be required to provide himself with uniform (viz., the regulation undress uniform of a surgeon, but without the sword). Each candidate has to pay £5 towards the mess fund, one half on his arrival and the remainded when he has passed his second examination. He is then a member of the mess, and entitled to dine at any time during the remainder of his service. The cost of dinner is 2s. 4d. daily, not including wine, and of breakfast from 10d. upwards.

THE PROMOTION EXAMINATION.

But there is still one other which *must* be passed befose he is promoted to full surgeoncy, and *may* be passed at any time after five years' service.

A series of printed questions will be sent by the Director-General to the principal Medical officers of stations where surgeons may be serving, who will deliver these sealed questions to the surgeons, and see that they are answered without the assistance of books, notes, or communication with any other person. The answers are to be signed, and delivered sealed to the principal Medical officer, who is to send them, unopened, to the Director-General, together with a certificate from the surgeon of the regiment, or other superior Medical officer, that the surgeon has availed himself of every opportunity of practising suzgical operations on the dead body.

The surgeon will also be required to transmit a Medico-Topographical account of the station where he may happen to be, or of some other station where he may have been resident, or else a Medioo-Statistical Report of his regiment for twelve months.

If the Examining Board and the Director-General are satisfied with the certificates and answers, and with the report, the surgeon will be held qualified for promotion.

GENERAL OBSERVATIONS.

The bachelor surgeon, commencing with an income of £182 10s., in addition to quarters, coals, and candles, has the use of a soldier servant for 10s. a month, and 15s. for washing. Mess bills and subscriptions vary according to circumstances, high in the cavalry, rifle brigade, and certain line regiments, at home, but moderate in the artillery and line generally; about £10 would represent the outlay. Some can live cheaper by taking breakfast in their own room, the bed in one corner, the tub in another, not a wholesome arrangement. Respectable uniform, a gentlemanly appearance in dress must be maintained, and the servant clad for everyday work besides to wait at mess. Being on the staff as a rule is comparatively cheaper for married men, but the bachelor, friendless and homeless, will find there is nothing better than a good line regiment, especially where the colonel and the surgeon pull together and the latter takes a fair share of work. Those who marry early without means should remember they may reach the age of forty as surgeons with a large family to keep and drag about on an income under £300, deducting income-tax. The more pursuits and accomplishments a Medical officer has the better, especially if at the same time he is a good doctor and a gentleman. For the combatant officer a position is made; the Medical man makes his own as in civil life. The army would attract good men if the dead-lock and stagnation were removed by optional retirement at £1 a day after twenty years' service. Unless the Medical officer has private means he should not remain a day in England.

NAVAL MEDICAL SERVICE.

In applying to be admitted as an Assistant-Surgeon in the Royal Navy it is merely required to address a letter to the Secretary to the Admiralty, stating that you are in possession of a diploma from such a College—naming it; that you are desirous of being admitted as a candidate; when, if there are any vacancies, you will be informed when you will be required to present yourself at Somerset House, London, for examination.

Having passed your examination you will, in the course of the following day, receive your appointment as acting Assistant-Surgeon to one of her Majesty's ships, either for service on board that ship, or for service on shore, at one of the naval hospitals—Haslar or Plymouth. You will at the same time be informed that you are granted two or three weeks, as you may require, leave of absence, to enable you to provide your uniform and appointments. These you can get at any of the naval outfitters.

The expense of an Assistant-Surgeon's uniform is about

£47 5s. You must also provide yourself with a set of surgical instruments, which will cost you from ten to fifteen guineas. All kinds of underclothing, towels, handkerchiefs, &c., may be purchased much more advantageously from a regular dealer in those things than from any naval outfitter.

ADVANCE OF PAY ON JOINING.

The monthly mess subscription varies in ships according to the station they are on, from £2 10s. to £3 10s. per month. This subscription does not include anything for wine or liquors of any kind. Whatever amount of these you may consume will be paid for by you separately, at the end of each month or quarter. But as all wines are permitted by sanction of the Admiralty, to be shipped free of duty, you drink them so much cheaper on board than you could the same qualities of wine on shore. The monthly subscription of say £3, with the Government allowance of £11 3s. 8d. per annum to each member in lieu of provisions, is generally found sufficient to meet all ordinary expenses of messing.

It is the custom in all ward-room messes to have an extra dinner on two days of the week—generally on Monday and Thursday. The days so selected are styled "field-days." It is on these days that guests are invited to dine by the mess. The guests thus invited are called public guests, and such invitations entail no extra subscription from any one, except for the extra wine consumed. It is usual to invite the captain, and other superior officers that may be on board, once a week; the other public guests are so many of the junior officers of the ship; and, if in port, officers of the sister service, and other public functionarie. The captain, or admiral, if there be one on board, usually has two or three wardroom, and two or three gunroom officers, to dine with him on every other day of the week than that on which he dines in the wardroom. Any member of the wardroom mess inviting a private friend to dine with him on board, pays usually from 2s. 6d. to 3s. 6d. (according to the rule of the mess), for his friend's dinner, in addition to any extra expense for wine.

The foregoing are the whole of the ordinary and extraordinary expenses of messing in the wardrooms of her Majesty's ships, and which should not, with drinking a reasonable quantity of wine, beer, &c., exceed fifty guineas per annum.

Officers in the Navy, wherever they may be serving, can remit, by the paymaster of the ship, without any expense, any portion, or the whole, of their pay that may be due to them on the last day of each quarter.

SERVANTS.

Assistant-Surgeons are allowed only half a servant each; or in other words, a servant between two of them.

These servants are entered on the ship's books with the rating of officer's servant. Their pay from the Admiralty is about £17 per annum and their provisions; and where they are well conducted, attentive lads, it is usual for each of their masters to give them 10s. a month, which makes their pay up to about £29 per annum.

The pay of naval Medical officers has hitherto been the same as for their military brethren.

PENSIONS OF MEDICAL OFFICERS.

Besides the half-pay awarded to Medical officers, there are three good-service pensions of 10s. each per diem awarded to the three inspectors-general who have completed the longest and most meritorious services.

There is also one Greenwich Hospital pension of £80 per annum awarded to a deputy inspector-general.

There are fourteen other Greenwich Hospital pensions of £50 each per annum, awarded to those fourteen deputy Inspectors-General, Staff-Surgeons, and Surgeons who are considered by the Admiralty to be most deserving of them.

PROMOTIONS.

An Assistant-Surgeon having served three years may be examined as to his qualifications for promotion to the rank of Surgeon. If he be serving abroad he may, if he wish it, be examined provisionally by an Inspector or Deputy Inspector-General and three Surgeons; and as soon after his arrival in England as may be convenient for him to present himself at Somerset House for his regular and final examination. To enable Assistant-Surgeons to pass this examination satisfactorily, they are granted, on application, two months' leave of absence to prepare themselver for it. The use of passing the provisional examination abroad is, that the Assistant-Surgeon, having served five years, is then eligible for promotion into any vacancy that may occur, as Acting Surgeon.

If the vacancy occurring shall have been caused by the death of an officer of superior rank, this promotion as Acting Surgeon will be confirmed as Surgeon on passing the regular examination at Somerset House. If the vacancy has occurred from any other cause than that of death, the Assistant-Surgeon appointed to fill it, whether he may have passed only provisionally or finally, will be appointed only as Acting Surgeon until the pleasure of the Admiralty be known, who may either confirm him in it, or supersede him by the appointment of a Surgeon from half-pay.

Surgeons are promoted to the rank of Staff-Surgeons on twenty years' service, provided that ten years have been completed since passing for the rank of Surgeon.

By an Admiralty regulation, dated the 12th of July, 1867, promotion to Staff-Surgeon is to be open to officers for distinguished or special services, although they may not have completed twenty years' service.

An officer may be promoted to the rank of Inspector-General on the completion of thirteen years' service from the date of his entry into the Royal Navy.

PRIZE MONEY.

Medical officers share in the proceeds of all prizes captured from the enemy, of captures and seizures under the several Acts of Parliament passed relating to the revenues of customs, and of trade and navigation, for the abolition of the slave trade, for the capture and destruction of pirates and piratical vessels; and of the rewards conferred for the same; as also in the awards of all salvage granted to the crews of her Majesty's ships and vessels of war, with other officers of corresponding ranks.

POOR-LAW MEDICAL SERVICE.

A YOUNG qualified practitioner, indisposed to be an assistant, and desirous of commencing general practice without investing any money in purchasing a succession, may, perhaps, obtain a Poor-law appointment, though he should scarcely expect to obtain a livelihood from this inadequately remunerated employment.

ENGLISH POOR-LAW MEDICAL SERVICE.

Prior to the Passing of the Metropolitan Poor Act of 1867, the English Poor-law Medical Service may be said to have been in the hands of the Guardians, supervised by the Poor-law Board. Each parish in England and Wales had its guardians of the poor, and these parishes were grouped together to form unions. The unions were divided into districts for Medical relief. Union Medical officers, therefore, have the care of a district, or sometimes the care of the workhouse of the union—sometimes of both. The officer was elected by the guardians, and the appointment approved by the Board. He was required to have both a Medical and surgical qualification. In some instances these were specified, but almost always the London College of Surgeons and Apothecaries' Hall were the two most favoured diplomas. For this reason London students will still continue to take these qualifications, whatever else they may add to them. But the L.R.C.P. Lond. is now recognised as a full qualification, both Medical and surgical. The salaries of Poor-law appointments are very low. They are, however, sought after by young men as a means of getting into practice, and are often almost obligatory in the country to prevent fresh opposition being introduced. The Metropolitan Poor-law Act, 1867, assimilates the Poor-law, so far as London is concerned, to that of Ireland, and the Poor-law Board is now merged in the new Local Government Board. It has established in London asylums and dispensaries, and distributed the cost of supporting them over the metropolis. Under the new Public Health Act many Poor-law officers have been also appointed Medical Officers of Health.

THE IRISH POOR-LAW SERVICE.

The newly-qualified Medical Practitioner, who may elect to try his luck in the Irish provinces, sets his hopes, in the great majority of instances, upon obtaining one or more Poor-law Medical appointments in some district where there is hope of private practice. There are 163 workhouses and 793 Dispensary Medical Officers besides apothecaries. The number of vacancies that occur annually averages 100. The average salary in this service is now about £95; and when it is taken into consideration that, in the vast majority of rural districts, it is necessary to keep a horse, and in some a boat as well, the average area being from forty to sixty square miles, it is plain that there will not be a very large margin left from the public emoluments. The Medical Officer will also have the refusal of the Registrarship of Births, Marriages, and Deaths, which office in country districts seldom yields more than £10 a year, and often not half that amount. Despite the miserable salary, and the very many discomforts of dispensary life, these appointments are generally eagerly sought for—firstly, because they afford the new comer a certain though hardly-earned salary to supplement his private earnings; and, secondly, because, if not secured by the new comer, they would of necessity bring a competitor for practice into the field, and inasmuch as private income is of far greater import than public earnings, country Medical practitioners are obliged to undertake the public duty in order to save to themselves the monopoly of their private emoluments.

APPOINTMENT.

The qualifications required by the Poor-law Commissioners are a licence in Surgery or a diploma in Medicine, and a diploma in Midwifery; the candidate must also be twenty-three years of age.

The appointment lies with the Dispensary Committee, who elect by vote. As politics and religious feeling run high in Ireland, these elements enter into the election of Poor-law Medical Officers. Family interest also possesses great weight. The candidate will do well to bear these facts in mind, as his personal attendance on the day of election will be required. And whatever other qualification he may have, he will then find that his compatibility in these respects with the majority of the committee is essential. And, accordingly, he had better first make himself acquainted with the local peculiarity, whatever it may be, before he enters on his candidature, otherwise, in all probability, any expenditure that he may make in the matter will be simply thrown away. We may here observe also, that in very many instances the appointment is virtually made before the advertisement appears for a Medical Officer, in which case also candidates are put to unnecessary trouble and expense under false pretences.

CONTROL.

Each district is under the direct control of a committee composed of the neighbouring landholders, the appointment of Medical and other officers are made by this committee, and the entire management of the district is under their control. Their acts are, however, subject to the approval of the Poor-law Commissioners, who have the power either of interposing their veto on any appointment, or even of expelling an officer by a "sealed order," without trial or accusation, and without the resource of appeal or investigation. This salary is paid by the Board of Guardians, and no increase or decrease can be made in the amount without their assent and that of the Commissioners. Under the late Sanitary Act the committee may recompense the Medical Officer for special services, such as those during an epidemic of cholera, or for sanitary reports. The number of unions in Ireland is 163, to each of which is attached a Medical Officer, who is appointed and controlled by the Board of Guardians in the same manner as the Dispensary Surgeon is by his committee. The salary is usually better than that of the Dispensary Doctor, and the duties of a more easy and satisfactory description, inasmuch as the duty is confined to daily attendance at the Workhouse Hospital, and no night visits out of doors or any long journeys across the country are involved.

DUTIES.

The duty of the Dispensary Doctor is two-fold. He is to attend his Dispensary on a given day or days in the week. Frequently there are two dispensaries in the district, separated from each other by several miles, and he will have, perhaps, to attend two days a week. He has also to visit at any hour of the day or night a sick person, for whose relief a visiting ticket has been issued by a member of the committee or by the relieving officer, and to continue his attendance as often as may be necessary until a termination of the case. Moreover, he has a great many registry books to keep, and a multitude of returns to make, and in the majority of districts he has to make up all the medicines for the poor.

The pressure of these duties is in the greatest degree dependent on the goodwill of the members of his committee. If the Medical man be a favourite with his masters they will give him very little trouble with "scarlet runners," as the visiting tickets are, from the colour of the paper on which they are printed, humorously called, and will be unwilling to trouble him even with cases deserving of personal attendance.

If, on the other hand, it is his misfortune to come in contact with some of the half-bred committee-men, who know nothing of the treatment fit for an educated gentleman, or cherish a personal spite, the discharge of his duties may become simply unbearable. He may be peremptorily summoned, in any weather, at any hour, and to any distance, to a case which he may probably find to be altogether trivial, or to a person whom he may know to be perfectly well able to pay—aye! even the committeeman's own brother or daughter.

SUPERANNUATION.

By a recent Act of Parliament Poor-law Medical Officers may now receive a pension of *one-sixtieth of their salary for each year of service* on being incapacitated from illness or old age. This grant is strictly at the discretion of the guardians, nevertheless it has been given in most cases in which physical incapacity has been clearly proved. It is, however, at best a miserable resource, and can by no means be calculated upon as a provision for old age.

Complete information as to fees, emoluments, duties, and appointment of Irish Poor-law Medical Officers, will be found in the "Irish Medical Directory" for 1873.

SURGEONCIES IN THE MERCANTILE MARINE SERVICE.

The appointment of surgeon in sea-going vessels is much sought after by young surgeons who are desirous of seeing a little more of the world than school, college, or home have shown them; but the office is seldom held for more than a few years, or regarded as a permanent provision for life. These appointments are almost uniformly in the gift of directors and secretaries of companies, and of the owners themselves, with whom, as may be believed, personal influences are a better recommendation than any professional qualification.

The Cunard and other American mail lines select their surgeons through the interest of owners and managers. The American ships are bound to carry American surgeons, and the English ships English Medical officers. The pay varies from ten guineas per month upwards, and the arrangement may be terminated by the surgeon at any time that the ship is laid up. If, however, he has signed special articles, he will of course, be bound by them.

The West India Mail Service admits candidates only between the ages of twenty-two and forty. A regular curriculum similar to that required by the licensing bodies, is necessary, and a special examination in climateric disease is sometimes administered to the candidate.

The following is the scale of pay:—At entrance £100 a-year, Senior Surgeon, £120 amounting with all fees generally to about £200. When the ships are engaged on transport service the pay is doubled, Surgeons in the service have a private cabin and a boy to assist in dispensing. They mess in the saloon, and are found in every requirement free of charge A pint of wine is included in each day's rations, or in lieu of it a payment of 1s. 3d. At entry surgeons are requested to join vessels in the West Indies or Brazils, relieving surgeons longest out, and being themselves relieved in turn.

The Emigration Commissioners are now reducing their staff, and making no appointments to vacancies as they occur. Many of the trading ships which carry emigrants to New Zealand and Australia take surgeons only on their outward voyage, and call at China for silks and other freight on their way home. Surgeons to these vessels are paid only £25, and finding it impossible to obtain a passage home again are compelled to settle in the colonies, which are accordingly over-stocked.

European Communities.—There is a growing demand for surgeons for small European colonies, and several desirable appointments have thus been recently made. A number of colonists feeling the want of efficient Medical advice subscribe an annual guarantee salary of say from £600 to £800. These appointments have been made through the agency of Dr. Langley, of Lincoln's Inn Fields; as, however, they are few and somewhat lucrative, the communities are entitled to expect a high degree of education and intelligence in their Medical attendant. Candidates in all cases are required to speak French, and a knowledge of German is generally necessary.

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INDIAN MEDICAL SERVICE.

The regulations, subjects, and times for examination are the same as for the Army Medical Department. Passage allowance to India on appointment will be given, or a passage provided. When passages are provided on board the Indian troop-ships, a charge for messing will be made at the rate laid down in the Royal Passage Warrant of 1865. Pay at 10*s.* a day will be allowed from date of passing Final Examination at the Army Medical School.

Indian allowances and time of service for pension will reckon from the date of arrival in India.

Surgical instruments are provided in India by the Government for the use of Medical officers.

MEDICAL EDUCATION IN IRELAND.

THE CAREER OF THE IRISH STUDENT.

The practice of the Profession in Ireland, though not nearly as remunerative as in England, still affords a certain prospect to any Medical man who is content with modest independence. Irish Medical men pride themselves on holding a higher social position than the English general Medical practitioner. They are entitled to meet the gentry of their locality on terms of equality, and it is not necessary or usual for them to endanger their prestige by the adoption of the trading or Christmas bill system which obtains elsewhere. In fact, what they lose in income they gain in rank.

In order to put the career of the Irish Student as plainly as possible, we narrate the progress of an ideal person, from the day on which he takes his first step towards medicine to the hour of his issue from the *cocoon* of his studentship, a fully-developed surgeon.

The parents and guardians of Master Robert Sawyer have, after much discussion, decided that he shall be a doctor. He has had a moderate amount of schooling, at least the very moderate amount which is essential for the Medical preliminary examinations, and his father is ready to expend about £130 on his Medical education, that sum being divided over four years, or paid down in order to secure the advantage of a considerable saving.

THE CHOICE OF UNIVERSITIES AND COLLEGES

will depend on various circumstances, and on the aspirations of Master Sawyer. If he is intended to make a fortune and enlighten his generation as a metropolitan practitioner, and if money and education are plenty, he will probably take University degrees in Arts and in his Profession. If the attainment of good professional rank on moderate terms be desired, the College of Surgeons and College of Physicians will serve every purpose. For University Degrees it is to be remembered the student must undertake the prolonged study of classics and science in addition to his Medical, Surgical, and Anatomical studies, and he will have to pay a considerable sum for this course of teaching, and, in the case of the Queen's University, to live for a certain period at the College where he studies. But if he is content to face the expense and labour he will enter the Profession with all the prestige of an educated gentleman. In fact, the question whether he will or will not lay out for himself a University graduation in Arts and Medicine depends principally on whether he has money and time to give to it, and whether or not he means to practice in the metropolis. The Queen's University places at the disposal of the student a cheap University Degree, and thereby attracts many applicants, but it is burthened by the necessity for the residence of the student for a time at Galway, Cork, or Belfast, and, in the question of prestige, can hardly pretend to compete with the time-revered University of Dublin.

The Colleges of Surgeons and Physicians of Ireland confer qualifications which may stand well beside any in the United Kingdom, and as they do not require either residence or anything more than a single Arts examination, they continue to be the licensing bodies for the rank and file of the Profession in Ireland. If a student contemplates provincial practice—the Army or Navy—or a dispensary, he will most probably take the usual licenses from the two Colleges.

THE CHOICE OF SCHOOLS.

It must not be supposed that a student who intends taking a degree or diploma in any College must take his lectures in the school attached to that College, if there be one. On the contrary, with few exceptions, all certificates of attendance on lectures are interchangeable, and a student, no matter what Medical school he may have studied in, will be admitted to any

University or College. To this rule there are some exceptions. The University of Dublin does not admit any candidate who has not taken one year or annus medicus in their School, and the Queen's University insists on certain courses being attended in one of the Queen's Colleges.

There is in some cases a sort of semi-official connexion between certain Colleges and Hospitals, as between Trinity College and Sir Patrick Dun's, between the College of Surgeons and City of Dublin Hospital, and between the Catholic University and Mater Misericordiæ Hospital; but this connexion only exists because the Professors of the College are in many instances officers of the Hospital, and it confers no special immunity or privilege on the student of such Hospital.

The choice of a School, Hospital, or College having been made, Master—now *Mister*—Sawyer is perhaps sent to those to pass his

PRELIMINARY EXAMINATION

in general education, but if he be either lazy or ignorant, he may adjourn that unpleasant process, *de die in diem*, until the eve of his final qualification as a Surgeon, when, if he does so, he will find himself in possession of a mental muddle of Latin and physic. The preliminary examination is, however, not to be feared.

We strenuously advise the parents of the student to insist on his passing his preliminary education before he enters a Medical school or hospital, and thus the student will relieve his mind of the apprehension of a future examination, which he will assuredly put off to the last moment if he can.

The preliminary examination (of the subjects of which details will be found in the official regulations of each College) having been passed or postponed, Mr. Sawyer comes to town to begin work.

He may do so either (1) on his own account, or (2) he may become voluntarily a pupil of some Medical man, usually a teacher or hospital surgeon, who can assist him in his studential course. This is by no means a requirement of any of the Colleges; it is purely a matter of option. Should the student pursue the first course, he usually comes to town, takes a lodging, close to his School and Hospital, either by himself or in companionship with some *chum*, and either arranges to maintain himself or to board with his landlady. There is, of course, every degree of expense and comfort, but we should say that reasonable yet frugal living may be had in Dublin at about 10s. per week for lodging, and £5 to £6 per month for maintenance.

We would here, as a matter of private judgment, remark that it is better for parents to have board provided on a good substantial scale by the house. Young men are too apt to spend their money on luxuries or extravagancies, and make up the deficit by using insufficient food, to the great injury of the health.

COST OF EDUCATION.

Should the student proceed on his account, the lectures necessary for the L.R.C.S.I. will amount to £65; hospital attendance about £25; lying-in hospital from £4 4s. to £7 7s. These, with the diploma fee of £26 5s., represent the essentials. The sum of £50, paid down at the commencement, is taken by the College of Surgeons as payment in full for all lectures requisite, and all the hospitals allow a considerable discount. Thus, the absolute payment will amount to somewhere about £83, taking the minimum mode of payment. In addition to this sum are to be considered the payments for "grinding" or "coaching," as the Londoners call it, a process by no means necessary to any industriously inclined student, particularly under the new and more practical *régime*, where "tips" will be less useful than the practical knowledge and the fall of the mere coached be rendered probable by being asked to put his ideas on paper, examine his patient, make his diagnosis, and order his prescription. The fixed sum is at present, for private teaching, £15 15s. for the surgical and Medical qualifications, and £5 5s. for pharmacy, &c. Should the candidate "grind" for the army and navy examinations, a fee varying from £10 10s. to £21 is, we believe, usual. Should the candidate perform operations on the subject as a practice, they will cost something extra. So that, assuming the extras or voluntary costs are incurred, the total will vary, say, from £114 to £120 on a moderate scale; it is, of course, to be expected that pupil holders should have some extra payment, we therefore might name for them 140 guineas.

PAYMENT OF FEES.

If Mr. Sawyer becomes an apprentice, he need trouble himself nothing about his payments. If he is his own manager, he must enter his name with the Secretaries of the School and Hospital, and pay for the Lectures and Hospital he intends to take out. If he is wise he will not adjourn the majority of his lectures, as he may, to the next year, but will take in his first year a full third of his curriculum. He is supposed to pay the Professor's fee or Hospital fee in full on entering his name, but few students do so, and many, we are sorry to say, are in the habit of entering for the minimum allowable number of lectures, and paying the minimum allowable proportion of the fee, putting off the attendance perhaps for ever, certainly until the last moment, and adjourning the payment until they must take up the certificates.

By a most objectionable laxity of system a student may get credit for one of his four years of attendance by paying a couple of guineas for dissections, and he may think himself safe in doing so if money be scarce; but if he does not pay his full third or fourth of the fees each year it often happens that he has to put off his examination from year to year—perhaps for ever—for want of the money to pay the accumulated fees of previous years.

The entry of names and commencement of study is supposed to date from the 1st of October in each year, but really does date from the 1st of November, and may be delayed by the dilatory until the 25th of the same month.

Mr. Sawyer then begins work, attending Hospital each morning at nine o'clock, and occupying his day from half-past eleven to five between lectures and dissections. His holidays —if the term be not ignoble—are a fortnight at Christmas and a week at Easter, and he finally returns home at the end of July.

The progress of each year is the same, except that he usually devotes more attention to "grinding," dissection, and hospital dresserships, and less to lectures in his later years of study, and after the expiration of his third session, his student-life, whether it begin in laziness and end in hurry and incompetency, or whether it commence in diligence and end in the confidence of proficiency, ends with the last examination, and he goes forth into the world either an ignoramus or a reliable surgeon, whichever his choice may have been.

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PRIVATE TEACHING, OR "GRINDING."

The classes for private instruction, or "grinding," as it is technically and generally called, are carried on in Dublin with universality and success.

As a rule, all private teachers are connected with schools of medicine, and are in every respect highly qualified, many of them being also hospital physicians or surgeons, and therefore in a position to afford the special advantages in the way of clinical instruction to their pupils.

Grinding is followed in two methods—namely, on what are commonly known as the "public" and the "private" plans. In the former, a number of gentlemen, varying in different schools from two to four, associate themselves into a firm, or co-partnership, and each man, selecting particular branches, gives instruction to those only. For these classes a pupil may enter at any period of his course, by payment of a certain sum; but as the amount demanded generally is the same at whatever period of his course the student joins the class, and as he is taught for it until he obtains his degrees, it is usual to enter as early as possible, so as to secure the largest amount of instruction; but while there can be no objection to entering the name at the earliest period, we strenuously advise the student not to devote himself to "the grind" for his first, or even for his second, year of study, but to apply himself to his hospital and dissecting.

As an example of the method pursued with regard to these "public grinds," we cannot do better than give the following extract, treating on the subject, from the book of instructions and information for students issued by the Professors of the School of Surgery of the Royal College of Surgeons:—

> "In connection with the School of the College, for many years four of the senior demonstrators have jointly instructed private classes in all the subjects required for the professional examinations of the licensing bodies.
>
> "In these classes, students are taught so as to insure that the subject shall be thoroughly understood by them.
>
> "They are divided into senior and junior, according to the year of study, capacity, and diligence of the pupil.
>
> "The subjects are—
>
> "Practice of Medicine, Midwifery, and Surgery.
> "Anatomy and Physiology.
> "Materia Medica, Botany, and Chemistry.
>
> "At least four classes are held daily (besides those for junior) at such times as do not interfere with the lectures at the School, each lasting for one hour—part of these classes being in the evening, for those who cannot otherwise attend. The fee is £18 18s., half of which is paid at the time of entry, the remainder when the diploma or degree is obtained.
>
> "Should Materia Medica, Botany, and Chemistry not be required, £15 15s. for all the other classes divided in a similar manner.
>
> "The fee for Materia Medica alone is £5 5s.
>
> "For those who have already obtained professional qualifications, there are classes held for the army and navy medical competitive examinations, when special instruction is given in all the subjects required. Fee for these classes varies from £10 10s. upwards, according to the length of time required."

"Private grinding" is simply an arrangement quite independent of the other. A student who may, or may not, be a member of another class wishes for instruction; he goes to a "grinder," who, for a sum of, usually, £3 3s. per month, instructs him in the required branches of his profession. As a rule, each teacher devotes himself to particular subjects: thus, one gentleman grinds in, perhaps, Anatomy, Physiology, Surgery, and Medicine, another in Surgery alone, whilst a third will teach Chemistry, Botany, and Materia Medica.

In some schools slight differences of system are obtained: thus, a pupil may enter for the subjects he requires by paying a fixed sum, which entitles him to attend for the length of a session, but gives him no further claim on the attention of his grinder.

Each of these plans will be perceived to have its own particular advantages. By entering for public grinding a pupil, on the payment of a moderate sum, secures that he shall be taught all his necessary subjects; while, on the other hand, if he enters for private grinding, he may, from being in a smaller class, secure a larger amount of individual attention; but does so at an increased expense, and must pay separately for the various branches of his teaching.

It does not require a very arithmetical head to see the difference between paying—say £15 15s. for being taught for four years at least, in Anatomy, Physiology, Medicine, and Surgery, and paying £3 3s. per month for instruction in Anatomy and Physiology, and the same for Surgery or Medicine.

In the School of the Royal College of Surgeons, the senior demonstrators are associated together for the purposes of private teaching, each gentleman giving instruction in special branches.

Mr. Croly Dr. W. T. Stoker	in Surgery, Anatomy, Physiology, and Medicine.
Dr. Kilgarriff	Materia Medica, Chemistry, and Botany.

Dr. W. Handsell Griffiths, Librarian at the College of Surgeons, gives notice that he will meet his Classes for Professional Examinations on the 1st of October.

Drs. Stoney and Wheeler, Demonstrators in the School, are also joined in private teaching.

Drs. Ormsby, Barker, and W. Stoker also teach several of the above subjects.

In the Trinity School—

Dr. Foot Dr. Finney Dr. Little	Anatomy, Physiology, Surgery, and Medicine.
Dr. W. Smith	Chemistry and Materia Medica.
Dr. Collins	Anatomy, Physiology, Surgery, and Medicine.

In the Carmichael School—

Dr. Corley Dr. Kelly	Anatomy, Physiology, Surgery, and Medicine.
Dr. Cameron	Materia Medica, Chemistry, and Botany.

In Steevens' Hospital and School—

Mr. Swan. Dr. Bookey.	
Dr. Bell	Chemistry, Botany, and Materia Medica.
Dr. Tweedy	Preliminary Examination.

In Catholic University private teaching is conducted by Drs. Hayes, Coppinger, and Nixon.

In Ledwich School—
Dr. Ledwich and
Dr. Mason, assisted by
Dr. Ward,
Dr. Corry,
Dr. Battersby.

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REGULATIONS AND BYE-LAWS OF LICENSING BODIES IN IRELAND.

UNIVERSITY OF DUBLIN.

REGULATIONS OF THE SCHOOL OF PHYSIC.

Regius Professor of Physic—William Stokes, M.D., D.C.L., F.R.S.
Regius Professor of Surgery—Robert Adams, Ch.M.

University Professor of Anatomy and Surgery—Benjamin G. M'Dowel, Ch.M.
University Professor of Chemistry—James Apjohn, M.D., F.R.S.
University Professor of Botany—E. Perceval Wright, M.D.
Professor of Surgery in Trinity College—Robert W. Smith, Ch.M.
University Anatomist—Edward H. Bennett, Ch.M.
Professor of Comparative Anatomy and Zoology—Alexander Macalister, M.B.
Erasmus Smith's Professor of Natural Philosophy—Rev. John Leslie, M.A.
University Lecturer in Operative Surgery—Richard G. Butcher, M.D.
University Examiner in Ophthalmic Surgery—Henry Wilson, F.R.C.S.I.

King's Professor of Institutes of Medicine—Robert Law, M.D.
King's Professor of Practice of Medicine—William Moore, M.D.

King's Professor of Materia Medica and Pharmacy—Aquilla Smith, M.D.
King's Professor of Midwifery—Edward B. Sinclair, M.D.
Professor of Medical Jurisprudence—Robert Travers, M.B.

The following Degrees and Licenses in Medicine and Surgery are granted by the University of Dublin :—

1. Bachelor in Medicine. 2. Doctor in Medicine. 3. Bachelor in Surgery. 4. Master in Surgery. 5. Licentiate in Medicine. 6. Licentiate in Surgery.

Matriculation.

Every student must be matriculated by the senior lecturer, for which a fee of five shillings is payable; but he need not have his name on the College books, or attend any of the academical duties, unless he desire to obtain a Licence or Degree in Medicine or Surgery. No student can be admitted for the Winter Courses after the 25th of November.

QUALIFICATIONS FOR DEGREES AND LICENCES.

Bachelor in Medicine.

Candidates must be graduates in Arts, and may obtain the degrees at the same commencements as the B.A., or at any subsequent one. The Medical education of a Bachelor in Medicine is of four years' duration, and comprises the following lectures :—

Winter Courses.—Anatomy and Physiology; Practical Anatomy, with Dissections; Surgery; Chemistry; Practice of Medicine; Midwifery.

Summer Courses.—Botany; Materia Medica and Pharmacy; Institutes of Medicine; Medical Jurisprudence.

Hospital attendance on a Medico-Chirurgical Hospital during two courses of nine months each, with three consecutive courses of clinical lectures. Also nine months' additional attendance on a recognised hospital, and six months' Practical Midwifery. Six months' Dissections, and three months' Laboratory Instruction in Chemistry are required.

Any of the courses may be attended at any recognised Medical School.

The schools recognised are—1. The School of the Royal College of Surgeons of Ireland. 2. The Carmichael School. 3. The School of Steevens' Hospital. 4. The Ledwich School. 5. The Cecil Street School.

The fee for the *Liceat ad Examinandum* is £5.

The fee for the degree of M.B. is £11.

Doctor in Medicine.

A doctor in medicine must be M.B. of at least three years' standing, and requires no other qualification.

Total fees for this degree, £13.

Master in Surgery (*a*).

This degree can only be obtained by Bachelors of Arts. The curriculum is the same as that for the Licentiate in Surgery, as given below.

Total amount of fees for the degree of Ch.M., £16.

Licentiate in Medicine.

Candidates for the license in Medicine and Surgery must be matriculated in Medicine, and must have completed two years in Arts, and four years in Medical studies, and must pass an examination in Arts, including Greek, Latin, English, and Mathematics. The Medical course necessary for a License in Medicine is the same as for the degree of M.B. A fee of £5 is charged on taking the License. Licentiates in Surgery of the Royal College of Surgeons, on passing the Arts examination, will be admitted to examination for the degree of License in Medicine.

Fee for the *Liceat ad Examinandum*, £5.

Fee for the License in Medicine, £5.

Licentiate in Surgery.

Candidates must have kept one full year in Arts, and will be required to perform surgical operations on the dead subject. The curriculum extends over four years, and is as follows :—Two courses each of Anatomy and Physiology, and Theory and Practice of Surgery; three courses of Demonstrations and Dissections; and one course of each Practice of Medicine, Chemistry, Materia Medica, Midwifery, Laboratory Chemistry, Botany, Medical Jurisprudence, and one course of Ophthalmic Surgery. Also attendance for three Sessions, each of nine months, on a recognised hospital. Of the course of lectures, which are of six months' duration, not more than three can be attended during any one Session. Any of the above-named courses may be attended at any of the Medical schools at Dublin. A fee of £5 is charged for the license and £5 for the *Liceat.*

ORDER OF STUDY RECOMMENDED.

No regular order of attendance on Lectures, Dissections, and Hospitals is required; but the following course has been approved of by the Board of Trinity College :—

First Year.—1. Matriculation, 5s.; 2. Anatomy, £3 3s.; 3. Practical Anatomy, £3 3s.; 4. Dissections, £5 5s.; 5. Chemistry, £1 11s. 6d.; 6. Botany, —; 7. Comparative Anatomy, —; total, £13 7s. 6d.

Second Year.—1. Practical Anatomy, £3 3s.; 2. Dissections, £5 5s.; 3. Surgery, £2 2s.; 4. Physics, —; 5. Materia Medica, £3 3s.; 6. Chemical Laboratory, £2 12s. 6d.; 7. Sir P. Dun's Hospital, £9 9s.; total, £25 13s. 6d.

Third Year.—1. Practical Anatomy, £3 3s.; 2. Dissections, £5 5s.; 3. Surgery, £2 2s.; 4. Midwifery, £3 3s.; 5. Practice of Medicine, £3 3s.; 6. Sir P. Dun's Hospital, £9 9s.; total, £26 5s.

Fourth Year (*a*).—1. Institutes of Medicine, £3 3s.; 2. Medical Jurisprudence, £3 3s.; 3. Practical Midwifery (Sir P. Dun's Maternity), £3 3s.; 4. Ophthalmic Surgery (St. Mark's Hospital), £2 2s.; 5. Sir P. Dun's Hospital, £9 9s.; total, £21.

The following books are recommended to students of the first and second years :—

1. *Anatomy.*—Harrison's Dublin Dissector.
   Power's Surgical Anatomy of the Arteries.
   Quain and Sharpey's Anatomy.
   Kirk's Physiology.
2. *Chemistry.*—Roscoe's Lessons on Elementary Chemistry,
   Attfield on Pharmaceutical Chemistry.
3. *Materia Medica.*—The British Pharmacopœia.
4. *Botany.*—Henfrew's Elementary Botany, by Masters; Part I. and Part II., Chapters 1 and 2 (*b*).
5. *Comparative Anatomy.*—
6. *Physics.*—Ganot's Treatise on Physics.

MEDICAL SCHOLARSHIPS.

Two Medical Scholarships are given annually, value £20 per annum each, tenable for two years, the examinations for which are held each year in June, in the following subjects :—Anatomy, Physiology, Chemistry, Materia Medica, and Botany.

Medical School Exhibitions.

The professors of the University school give three exhibitions annually; two senior, value £15 and £10, open to all students who have been three years attending the school. The subjects being—Practice of Medicine, Surgery, Pathology, and Forensic Medicine.

One junior, value £15—the time and subjects of examination being the same as those for the Medical Scholarship.

Expense of obtaining the degree of Bachelor in Medicine and Master in Surgery in the University of Dublin :—Lectures, £49 7s.; Hospitals, £33 12s.; Degree Fees, £32, = £115 4s.; Private Tuition, say £20; total, £129 14s.

N.B.—As no degrees in Medicine or Surgery are conferred except upon graduates in Arts, the expense of the degree of Bachelor in Arts, amounting altogether to £83 4s., should be added to the foregoing, making the total cost something over £200.

The Board of Trinity College have recently passed orders :—1. That three-fourths of the courses of lectures must be in all cases attended. 2. That the system of perpetual pupils be abolished. 3. That a daily roll be called by each Professor. 4. Students in Arts shall be entitled to attend one course in Botany, and to receive a certificate free of charge. 5. Candidates for degrees and licenses in Surgery shall be required to attend one course only on Anatomy, for which he shall be charged three guineas. 6. The two courses delivered by the Professor of Surgery shall include practical instruction in

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(*a*) After the year 1874, candidates for this degree must be of the standing of Master in Arts.

(*a*) Students wishing to dissect during the fourth year can obtain this privilege on payment of One Guinea.

(*b*) The Student accompanying the Professor of Botany on the Botanical Excursion is required to have with him a copy of the London Catalogue of Plants, price 6d.; and either Babington's or Hooker's British Flora.

Operative Surgery on the dead subject; and for each the professor shall charge four guineas. 7. The professor shall charge three guineas for the winter lecture in Chemistry. 8. Laboratory instruction shall be substituted for the second course of chemistry, hitherto delivered, for which the Professor of Chemistry shall charge five guineas. 9. Students in Arts may attend the Professors of Surgery and Chemistry, and receive certificates on payment of half the fees. 10. That after Shrovetide, 1868, all candidates in Medicine shall produce certificates in practical Midwifery, including at least six deliveries.

9. That Students of the School of Physic shall be required to attend the Lectures of Erasmus Smith's Professor, on Heat, Electricity, and Magnetism, and shall be entitled to receive certificates of such attendance from the Professor, without the payment of a fee.

14. That Candidates for the Degree of Bachelor in Medicine shall be required to produce certificates of Six Months' instruction in Practical Midwifery, with Clinical Lectures.

15. The following Regulations respecting the payment of Dissecting Fees were finally adopted:—

(*a*) Students entering for Demonstrations and Dissections in the Dissecting Room of Trinity College, are required to pay the sum of Seven Guineas before the first day of December.

(*b*) Students entering for Dissections only, are required to pay Four Guineas before the first day of December.

(*c*) Students entering for Demonstrations only, are required to pay Three Guineas before the first day of December.

(*d*) Students of more than three years' standing in the Dissecting Room of Trinity College are privileged to use the Dissecting Room on payment of the sum of One Guinea on entrance.

16. That Two Years' attendance in Arts be required as a qualification for the Medical and Surgical Licences, in addition to the Medical and Surgical Courses.

17. That Candidates for the Degree of Bachelor in Medicine shall be, in future, required to produce a certificate of actual attendance upon cases of Fever.

Full particulars as to the Educational Staff, hours of Lectures, &c., in the School of Physic of the University will be found in our advertising columns.

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THE QUEEN'S UNIVERSITY IN IRELAND.

FACULTY OF MEDICINE.

DEGREE OF DOCTOR OF MEDICINE.

EACH candidate for the degree is required—

1. To have passed in one of the Queen's Colleges the examination for Matriculation in Arts (*a*), and to have been Matriculated in Medicine. 2. To have attended in one of the Queen's Colleges, Lectures on one Continental language for six months, and on Natural Philosophy for six months. 3. To have attended, in some one of the Queen's Colleges, two other courses of the Medical curriculum. For the remainder of the courses, certificates will be received from the Lecturers in Schools recognised by the Senate. 4. To pass two University Examinations—The First University Examination and the Degree Examination.

The curriculum of Medical study extends over four years, and is divided into two periods of two years each.

The first period comprises attendance on Chemistry, Natural History, Anatomy and Physiology, Practical Anatomy, and Materia Medica. Practical Chemistry in a recognised Laboratory is also to be attended during the first period, and the practice during six months of a Medico-Chirurgical Hospital, containing at least sixty beds, together with the Clinical Lectures delivered therein.

The second period comprises attendance on Anatomy and Physiology, Practical Anatomy, Theory and Practice of Surgery, Midwifery and Diseases of Women and Children, Theory and Practice of Medicine, Medical Jurisprudence. During this period Students attend Practical Midwifery, and eighteen months' practice of a Medico-Chirurgical Hospital, containing at least sixty beds, and in which clinical instruction is delivered.

At least two of the above courses of Lectures must be attended in some one of the Queen's Colleges; the remainder may be taken at the option of the candidate, in any University, College, or School recognised by the Senate of the Queen's University.

The University Examinations are held twice in each year, in June and September.

Each candidate for examination in June must forward to the Secretary, before the 1st of June, notice of his intention to offer himself, along with his certificates; and each candidate for examination in September or October must forward similar notice, along with his certificates, before the 1st of September.

THE FIRST UNIVERSITY EXAMINATION IN MEDICINE.

The First Examination may be passed either in June or September.

Students may present themselves for this Examination at the termination of the first period of the Curriculum, or at any subsequent period.

Before being examined, each candidate must produce evidence of having completed the course recommended for study during the first period.

HONOURS.

Competitors for Honours will be examined in all the subjects of the First Medical Examination, including Experimental Physics and Modern Languages.

DEGREE EXAMINATION IN MEDICINE.

Examinations for the M.D. will be held in June and September. The fee is £5.

Each candidate must produce—

1. A certificate from the Secretary of the Queen's University, that he has passed the previous examination, unless he presents himself for both examinations simultaneously.

2. From the Council of his College that he has passed a full examination for Matriculation in Arts, and has been admitted a Matriculated Student in the Faculty of Medicine.

3. That he has attended in the College lectures on one Modern Language, on Experimental Physics, and two other courses.

4. That he has completed all other prescribed courses.

The Degree Examination comprises the subjects recommended for study during the second period, along with Experimental Physics and one Modern Language, unless an Examination in these subjects has been already passed at the previous Medical Examination.

The examination for the Degree of M.Ch. comprises in addition an examination in Operative Surgery.

See advertisements of Queen's Colleges, Belfast and Cork.

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ROYAL COLLEGE OF SURGEONS.

VERY important alterations in the subjects and method of examination have been decided on by the Council of the College. These changes were adopted two years since, and as they are compulsory on all students who commenced after October, 1871, they should have come into operation, for the primary examination of such students, last July. For various reasons the time for carrying them into operation was, however, deferred until the first examination in December.

At its last meeting the Council definitely ordered that the next examination should be held according to this method. It is, however, probable that some unimportant alterations in the subjects may be made between this and next December.

The new method of examination is framed with the object of enabling the student to pass through his examinations *gradatim*, instead of being obliged to encounter the ordeal of the whole examination at one time. Thus, the divided examinations will be at once easier for the student

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(*a*) The following are the subjects of Examination:—Homer's *Iliad*, Books I., II. (omitting Catalogue of Ships), III.; Lucian's *Dialogues* (Walker's edition); Xenophon's *Anabasis*, Books I., II., III.; Virgil, *Æneid*, Books I., II., III.; Sallust; Horace, *Satires*; Latin Prose Composition; English Prose Composition; English History; Modern Geography; Arithmetic; Algebra, to the end of Simple Equations; Euclid, Books I., II., III.

and a much more rational and perfect test than the old system.

The old system is, however, continued for the present, to enable students who had already commenced their curriculum to complete it as had been originally intended. All students joining the Profession, or who have passed their first examination, should proceed upon the new system, as it will be easier and much more instructive.

It is necessary to note that the regulations published in the Student's Number of the *Lancet* and *Medical Times and Gazette*, are entirely inaccurate as regards the majority of students, and refer only to a few fourth year's students, who may possibly proceed according to the old system of examination.

THE NEW SYSTEM OF EXAMINATION.

The Sessional examinations essential for the granting of the Letters Testimonial are to be three in number, instead of two, as at present, and must be passed by the candidate within the following periods :—

(*a*) The Primary Examination, at any examination after the termination of the Second Summer Session.

(*b*) The Secondary, at any examination after the termination of the Third Summer Session.

(*c*) The Pass or Practical Examination, at any examination after the termination of the Fourth Summer Session.

Each examination will occupy two days, of which the first is to be devoted, in the Primary and Secondary Examinations, to the writing of answers to printed questions ; and in the Pass Examination, to clinical examination and operative surgery ; and in the second day, in all cases, to *viva voce*.

For the written examination four hours are to be allowed to candidates on the first day,—two in the forenoon and two in the afternoon ; but candidates may retire from the hall when they shall have completed their answers, and handed their papers to the Examiner.

The *viva voce* examinations commence on the day following the written examinations, and are continued from day to day until all candidates have been examined. Each candidate is examined for a quarter of an hour by each of the four examiners.

The Sessional Examinations commence on the second Tuesday in April and July, and the first Tuesday in December. The Primary and Secondary written examinations take place on the first day ; and the *viva voce* examination first of the Primary and afterwards of the Secondary class, are continued from day to day in the alphabetical order of candidates' names.

The candidates are to assemble in one of the rooms of the College, having been previously informed of the hour at which they are to attend by means of a note forwarded to their addresses through the post, and at the conclusion of the examination the result is communicated to them in the same manner.

For the Primary Examination : The subjects for this examination are—

a. Anatomy (bones, muscles, ligaments, chest, abdomen, urinary and genital organs).
b. Physiology of digestion and of absorption.
c. Chemistry (chemistry and physics, as applied to pharmacy and medicine).
d. Materia Medica and Medical Botany (not including prescriptions or pharmacy).
e. Principles of Surgery (inflammation and its consequences).

For this examination the candidate is required to produce the following certificates :—

(*a*) Practical Anatomy, with demonstrations and dissections, two winter sessions ; (*b*) Physiology, one course ; (*c*) Theoretical Chemistry, one course ; (*d*) Practical Chemistry, one course ; (*e*) Materia Medica, one course ; (*f*) Botany, one course ; (*g*) Surgery, one course ; (*h*) Eighteen months' hospital attendance.

Secondary Examination : The subjects for this examination are—

a. Anatomy (regional and surgical).
b. Physiology and Histology.
c. Surgery (general and theoretical).
d. Medicine (practical).

The description of anatomical specimens, and of microscopic histological preparations form part of the written examination.

Also the candidate is required to produce the following certificates, in addition to those required for the Primary Examination :—

(*a*) Physiology, two courses ; (*b*) Practical Anatomy, one course ; (*c*) Surgery, one course ; (*d*) Practice of Medicine, one course ; (*e*) Medical Jurisprudence, one course ; (*f*) Nine months' hospital attendance.

Final or Pass Examination : The subjects of this examition are—

a. Clinical Examination.
b. Surgical Operations.
c. Surgical Appliances.
d. Prescriptions.
e. Medical Jurisprudence.

Clinical Examinations.

The forenoon of the first day of the Pass Examination is devoted to Clinical Examination, and the afternoon to Operative Surgery.

The candidates attend at the College half an hour before the time fixed for the Clinical Examination, and a certain number of candidates, previously selected by lot to attend each hospital, are then informed as to the hospital at which they are to be examined, and proceed thither at once to meet their examiner.

On the afternoon of the same day the examinations in Operative Surgery and Surgical Appliances take place, and not less than two operations and three surgical appliances form the subjects of examination for each candidate.

The second day of the Pass Examinations is devoted to the writing of prescriptions and to Medical jurisprudence ; and each candidate is examined for one hour.

Midwifery Examination.

An examination in Midwifery is held at the same time as the Pass Examination ; the passing of which shall, however, not be compulsory on candidates for Letters Testimonial. Any candidate presenting himself for examination in that subject shall, if passed, receive the Midwifery Diploma without extra fee.

The candidate is required to produce the following certificates, in addition to those required for his two previous examinations :—(*a*) Midwifery, one course ; (*b*) Surgery, one course.

Marks to be Given.

The maximum number of marks which it shall be possible for any candidate to receive at any examination shall be fixed at 40 ; he shall not be allowed to pass unless his aggregate marks amount to 25 ; no examiner shall give a higher number than 10.

Fees to be paid by the Candidate in respect of each Examination.

1. Each registered pupil shall be admitted to the Primary Examinations on payment of a fee of £5 5s.

2. The fees for the Second and Final Examination shall be £5 5s. *each*, and a fee of £5 5s. shall be paid, in addition, previous to the Final Examination for the Diploma.

3. Any rejected candidate seeking re-examination shall pay an additional fee for such examination of £2 2s.

4. No fee shall be charged for the Midwifery Diploma to any candidate who may pass in Midwifery at his Final Examination, or the next following periodical examination.

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KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.

REGULATIONS RELATIVE TO THE LICENCE IN MEDICINE.

EXAMINATIONS are held on the second Tuesday in each month.

The name of every candidate, together with his Schedule and the required documents, must first be submitted to the College on the first Friday in each month, and no name can be received later than the Monday previous.

REGULATIONS RESPECTING THE LICENCES IN MEDICINE AND MIDWIFERY.

Candidates who have not obtained some Medical or surgical qualification must give proof of four years' study ; and of having studied Anatomy and Physiology, Practical Anatomy, Chemistry, Practical Chemistry, Materia Medica, Botany, Medical Jurisprudence, Practice of Medicine, and Pathology, Surgery, Midwifery.

Of having attended a Medico-Churnrgical Hospital, with Clinical Lectures, for twenty-seven months.

Of six months' Practical Midwifery at a hospital, or other evidence of having attended Practical Midwifery.

Testimonials of character from two registered Physicians or Surgeons.

A Candidate who has already obtained a Medical or Surgical Qualification is required to fill up a Schedule; but he is only required to produce his Diploma or Certificate of Registration, and the Certificate of Practical Midwifery, and Testimonials as to character.

The examination is partly by written questions, partly, *Vivâ Voce*, and partly Clinical, and divided into two parts:

First part—Anatomy, Physiology, Botany and Chemistry.

Second part—Materia Medica, Practice of Medicine, Medical Jurisprudence and Midwifery.

Candidates qualified as follows are required to undergo the second part only—viz., 1. Graduates in Medicine of a University. 2. Fellows, Members, or Licentiates, of the Colleges of Physicians of London or Edinburgh, admitted upon examination. 3. Graduates or Licentiates in Surgery. 4. Candidates who, having completed the curriculum, shall have passed the previous examination of any of the Licensing Corporations in the United Kingdom.

Under this last regulation gentlemen who have passed the first portion of the examination for the Licence of the Royal College of Surgeons of Ireland or the Royal College of Surgeons of England are exempted from the first part of the examination.

Candidates who have been five years in practice are not required to undergo the written or clinical portion of the examination.

REGULATIONS RELATIVE TO THE DIPLOMA IN MIDWIFERY.

Examinations for the diploma in Midwifery are held on the day after those for the Licence in Medicine.

Candidates not being Licentiates will be admitted on the following qualifications:—The Degree or Licence in Medicine or Surgery, with a Certificate of six months' Lectures on Midwifery, with six months at a recognised lying-in Hospital, or of having attended Practical Midwifery for six months at a recognised lying-in Hospital, or other evidence of having attended Practical Midwifery.

FEES FOR LICENCE AND EXAMINATIONS.

The Fee for the Licence is £15 15s.

The Fee for the Midwifery Diploma is £3 3s.

The Fee for the Licence in Medicine and Diploma in Midwifery, if taken out within one month, £16.

Further information and blank schedules may be obtained by application personally, or by letter, to the Registrar, College of Physicians, Kildare Street, Dublin.

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THE APOTHECARIES' HALL IRELAND.

THE ARTS' EXAMINATIONS

Will be held at the Hall four times in the year, viz., *the third* Thursday in the months of January, April, July, and October, at the hour of twelve o'clock noon. It will be conducted by means of printed Papers and *viva voce* by Special Examiners (Graduates in Arts of the University of Dublin), under the supervision of the Court of Directors; the Answers to the Papers will be required in Writing.

THE PROFESSIONAL EDUCATION AND EXAMINATIONS.

Every Candidate for *the Licence to practice* must produce Certificates—

1. Of having passed an Examination in Arts previously to professional study.
2. Of being at least twenty-one years of age, and of good moral character.
3. Of Apprenticeship to a qualified Apothecary, or *practical* Pharmacy with an Apothecary for *three* years subsequent to the examination in Arts.
4. Of *four* years' Professional Study.
5. Of having attended the following Courses, viz.:—

Chemistry, one Winter; Anatomy and Physiology, two Winters; Demonstrations and Dissections, two Winters; Botany and Natural History, one Summer; Practical Chemistry, three Months; Materia Medica, three Months; Principles and Practice of Medicine, one Winter; Midwifery and Diseases of Women and Children, six Months; Practical Midwifery (attendance upon twenty cases); Surgery, one Winter; Forensic Medicine, one Summer; Instruction in Vaccination.

6. Of having attended a recognised Hospital during two Winters and two Summers.
7. Of having performed the operation of Vaccination successfully under a recognised Vaccinator.

The Examination for *the Licence* is divided into two parts:

The FIRST PART comprehends Chemistry, Botany, Anatomy, Physiology, and Pharmacy.

The SECOND—Medicine, Surgery, Pathology, Therapeutics, Midwifery, Forensic Medicine, and Hygiene.

THE PROFESSIONAL EXAMINATIONS

Will be held *quarterly* on the first and second Monday in January, April, July, and October.

The FIRST PART, for Junior Students, on the *first* Monday at twelve o'clock noon; and on the Tuesday and Wednesday succeeding at the same hour.

Subjects:—Chemistry and Botany, *Monday*; Anatomy and Physiology, *Tuesday*; Pharmacy, *Wednesday*.

The SECOND PART, or Pass Examination for Senior Students, on the *second* Monday, at Twelve o'clock, noon; and on the Tuesday and Wednesday succeeding, at the same hour.

On Thursday, Clinical Examination.

Subjects:—Medicine and Surgery, *Monday*; Midwifery and Diseases of Women and Children, *Tuesday*; Forensic Medicine and Hygiene, *Wednesday*; Clinical Examination, *Thursday*.

The first two hours of each day will be devoted to writing Answers, and after that, two hours to an oral and practical Examination.

Doctors of Medicine, and Licentiates of a College of Physicians or Surgeons, who have served an Apprenticeship, or the required term at *practical* Pharmacy, may obtain the Licence by undergoing an Examination—the former in Pharmacy (a), and the latter in Medicine and Pharmacy. Licentiates of the London Society of Apothecaries are admitted *ad eundem*.

An *Honour* Examination for Apprentices is held in the first week in May, upon some subject of Medical or Pharmaceutical Chemistry, and a Prize of Five Guineas is awarded to the successful Competitor.

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MEDICAL SCHOOLS AND HOSPITALS.

THE Clinical Hospitals of Dublin are 10 in number, exclusive of the Cork Street Fever Hospital, the Children's Hospital in Pitt Street, the Dublin Eye and Ear Infirmary in Ely Place, and other special institutions. To some of these institutions Medical Schools are attached, others, though they have no actual or official connection with any school, are in close affinity with certain teaching bodies, while others again are without any special connection with any school. While, however, such affiliation of a school and hospital may exist, it should be remembered that the Dublin schools and hospitals are open to all comers, and the Student is competent to attend any hospital and any school he wishes. The restriction which rendered it obligatory for Candidates for the Medical Degrees of the University of Dublin to attend Sir Patrick Dun's Hospital, was recently abolished, and perfect "free trade" thus established.

SCHOOL OF PHYSIC AND SIR PATRICK DUN'S HOSPITAL.—The Medical School of Trinity College is one of the largest and most important, and in it the education of a large section of the Irish Medical Profession is carried out. It is especially frequented by those Students who intend to take the Arts' curriculum of the University, but is freely open to, and largely availed of by other Students. It is under the immediate supervision of the Reverend Professor Haughton, the Medical Registrar of the University, and the names of its Professors will be found appended to the advertisement in our Journal, and to the official regulations of the University. Two Medical Scholars are elected annually by the Board of Trinity College, at an Examination held at the end of June, subject to conditions stated in the College Calendar. Each Scholarship is worth £20 per annum, and is tenable for two years. The Professors of the School of Physic give three Exhibitions annually, amounting altogether in value to £40, subject to conditions prescribed by the Professors themselves.

(a) The Examination in Pharmacy will include Practical Pharmacy, Pharmaceutical Chemistry, Toxicology, Medical Botany, and the British Pharmacopœia. A full course of instruction on most of these subjects is delivered by Mr. C. R. C. Tichborne, F.C.S., Chemist to the Apothecaries' Hall. *Further particulars as to Mr. Tichborne's lectures and the dates of examination for the licenses of the Hall will be found in our advertising columns.*

Sir Patrick Dun's is the hospital attached by Act of Parliament to the School of Physic, and officered by the Professors of that School. It was for many years a purely Medical hospital, but is now a large Medico-Chirurgical hospital, with a Midwifery Maternity attached.

The Royal College of Surgeons School is situated within the walls of the College, and is under the superintendence of the Council, who appoint the Professors. The Introductory Address will be given on the last Monday in October, by Dr. Mapother. The Professor of Physiology commences his course with a series of twelve lectures on Comparative Anatomy—free to the public. The dissecting-rooms have been recently much enlarged. Prizes in Anatomy and Physiology, and Surgery, will be awarded at the end of the Winter Session.

The City of Dublin Hospital has been hitherto more closely connected with the College School than any other hospital. It is situated in Upper Baggot Street, about ten minutes' walk from the Royal College of Surgeons. The hospital contains 104 beds, and accommodates about 800 intern patients annually. There are special wards for ophthalmic and aural diseases (on which subjects a special course of lectures is delivered), and for diseases of children. A new wing has been lately opened for the reception of fever and other infectious diseases. The "Purser" Studentship of £20 per annum (with apartments) is obtainable by competitive examination by all students; numerous prizes and medals are given, and special certificates are granted.

The Catholic University School is situated in Cecilia Street, about ten minutes' walk from the University itself in St. Stephen's Green.

The Hospitals most closely connected with this School are St. Vincent's, in St. Stephen's Green; the Mater Misericordiæ Hospital, in Eccles Street; Jervis Street Hospital; and House of Industry Hospital.

St. Vincent's Hospital was established in 1834 by the Sisters of Charity, some of whom had studied the system of the Parisian hospitals, after which it was modelled. The ward for "*Enfants Malades*" is an interesting feature. The hospital has over a hundred beds constantly full, and each sister has charge of about twelve patients. In connection with it a Convalescent Home was established four years since at Stillorgan. The clinical instruction in medicine and surgery is given by Dr. Quinlan, Dr. Mapother, Dr. O'Leary, and Dr. Cryan. Senior and Junior Prizes in clinical medicine or surgery are awarded at the end of the Winter Session.

A respectable lodging-house in Lower Leeson Street (within a minute's walk of the hospital) provides lodgings for students, at from 5s. per week and upwards. Maintenance varies, according to the habits of the student, from 15s. to 25s. per week.

The Introductory Lecture will be delivered by Dr. Quinlan on Monday, November 3rd, at 10.30 a.m.

The Mater Misericordiæ Hospital is the largest of the Dublin hospitals, and is intended to be much extended. It is situated at the northern side of the town.

There are three resident pupils appointed every six months. Good lodgings can be had very cheap close to the hospital. Prizes to the value of £30 are awarded at the end of the Winter Session, for the best reports on the cases under treatment in the hospital. The Introductory Lecture will be delivered by Dr. Coppinger.

The Ledwich School was founded in 1810 by the well-known Dr. Kirby, and since then has fully sustained its prestige under the management of the Messrs. Ledwich and Mason, after the former of whom it is named. It is situated in Peter Street, not five minutes' walk from the College of Surgeons, the Meath, and Mercer's Hospitals, and in the same street with the Adelaide Hospital and the Anglesea branch of the Coombe Lying-in-Hospital, and ten minutes' from the Catholic University School, the School of Physic, and the City of Dublin Hospital.

Dr. Foot, Physician to the Meath Hospital, will deliver the Introductory Lecture on Saturday, November 1st, at twelve o'clock.

The Carmichael School is situated in North Brunswick Street.

The various lectures are now delivered, and the dissections carried on in the new building, which the munificence of the late Surgeon Carmichael has given to the proprietors. As the building was designed with special reference to the requirements of a large Medical class, every convenience is afforded to the student in the prosecution of his studies.

The connection of this School with the Richmond, Whitworth, and Hardwicke, Meath and Jervis Street Hospitals, through its teachers, ensures equal opportunities to the pupils of becoming thoroughly acquainted with the more immediately practical part of their profession.

Arrangements have now been completed for rendering more available the Carmichael premium bequest, which enables the proprietors to distribute prizes to the amount of £60 yearly; and the Scholarship, value £15 yearly, which the friends of the late Dr. Mayne founded in his name, is allotted at the termination of the Winter Session.

To fill the vacancies which have recently occurred, the following appointments have been made:—

1. Joint Lecturer on Anatomy and Physiology—Reuben J. Harvey, M.B., Ch.M., T.C.D., late Demonstrator of Anatomy, School of Medicine, Trinity College, Dublin.
2. Joint Lecturer on Descriptive, Practical, and Surgical Anatomy—Gerald F. Yeo, M.D., Ch.M., T.C.D., L.R.C.S.I., Assistant Physician to the Richmond, Whitworth, and Hardwicke Hospitals.

Dr. Harvey is already known as a teacher, and his original investigations on the Development of Endothelial Cells, which were fortunate enough to secure the approbation of Stricker, were published in the "Medizinische Jahrbücher" for 1871. Dr. Yeo's paper containing his researches "On the Structure of Inflamed Lymphatic Glands," had the honour of appearing in the same periodical. Dr. Yeo's name also appears on the distinguished roll of Pathological Gold Medallists.

Richmond, Whitworth, and Hardwicke Hospitals, North Brunswick Street.

These Hospitals contain 312 beds; 110 for Surgical cases, 82 for Medical cases, and 120 for fever and other epidemic diseases. During the past year 3,388 patients were admitted, presenting to students the most ample opportunities for studying every form of disease.

An extensive Dispensary establishment for out-door patients is attached. During the past year 15,784 patients were treated—in the Surgical hospital, 11,505, and in the Medical, 4,279. The Dispensary establishment for the Medical hospitals is now carried on in a large new building erected for the purpose.

The Truss Establishment, for the distribution of trusses to the ruptured poor of Ireland, is connected with these hospitals. In the examination of the applicants, the student is afforded the facility not only of seeing all the varieties of hernia, but of acquiring a knowledge of the several diseases that may be confounded therewith.

Eight resident Clinical Clerks are appointed each half-year, and provided with furnished apartments, fuel, &c., &c.

These appointments are open not only to advanced students, as formerly, but also to those who are qualified in medicine or surgery.

The Richmond Institution for the Insane, containing 1,000 beds, adjoins these hospitals, affording every facility for the study of mental diseases.

The Carmichael School of Medicine, in which all the courses of lectures required by the different colleges are delivered, is also in the immediate vicinity of these hospitals; the student is thus furnished with every facility for completing his professional education.

Dr. Steevens' Hospital and School are situated close to the Kingsbridge Terminus of the Great Southern and Western Railway, and therefore occupy a position of their own, far removed from the other Medical institutions.

Immediately adjoining is St. Patrick's (Swift's) Asylum for the Insane.

There is accommodation for residence of seven surgical and four Medical residents; besides whom the Resident-Surgeon receives house pupils. The fees payable for the privilege of residence are 21 guineas, winter; 15 guineas, summer six months, including hospital ticket; students have apartments, coal, gas, and furniture.

Accommodation outside the hospital, in the neighbourhood, is arranged by the hospital authorities.

PRIZES.

Three Cusack Medical and Exhibition, of £8, £5, £3; two Midwifery Assistants, £30 each; one Medical Clinical Prize, £10 10s.; one Surgical Prize, £10 10s.

The session opens with the distribution of prizes in the first week in November.

As we have said, certain hospitals have no special affinity with any College or School. Of these are the Meath and Adelaide Hospitals.

The **Adelaide Hospital** is in Peter Street, next door to the Ledwich School, and within a few minutes' walk of the College of Surgeons and the Universities. From the 1st of October the physicians and surgeons will visit the wards, and give instructions at the bedside, at the advertised hours. The course of clinical lectures will commence in the beginning of November.

There are fever wards apart from the hospital, and two wards for infants and children. Special hours are devoted to clinical instruction in the Diseases peculiar to Women, the Diseases of the Eye, and Cutaneous Diseases, and students are individually instructed in the use of the Stethoscope, Ophthalmoscope, Laryngoscope, and Microscope. Two resident pupils are selected half-yearly. Prize examinations are held at the termination of the session; in addition a Prize of the value of £5, founded by Dr. Knaggs of Australia, a former pupil of the hospital, is awarded in June, annually.

SPECIAL HOSPITALS.

The Special Hospitals of Dublin are the Westmoreland Lock Hospital, Cork Street Fever Hospital, Pitt Street Children's Infirmary, the Dublin Eye and Ear Infirmary, St. Mark's Ophthalmic Hospital, and the National Eye and Ear Infirmary.

The **Pitt Street Children's Infirmary** is situated close to Mercer's Hospital and the College of Surgeons. It was founded to provide treatment specially for children, and to teach that special branch of disease. Dr. Moore and Dr. Churchill, senior, are the Medical Officers.

The **Dublin Infirmary for Diseases of the Eye and Ear** was founded in the course of this year. It accommodates eighteen beds, and has for its chief surgeon Dr. Jacob, formerly Ophthalmic and Aural Surgeon to the City of Dublin Hospital; and for its consultants, Mr. Porter, Surgeon to the Queen in Ireland, Dr. Evory Kennedy, and Dr. John Cronyn. At the Dispensary every form of disease of the eye or ear is seen thrice weekly, and operations are performed on Tuesdays and Thursdays at four o'clock. Particulars of fees for attendance may be had from Dr. Jacob.

St. Mark's Ophthalmic Hospital and Dispensary for Diseases of the Eye and Ear.—Attending Surgeons: Sir William Wilde, M.D., F.R.C.S., Surgeon-Oculist in Ireland to Her Majesty; Henry Wilson, F.R.C.S., Professor of Ophthalmic and Aural Surgery, R.C.S., Examiner in the University of Dublin. Assistant-Surgeon, Richard Rainsford, M.B., M.Ch., Demonstrator of Anatomy, Ledwich School of Medicine. Instruction is given on the mornings of Mondays, Tuesdays, Thursdays, and Fridays from eleven to one o'clock, and operations performed on Wednesdays and Saturdays from eleven to one o'clock. Fee: for three months' attendance, £3 3s.

LYING-IN HOSPITALS.

Rotunda Hospital.—This well-known institution is the largest and oldest maternity hospital in the United Kingdom, and the repute in which it is held attracts students from all parts of the world. It accommodates an average of 1,700 intern patients, including those admitted to the chronic wards labouring under the various forms of uterine complaints, and is under the care of the Master, who is elected every seven years, and two assistants, who hold these appointments for three years. The Mastership is at present held by Dr. Johnston, and the assistants are Dr. Cranny and Dr. Macan. There is, in addition, an external maternity department, where patients procuring a ticket properly signed, can be attended at their homes; also, a dispensary, is held every morning for diseases of women and children. Clinical instruction is given each morning both in the labour as well as in the chronic wards, and two courses of lectures are delivered in the year, which are recognised by all the licensing bodies.

A student entering for the practice of the hospital pays a fee of £10 10s. for six months. During that time he is required to attend at least thirty cases, either within the walls of the hospital or at the residence of patients who may apply for assistance. For this course of study, on examination, a diploma is given, which is received as a qualification in midwifery in the public services.

A limited number of students are admitted to reside in the hospital, for which they pay a fee of twenty guineas for six months.

◆

IRISH PROVINCIAL SCHOOLS.

QUEEN'S COLLEGE, BELFAST.

The first Matriculation Examination will commence on October 23. There will be an additional Matriculation examination on the 18th November for those who have not been able to present themselves at the first. Lectures will commence on Nov. 4. No Medical student can be permitted to enter after the 18th of Nov. Two junior scholarships, value £25 each, are awarded to matriculated students commencing the first year of their study. The examination for these will take place immediately after the first Matriculation Examination. Two of similar value to students of the second year, two to students of the third year, and two to students of the fourth year.

For the subjects of examination and other information see Queen's College Calendar for 1873. At the termination of the Session, prizes will be awarded for proficiency in the several classes.

The Trustees of the "Charters' Educational Fund," grant annually a sum of £50 for an exhibition in connection with the Belfast School of Medicine. The competitive examination for this exhibition will be held at the end of the Session, at which all Medical students can compete.

Fees.—Practical chemistry, £3. Anatomy and physiology, first course, £3; subsequent course, £2. Anatomical demonstrations and practical anatomy, each course, £3. For subjects each Session, 15s. Other Medical lectures, first course, £2, each subsequent course, £1.

A detail of the prizes and exhibitions in arts and medicine, the names of the Professors, and other information, *will be found in the advertisement* of this issue, and full details may be had on application to the Rev. Richard Oulton, B.D., Registrar.

QUEEN'S COLLEGE, GALWAY.

The College Session is divided into three terms. The first term commences in October.

Matriculation.

The Matriculation Examination is held at the commencement of the first term; but additional examinations are held before the close of the term. The last Matriculation Examination is held on the 16th November. Each candidate before being admitted to examination must pay a fee of 10s., which will be returned to such as fail to pass.

Attendance on Lectures.

All students shall pay the College fee, and a moiety of their class fees, and enter their names with the Registrar, before they are admitted to the classes of the several Professors. No student shall have his name replaced on the rolls at the second term who has not paid the second moiety of his class fees. No student shall be regarded as having kept a course of lectures who has not attended two-thirds of the entire number.

Examination.

A Sessional Examination is held at the close of each Session in the subjects of lectures. There is also a Supplementary Examination on the same subjects at the commencement of the following session.

Scholarships.

Eight Junior Scholarships, of the value of £25 each, are awarded to students pursuing the course for the degree of

M.D. The examinations for junior scholarships are held at the commencement of the first term. Junior scholars are exempted from one moiety of the class fees. The College is empowered to award exhibitions, varying in value from £12 to £18, at the same examinations as the scholarships, and to be held upon the same terms.

◆

RELATIVE COST OF MEDICAL EDUCATION IN IRELAND.

University of Dublin, M.B. and M.Ch.	£	s.	d.
I. Lectures	49	12	0
II. Hospitals	33	12	0
III. Degrees	32	0	0
	115	4	0
Expense of Degree in Arts	83	4	0
Total	£198	8	0
Queen's University M.D. and M.Ch.			
If two years' Lectures and Hospital be taken in Dublin, about	£67	0	0
Colleges of Surgeons and Physicians.			
About	£140	0	0

On these terms a reduction may be made by cash payments to Hospital and College at the commencement of study.

◆

DAYS AND HOURS OF THE INTRODUCTORY LECTURES

To be delivered at the different Medical Schools.

Charing Cross Hospital—Mr. Bellamy—Oct. 1st, 3 p.m.
St. George's Hospital—Mr. Brudenell Carter—Oct. 1st, 2 p.m.
Guy's Hospital—Mr. Hinton—Oct. 1st, 2 p.m.
King's College—Prof. Sheppard—Oct. 1st, 4 p.m.
London Hospital—Dr. Prosser James—Oct. 1st, 3 p.m.
St. Mary's Hospital—Dr. Shepherd—Oct. 1st, 3 p.m.
Middlesex Hospital—Mr. Morris—Oct. 1st, 3 p.m.
St. Thomas's Hospital—Dr. Harley—Oct. 1st, 2 p.m.
University College—Dr. Roberts—Oct. 1st, 3 p.m.
Westminster Hospital—Mr. Cowell—Oct. 1st. 3 p.m.
Royal Veterinary College—Professor Cobbold—Oct. 1st, 1 p.m.
Durham University—Dr. Luke Armstrong—Oct. 1st, 2 p.m.
Queen's College, Birmingham—Prof. Clay—Oct. 1st, 3 p.m.
Leeds School of Medicine—Mr. Scattergood—Oct. 1st, 12 a.m.
Liverpool Royal Infirmary and School of Medicine—Dr. Richard Caton—Oct. 1st, 3 p.m.
Manchester Royal School of Medicine—Prof. Gamgee—Oct. 1st.
Sheffield School of Medicine—Mr. H. Jackson—Oct. 1st, 4 p.m.
Edinburgh University—Sir Alex. Grant—Nov. 3rd, 2 p.m.
School of Medicine, Edinburgh—Dr. George Balfour—Nov. 3rd, 11 p.m.
Owens College, Manchester—Oct. 7th.
Aberdeen University—Oct. 20th.
Anderson's University, Glasgow—Oct. 28th.
London School of Dental Surgery—Oct. 1st.
School of Medicine, Bristol—Oct. 1st.

◆

MEDICAL TUTORS IN LONDON.

Mr. Hanbury, M.A., of 24 Old Square, Lincoln's Inn, W.C., prepares gentlemen for Matriculation and P.Sc.Ex. at the London University, and the Preliminary Examinations at the Royal College of Surgeons.

Mr. D. **Murray**, B.A., of 9 Wray Crescent, Tollington Park, Holloway, N., prepares gentlemen for the Preliminary Examinations at the Royal College of Surgeons, Apothecaries' Hall, Matriculation, &c.

Mr. **Thomas Cooke**, F.R.C.S., has classes of Anatomy and Physiology for the first M.B., the Primary M.R.C.S. and F.R.C.S. Exams., at his residence.

NOTICES TO CORRESPONDENTS.

☞ We beg to thank those gentlemen who have favoured us with returns enabling us to present in a single number the information necessary for students in the three kingdoms.

Notice as to Additional Information.—Where further details are wanted than those given in the foregoing pages, it will generally be found on reference to our advertisement columns at the end of the Journal.

Dr. C. B.—The article will appear, if possible, in our next.

Dr. J. W. G.—Your remarks will receive due consideration when the subject is again before us.

Dr. A. L., Salop.—We are unable to give so much space just at present.

Amicus.—Your letter will appear in our next.

C. B. C. T.—Received, and in the printer's hands for early insertion.

Mr. **Savile**, Hull, is thanked.

Mr. E. S.—The correspondence spreads over several numbers; you must address the publisher, stating which you require.

Association of Certifying Medical Officers.—We are requested to state that the annual meeting of this Association will take place at the Great Northern Hotel, Leeds, on Friday next, at 2 p.m., when an address will be delivered by the president, Dr. Arlidge.

Mr H. E., London, is thanked for his complimentary note. He will find us as unswerving in our purpose in the future as during the past.

Communications, with Enclosures, &c., have been received from—Dr. Haldane, Edinburgh. Dr. Stannus Hughes, Dublin. Mr. Jabez Hogg, London. Dr. Cheadle, London. Dr. McAdam, Edinburgh. Dr. Eddison, Leeds. Mr. Trenham Reeks, Royal School of Mines. Dr. Lombard, Leamington. Dr. Beverley Robinson, New York. Dr. Hogg, Meerut, India. Dr. Reeves, Melbourne, Australia. Mr. Nettensfeld, Bristol. Mr. Tuffnell, Dublin. Mr. Francis Mason, London. The Secretary National Science Association. Dr. Farre, London. Dr. Murray, Kingstown. Mr. Alexander, Hammersmith. Mr. J. W. Cunningham, Killarney. Mr. Teevan, London. Mr. Hanbury, London. Mr. Bradley, Liverpool. Secretary City of London Hospital. Secretary Hospital for Diseases of the Throat. Mr. Murray, Holloway. Dr. Duncan, Glasgow. Mr. Dobbin, Brompton. Mr. Blyth, Royal Free Hospital. Mr. Milton, London. Mr. Keene, London. Mr. Robertson, Edinburgh. Mr. Cowell, Belgravia. Mr. Reynolds, Drumlish. Mr. Warren, Langport. Dr. Burder, Bristol. Dr. Crichton Browne, Wakefield. Dr. Robertson, London. Mr. Whitfield, London. Dr. Barclay, London. Mr. Hutchinson, London. Dr. Cranke, Ulverstone. Dr. Gowlland, London. Dr. Hamilton, Dublin. Dr. Atthill, Dublin. Dr. Tweedy, Dublin. Dr. Macnaughton Jones, Cork. Dr. Carleton, Crossakeel. Dr. Hayward, Liverpool. Dr. Kelly, Dublin. Dr. Purdon, Belfast. Dr. Moffett, Galway. Mr. Wilson, Dublin. Dr. Thomas, Glasgow. Mr. Gerrard, London. Dr. Mapother, Dublin. Mr. Tichborne, Dublin. Mr. Savile, Driffield. Dr. Lane, Ludlow. Dr. Finny, Dublin. Dr. Hayes, Dublin. Dr. Stokes, Dublin. Mr. E. Baugh, London. Mr. Cornish, Birmingham. Dr. McCall Anderson, Glasgow. The Secretary of the Local Government Board. Dr. Johnson, London. Dr. Morell Mackenzie, London. Dr. Macrobin, Aberdeen. Dr. McDermott, Poyntzpass. Dr. Deverell, Ardglass. Dr. Kelly, Drogheda. Dr. Wood, Cashel. Dr. Gilmore, Malin. Dr. Massy, Ravensdale. Dr. Marsh, London. Dr. Thompson, Omagh. Dr. Fitzgerald, Carrick-on-Suir. Dr. Diamond, Rasharkin. Dr. Waddy, Wexford. Dr. McMunn, Ballymote. Dr. Shanley, Strokestown. Dr. Ryan, Castleconnell. Dr. Sadleir, Fermoy. Dr. Reardon, Kildanery. Dr. O'Reilly, Trim. Dr. Brownrigg, Dublin. Dr. Barker, Dublin. Dr. Leary, Castlederg. Dr. Knight, Clones. Dr. O'Connell, Kilmallock. Dr. Moorhead, Tullamore. Dr. Crean, Clonmel. Dr. Corley, Dublin. Dr. Kirkpatrick, Dublin. Dr. Mulligan, Flurry Bridge. Dr. Myles, Colehill. Dr. Foreman, Ballynahinch. Dr. Sheedy, Kilmallock. Mr. W. Adams, London. Mr. Furneaux Jordan, Birmingham. Dr. Bartle, Liverpool. Mr. Macclehose, Glasgow. Dr. Campbell Black, Glasgow. Mr. Procter, Newcastle.

◆

VACANCIES.

East London Hospital for Children and Dispensary for Women. Assistant Physician. Honorarium, £25. (See advt.)

Eastern Dispensary, Bath. Resident Medical Officer. Salary £80 per annum, rising to £100, furnished apartments, &c. Applications before 24th inst., to Francis Savage, Hon. Secretary.

Ennis Union, co. Clare. Medical Officer, Public Vaccinator, and Registrar of Births, &c., for the Crusheen Dispensary District. Salary £90 per annum and fees.

Guest Hospital, Dudley. Resident Medical Officer. Salary £120 per annum, furnished residence, board, &c.

Kanturk Union, co. Cork. Apothecary for the Newmarket Dispensary. Salary £50 per annum. Applications, 5th October, to George Smith, Hon. Sec., Newmarket, Cork.

Langport Union, Somersetshire. Medical Officer to the Workhouse. Salary £35 per annum. (See advt.)

Liverpool Dispensaries. Hon. Medical Officer to the South Dispensary. Apply to W. Lister, Secretary.

Manchester Royal Infirmary. Pathological Registrar. Salary £100 per annum. Address, 20th inst., to the Chairman of the Weekly Board.

Morpeth Dispensary. House-Surgeon. Salary £110 per annum, furnished house, &c.

Newport Union, co. Mayo. Medical Officer, Public Vaccinator, and Registrar of Births, &c., for the Ballycroy Division of the Achill Dispensary District. Salary £100 per annum and fees.

Rotherham Rural Sanitary District. Medical Officer of Health for the Rotherham and Kimberworth Divisions. Applications to be addressed to John Barras, Clerk to the Authority.

Royal London Ophthalmic Hospital. Curator; Assistant-Surgeon. Address Robert J. Newstead, Secretary.

St. Thomas's Hospital. Resident Assistant-Surgeon. Salary £100 per annum, furnished apartments, and commons. Applications before 20th instant, to A. D. Triton, Treasurer's Clerk.

Sunderland Urban and Port Sanitary District. Medical Officer of Health. Salary £500 per annum for five years.

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Y 791. NON-DISPENSING PRACTICE. In a prosperous town containing 16,000 inhabitants. Receipts £600 a year. There is very little night work, and all appointments have been declined. The expenses are small, no horse or carriage being required. The residence is convenient, with garden, &c., at a low rent.

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Y 789. PARTNERSHIP. Within 25 miles of LONDON, in a first-class family PRACTICE realising on an average upwards of £1,700 a year. Appointments £165. Midwifery fees from £1 1s. to £5 5s. One assistant is employed. Only one opponent, who is aged. A third share, with succession to half, for disposal. The connexion, which is very old-established, includes the best residents in the district. The midwifery cases average about 76 in the year. The partner must be doubly qualified, accustomed to good society, and well up in his profession. Premium, two years' purchase on the share taken.

Y 786. PARTNERSHIP with succession within 40 miles of LONDON. The PRACTICE has been held by present incumbent for nearly 20 years, and realises on an average over £1,500 a year. It is situate in a small but prosperous town, and there is only one opponent. Three horses are kept, and one assistant is employed. Appointments bring in £230 a year. The residence is large and commodious, suitable for the reception of patients. It stands in its own grounds, with coach-house, stabling, &c. Being the vendor's freehold it can be sold or let. Under a partnership arrangement, the introduction could be as long as desired. No gentleman without £1,000 at his present command can be negociated with.

Y 788. NUCLEUS of good PRACTICE at the WEST END. Receipts about £400 a year. There is great scope for increase. Satisfactory reasons for leaving. Terms moderate.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 24, 1873.

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MEMORANDA ON FACIAL ULCERS, SYCOSIS, AND ACNE.

By E. D. Mapother,

Surgeon to St. Vincent's Hospital, Professor and Member of Council, Royal College of Surgeons, and late Examiner in Surgery, Queen's University.

In conjunction with Dr. Clarke, of the Dublin Recruiting District, I have lately treated an ulcer involving the greater part of the left half of the face, and the case seems to me worthy of record. The patient was a healthy married lady, æt. 38. Eight years previously the ulcer had formed, and never had completely healed, although its size had on three occasions lessened considerably. The surface was shining and level without any defined granulations. The edge was somewhat irregular. It was painless except when dressings were being removed. There was no glandular enlargement, nor the least interference with health. The surface was dressed with a mixture of citrine ointment, and ⅛th part carbolic acid, poulticing with bread and water being substituted when the surface became tender. Donovan's solution was ordered in thirty-drop doses thrice daily. Under this treatment the ulcer healed in about five weeks, leaving a scar a little darker in tint than the skin, and with an edge slightly puckered somewhat in the manner of keloid. It has now remained in the same state for three months.

I have since treated a lady in the suburbs for an ulcer near the outer canthus, which presents more of the characters of Jacob's ulcer. It was about as large as a sixpence, covered with a brown fetid scab, and had existed for over ten years, beginning when the patient was fifty-five. This patient was a great sufferer from gout, and from its frequent concomitant, eczema of the legs. Having poulticed off the scab, I used the same ointment and medicine as in the former case with success, so far as I can judge, for it is possible the ulcer may re-open. Ever since Jacob described rodent ulcers in 1823, excision has been regarded as the sole remedial step, but in some cases it is not available. For instance, the ulcer was too large in the first case detailed, and in the second the patient refused to submit to operation, as she had done six years ago when the suggestion was made by a most eminent consulting surgeon.

The efficacy of caustic potash in the Delhi ulcer encourages one in the use of that and other caustics, and it is not impossible that our rodent ulcer may be due to a parasitic cause, as has been proven in the case of the Delhi ulcer, by Dr. Fleming, of the Army Medical Department.

The same local application and alterative have cured a case of sycosis menti which was lately under my observation. The disease was not parasitic, but most obstinate and extensive. Before I tried citrine ointment and carbolic acid, with Donovan's solution internally, I had used lotions of chloride of mercury, cyanide of potassium, and several other applications without any benefit.

Messrs. Hamilton and Long inform me that Sir P. Crampton frequently prescribed in sycosis and other eruptions on the face, a mixture of equal parts of citrine ointment, tar ointment, and sulphur ointment.

It is right to acknowledge that Donovan's solution has proved worthless in several cases of acne which I have treated at St. Vincent's Hospital and in private practice. Two of the patients were females, who menstruated regularly, and showed every other sign of general health. The disease was simple acne without suppuration or much obstruction of the sebaceous glands. One was completely cured, and the other greatly benefited by the drinking of the Lisdoonvarna sulphur water, and the use of it twice daily in bathing the face.

There is at present in St. Vincent's Hospital, a girl, æt. 10 only, who is affected with acne extensively over the face. Under the use of a tepid bath daily, very nutritive diet, and syrup of iodide of iron, the papules have lessened rapidly in size and colour. In her case, as in many others, the diathesis was evidently strumous.

ON THE CLIMATE OF GUERNSEY.

By Charles R. Drysdale, M.D., M.R.C.P.,

Physician to the North London Consumption Hospital, Senior Physician to the Metropolitan Free Hospital.

Having recently spent a short time in the island of Guernsey, I have learnt to appreciate the many advantages of that spot as a residence for the sick, and should like to state what I believe these to be.

The climate of Guernsey may perhaps be considered as intermediate between that of the coast of France of similar latitude and the south-western districts of England, but it seems to have some peculiarities, which make it important to certain classes of patients. Guernsey is much milder in winter than the coast of France, and is warmer at all seasons than the south of England. It has been compared to Penzance in one respect: in the warmth of its nights in winter.

The mean temperature of the island seems to be about 52° F., the maximum being about 80°, and the minimum temperature 27° F. The mean temperature of the winter is about 43°; that of the spring, about 50°; of the summer, about 62°; and of the autumn, about 56°. There are said to be about 33 inches of rainfall annually; and somewhere about 170 days in which rain falls. Winds blow from the S. and S.W. about 307 days in the year, from the W. and N.W. about 343 days, from the E. and S.E. 146 days, and from the N. and N.E. some 300 days. Hence it will be seen that the west wind is the prevailing one.

The variations of the thermometer are not very extensive in Guernsey, as the heat rarely rises to 80° and seldom falls below 35°, so that the freezing point is rarely attained, and frost is not durable. Snow is said never to remain on the ground many days consecutively, although cold weather has prevailed for some winters past.

Easterly winds prevail in the early spring, until the month of May; and this is the most trying season of the year to invalids frequenting the island of Guernsey. The summer, however, is delightful, and so mild, comparatively, is the winter, that many persons fond of sea-bathing keep on their baths throughout that season; and I may say in passing, that at St. Peter's Port the comfort and convenience of both male and female bathers have been most wisely attended to, by the construction of artificial ponds of sea-water, filled at each tide, which permit of bathing being carried on without machines at all hours of the day or tide. All honour to the citizens of that city for this!

The temperature of the Guernsey autumn is higher than that of most places in its latitude (49° 26′ N.L.); and this is considered by some to be the most delightful season of the year. *Le petit été de Saint Michel*, as it is called, or the "Michælmas Summer," is proverbial in the island. From October till January, weather is mild and variable, with west winds; although sometimes very tempestuous and rainy.

The climate is far from being a damp one, however, and the formation of the rocks, which are composed of gneiss and basalt throughout the island, causes the roads to become rapidly dry after rain, so that out-of-door exercise on foot is possible on almost every day in the year. The rainfall (33 inches) is somewhat similar to that found in the Isle of Wight (33·60), at Penzance (45), or at Hastings (33).

The island of Guernsey is said to be singularly free from epidemics; and one reason of this, of course, is to be traced to its freedom from very great poverty of any kind. Thus, at the "Hospital" of St. Peter's Port—an institution which, like some of its fellows in France, combines the properties of a hospital for the sick and a workhouse as we understand it—I found not a single able-bodied male inmate, when I visited it, among the pauper inmates. The whole cost of the establishment last year (1872) was £2,400 for the inmates, including the sick, and £2,700 for out-door relief. There were only 150 inmates in the "Hospital" when I visited it, mostly women, children, and old men unfit for work. This, out of a population of 30,500 inhabitants, is, with the addition of some country pensioners at Catel, but a small tax to pay for sickness and poverty; and the porter, an old cavalry soldier, might well be excused for his enthusiastic expression to me, that this Guernsey was an island "favoured by God."

Such persons as are familiar with the advantages which the peasant properties of the Channel Islands, in common with those of France, confer on the population of these happy countries, as compared with England and poor cottier-ridden Ireland (*vide Daily News*, Sept. 6, 1873), will be able to understand how it is that epidemics of cholera or typhus, or other pestilences, are so very rare among the well-fed and comfortably-housed peasantry of this favoured island. There is also, I believe, no intermittent fever on the island, although it used to exist in the Vale parish.

Scarlatina, measles, and other exanthemata are said to be ordinarily rather mild in Guernsey; but everyone knows that no general rule can be laid down as to such intensely contagious diseases. Diphtheria has sometimes been epidemic. I cannot find any very accurate information concerning the occurrence of pulmonary consumption in Guernsey; but from what I heard, I judge that, although it is the reigning cause of death here as elsewhere in early adult life, it is not so frequent as in the population of England in general. This I am the more inclined to believe because *à priori* considerations would lead me to the conclusion, seeing that such a large proportion of the Guernsey population is occupied in pursuits connected some way or other with life out of doors.

It seems to me that Guernsey is a most valuable climate in cases of bronchial asthma, in chronic bronchitis, emphysema, or in consumptive cases where there is much bronchitis; and I know of no place which combines so many of the comforts of English homes with the advantages arising from a plentiful supply of superb cream and milk, admirable fruit, and succulent vegetables; and the serenity and quiet of country life combined with all the comforts of London, are obtainable in the chief town, St. Peter's Port, where there are circulating libraries, clubs, and assemblies to pass the lagging time of the invalid. The quaint admixture of French, which is spoken by all natives and preached in its purity in all the churches, serves to lend a variety to the place which relieves the dulness so common and so oppressively felt in most English provincial towns, however large, after residence in London or Paris.

The extreme mildness of the winter is, however, best gauged, perhaps, by the profusion of delicate plants which grow out of doors in Guernsey. Fuchsias grow like weeds in every garden, and are used as hedges near the humblest cottages. Hydrangeas, very large and varied in hue, are seen on all sides; and magnolia trees of lofty stature, with immense aloe trees, are constantly met with in the Hauteville, where Victor Hugo lives at present, and throughout the little island, which contains entirely only some 10,000 acres, and can be explored, on foot or *en voiture*, in a few days.

Persons coming from hot climates—such as India—would often do well to spend a winter in Guernsey, instead of frequenting London or any more northern town; and in many instances of great debility, or in the convalescence after fevers or serious disease, I am convinced that a trip thither would be the readiest method of regaining vitality and capability of resistance to changes of temperature. On the whole, I feel surprised that so many persons expatriate themselves to Pau or the South of France, when they could find a better climate so near London, replete with so many home comforts, and at once so interesting and so beautiful. The only disagreeable quality of Guernsey resides in its being an island, and thus necessitating a longish sea passage, that from

Weymouth—the shortest—being at its minimum some seven hours. Whether this difficulty could be superseded by proceeding to the island *vià* Jersey and St. Malo, by Boulogne and Havre, is doubtful; because, even by that route, two short sea voyages of two or three hours each are required. Sea-sickness is such a terrible evil to some poor invalids that this is a real barrier; but by breaking the journey at Weymouth—itself a very healthy residence for invalids with bronchial affections—a calm sea may be occasionally obtained.

N.B. Much as I have heard of remedies against sea-sickness, I am, like the steward of one of the Guernsey boats, a sceptic anent all remedies for this terrible malady, and think that the recumbent posture alone can afford any alleviation to the unfortunates who suffer from it. But I shall be too glad to be convinced of my error, if any one will take the trouble.

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ON THE PRESERVATION OF HEALTH IN WEST AFRICA.

By Henry MacCormac, M.D., Belfast.

I was at one period of my life, during the greater portion of a year, in West Africa, and had a taste of its climate. Very young and very inexperienced was I at the time, and I suffered a good deal from indisposition, having had several turns of the fever of the place. Therefore it is that I should like to offer a hint or two to those who may be engaged in the approaching expedition, and others, as to what they ought to do and ought not to do in Africa. They ought not to walk about without an umbrella in the great heats of the day or climb the mountains, as I did, at noonday and on foot. They ought to go out, indeed, as little as possible during the great heats. Wettings—and the tropical rains wet thoroughly—are very inexpedient. I was repeatedly out all night skirting the mangroves and immersed in the heavy mists and drenching dews on the great river that runs into the sea at or nigh Sierra Leone. I was also oftener than once upon it by day. I explored the mangrove swamps, and I made various expeditions into the woods. I only mention these things in order that, so far as may be, they should be avoided. Of course the exigencies of service must entail more or less inevitable exposure, but under almost every circumstance there will be more or less choice of alternatives, and scope for prudence and caution as well.

The fulness of habit which Europeans, and particularly young men, very often bring with them to the tropics I look upon as highly prejudicial. I am no advocate for starvation, or for total abstinence either; but if those who visit regions so very different in certain respects from our own were to practise great circumspection, and limit their food and drink supplies to what was strictly necessary, it would save a multitude of lives. Constipation of the intestines is very apt to afflict new comers in Africa. This must be avoided, or the consequences are apt to prove prejudicial. Slight casual diarrhœa is readily checked by diluted sulphuric acid. All extremes, indeed, are hurtful. Vessels approaching the coast of Africa should all be provided with awnings. Sailors should not be suffered to go on shore, else drunkenness and fever are pretty certain to ensue. The troops and other persons engaged should, for many reasons, and as quickly as possible—in fact, at once on landing—be moved up from the coast. The early morning, but not too early, and only after a light, warm meal, is the best time for locomotion. It is infinitely better than mid-day, and much better than the cool of the evening.

Cœteris paribus, the interior country is usually much more healthy than the coast, and the dry uplands than are the banks of rivers. Mules and horses, but especially mules, are desirable, so far as they are procurable, for draught and portage. In any case the natives, especially the Fishmen, Crewmen, Fantees, and others well inured to the climate, should be employed as bearers. The soldier, unless when actually engaged, should have to carry nothing but a suit of light, loose, white wool clothing, with pith helmet and puggree drawn well over the nape of the neck; also a silk umbrella, to be supplemented by warmer coverings and a cummerband, for evening and night wear, at the close of the march. If possible, covered quarters should be provided—tents or improvised huts. I have seen very good ones indeed made of four posts or stakes driven into the ground and thatched with palm leaf, the sides being wattled. And the natives are quite competent to erect them quickly. On no account ought anyone to lie on the ground, at least without the interposition of a gutta-percha or india-rubber sheet and adequate covering. The natives extemporise a trestle bed with mats very convenient and handy. No one otherwise should sleep in the open air, whether by night or by day.

The commissariat is of very great importance, and ought to be most carefully attended to. The black men are very good cooks, but will be best superintended by European directors. I commend a mess of curry every day for the mid-day meal, boiled rice and ship's biscuit, which, with all other eatables, as well as all outward wear, should be conveyed in tin boxes. Rice, tea, biscuit, and coffee are essentially desirable at morning and evening meals. Food supplies should be sparingly, but, at the same time, sufficiently, made use of. Coffee, roasted and ground, also tea, sugar, and other comforts, must be conveyed in tin canisters. The supply ought to be abundant. Macaroni and cheese are very desirable, but must be kept in tin vessels. No drink should be taken on the march, but weak rum and water, or warm tea or coffee may be drank with discretion at the close, No cold water whatever ought to be drank; weak tea or coffee, hot or cold, is infinitely preferable. Portable sheet-iron cooking stoves should be taken. Stoves heated with petroleum are ready at a moment's notice, whereas firewood is not always to hand in damp African forests. Stearine candles, petroleum lamps and petroleum, with wax vestas, are all requisite. Ants are omnivorous eaters; therefore, everything that an ant or a cockroach can devour should be kept in tin canisters or in tin vessels. A little smoking at the end of the march for those who smoke is not inexpedient. The inner clothing must, or at least ought to be, washed daily; hence a good supply of mercenaries will be requisite. The natives, men and women, beat soiled cloths with a stick, and otherwise wash and do up very speedily.

White men, if possible, ought not to be employed as sentinels at night. The patrols in other respects should wear cloaks, don their waist or cummerbands, smoke their cigar or pipe if they like, and preface their patrol duty by a warm cup of coffee. There ought to be ambulatory hospitals and ambulances—in short, adequate means for conveying wounded and stricken men. Indisposition, which in Africa is very rapid, ought to be seen to without a moment's avoidable delay. Black hospital orderlies and black nurses should be provided. They are very good and tender in their ways. Medicine chests need not to be heavy, but they must be sheeted with tin. Every night and morning while in Africa, and for some time after leaving it, each white man, morning and evening, should swallow a dose of quinine, the amount at the discretion of the Medical men, but say four or five grains in some convenient fluid. In cases of cholera, *par hasard*, invading the camp, half a drachm of diluted sulphuric acid, of which a supply ought to be taken, must be added to the quinine menstruum. This, or shortly, is the best period of the year, the dry season when the Harmatan winds blow, for going to Africa, and with prudence, care, and caution, avoiding exciting causes, the men should have a fair time of it. Women, because more temperate, escape, as a rule, far better in warm climates than white men commonly do. The inference is obvious. But I have known individuals of both sexes who had spent years in Africa without once having experienced a headache. My good brother lived between forty and fifty years on the Coast. I am now here myself to tell the tale. And ladies and gentlemen have both assured me—ladies and gentlemen who have been there—that they preferred intertropical Africa to every other country. The climate and country, with whatever drawbacks, have many and various amenities for those who know how to take care, and who can turn them to reasonable account. The extinction of the bloody rule of the Ashantee, and, if it might be, the appointment of a European regent, to that and, perhaps, to other African States as well, would prove a clear gain to Africa and the world.

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BRITISH ASSOCIATION
FOR THE
ADVANCEMENT OF SCIENCE.

THE meeting this year has been held at Bradford, and many interesting and highly scientific papers were read. In consequence of the illness of Dr. Joule, the Presidential Chair was occupied by Professor Williamson, who delivered an address that is exciting much attention, and of which the following is an abstract:—

PRESIDENT'S ADDRESS.

The PRESIDENT began his address by expressing his regret that Dr. Joule, a man whose name was known and honoured in every corner of this planet where a knowledge of science had penetrated, had found his strength insufficient for the duties of that chair, and, by the advice of his physician, had been obliged, two months ago, to place his resignation in the hands of the Council. When, in these circumstances, the Council asked him to accept the presidentship, their request had the weight of a command. The President then spoke of the wonderful activity of chemical science, and stated that the object of his address would be to ascertain the meaning of the work which had been going on in chemistry, and to consider what the Association could do to promote the advancement of science. Since the father of modern chemistry, Dalton, gave chemists a firm hold of the fundamental idea of atoms it had guided their labours; and those labours had confirmed it more and more. Every chemist investigating a new compound assumed that it must consist of a great number of atom-clusters, or molecules, all alike, and each molecule consisting of a certain number of atoms of at least two kinds. His first endeavour was to ascertain how many atoms of each there were in each molecule of the compound. If the result of his experiment did not agree with any atomic formula (that is, if no conceivable cluster of atoms of the kinds known to be in the compound would, on analysis, give such results as those obtained) the chemist knew that his experiments had been faulty. He set to work again, and went on till he arrived at a result consistent with his knowledge of the combining properties of atoms. The chemical idea of atoms served two purposes—first, it gave a clear and consistent explanation of an immense number of facts, and enabled us to classify them; and second, it led to the anticipation of new facts; at the same time teaching that no compounds could exist with their constituents in any other than atomic proportions. They had the testimony of the great Berzelius to the flood of light the idea of atoms at once threw on the facts respecting combining proportions, and from that time forward its value had rapidly increased as the facts which it explained augmented. He must pause here to pay a tribute of respect to the memory of one who in his time was a leader of discovery in the most difficult branch of this science. Liebig was known in this country through his writings on agricultural chemistry and his popular letters, but the establishment of the chemical school at Giessen was the greatest service his genius rendered to science. The students were men who had for the most part gone through a full curriculum of ordinary studies, and who were attracted from various parts of the world by the fame of his school. His genius and enthusiasm would, however, have been powerless had not the rulers of his Grand Duchy supplied him with material aids. Numberless new compounds had been discovered under the guidance of the idea of atoms, which, when still in its infancy, was plunged into the intellectual turmoil arising from a variety of novel and original theories, the authors of each of which were ready to sacrifice for its sake any other one. But the atomic theory did not perish when its father was no more; but a wonderful result followed. All these other theories were found to be only natural and necessary developments of it, serving to apply it to phenomena unknown to its founder. Among the improvements in our knowledge of atoms since Dalton's time was the better evaluation of the relative weight of atoms of different kinds. Certain atoms were a little heavier or lighter than was then believed. Thus the atomic weight of carbon had been fixed at six by Dumas's experiments; but it was found that two of these supposed atoms, whatever the precise weight of each, always are together and never separate from one another; and therefore later discoveries had applied the term atom to that indivisible mass of carbon, weighing twice as much as a carbon atom was supposed to weigh. One result of endeavours to classify substances according to their natural resemblances had been the discovery of distinct families of atoms. One property of these atom families was the most important addition ever made to our knowledge of these little masses. For example, an atom of chlorine was able to combine with one atom of hydrogen or potassium, but not with two; an atom of oxygen, on the other hand, could combine with two atoms of hydrogen or potassium, or with one atom of each of those substances; but it could not be got to combine with one atom of hydrogen or one atom of potassium alone. An atom of nitrogen was known in combination with three of hydrogen, while one of carbon combined with four of hydrogen. Atoms were, therefore, classified as Monads, Dyads, Triads, Tetrads, &c. This combining value of classes of atoms led to the consideration of the order in which atoms were arranged in a molecule. Thus, in the compound of oxygen with hydrogen and potassium, each of the latter atoms was directly combined with the oxygen, which served as a connecting link between them, hydrogen and potassium never being found capable of uniting directly with each other. One great difficulty of chemistry had been to explain compounds whose molecules contained atoms of like kinds, and in equal numbers, but which differ in their properties. The ether molecule contained four atoms of carbon, ten of hydrogen, and one of oxygen; butylic alcohol, a very different substance, had precisely the same composition, but they now knew that in the former the atom of oxygen was in the middle of a chain of carbon atoms, and in the latter was at one end of the chain. After an elaborate explanation of a farther extension of the atomic theory and a reply to some disparagers of it, the President said that the meaning of the earnest work of chemists in this day was that they were examining the combining properties of atoms and getting clear ideas of the constitution of matter. The effect of this work on man was to train him to accuracy of observation, memory, and manual operations. It was also a singularly good training in the accurate use of words, while accuracy of reasoning and truthfulness of statement were no less promoted by it. The true spirit of science was affirmative, not negative. In working at it they simply tried to find out what was true, and so regular an attendant was usefulness on truth that they got accustomed to believe that there must be some truth where there was usefulness. The study of physical science was the study of man's most accurate and perfect intellectual labours, and he who would know the powers of the human mind must go to science for his materials. The consideration of its intellectual uses suggested what ought to be done for the advancement of science. He regarded the phrase as referring to the development and extension of their systematic knowledge of natural phenomena by investigation and research. The first thing needed was workers; the second, favourable conditions for their activity. The most suitable men must be found young and trained to the work. We wanted, therefore, a system which should give the young favourable opportunities of getting a clear and thorough knowledge of the few truths of nature they could understand and enjoy; which should give further instruction to those who have profited by what they had already had, and were anxious for more; which should enable the best students to see what original investigation was and to assist in it; and, finally, which should apply to each student who had power and will to conduct researches all the requisite conditions. Investigators thus found should be placed in circumstances favourable to their activity. The first condition was that their desire for the further acquisition of knowledge should be fostered. They should be able to live by their work, without diverting their energies to other pursuits; and must feel security against want. They must be supplied with trained assistants, and with the necessary buildings, apparatus, and materials. The outlines of such a system were these. Let the most intelligent and studious children from every primary school be sent, free of expense, to the most accessible secondary school for one year; let the best of these be selected and allowed to continue for a second year, and so on, until the *élite* of them have learnt all that is to be there learnt to advantage. Let the best pupils from the secondary schools be sent to a college of their own selection, and there subjected to a similar process of annual weeding; and, finally, let those who get satisfactorily to the end of a college curriculum be supplied with an allowance sufficient for their maintenance for a year, on condition of their devoting their undivided energies to research, under the inspection of competent college authorities, while allowed such aids and facilities as the college can supply, with the addition of money-grants for special purposes. Let all who do well during this first year be allowed similar advantages for a second, and even a third year. Each investigator thus trained must exert himself to obtain some appointment which would enable him to do the most useful and creditable work of which he was capable. The practical conclusion to which he wished to lead was that they who represented the national desire for the advancement of science should take the only measures which could now be taken towards the establishment of a system of education worthy of this country, and adapted to the requirements of science. Convince statesmen that a measure desired by the leaders of public opinion is good and useful, and they were sure to carry it. He might well say that at Bradford, after the results achieved by their member in the Elementary Education Act. The President concluded by saying: I confidently trust that the time will come when the chief item in the annual budget of the Chancellor of the Exchequer will be the vote for national education; and when in some later age our nation shall have passed away; when a more true civilization has grown up and has formed new centres for its throbbing life; when there are but broken arches to tell of our bridges, and crumbling ruins to mark the sites of our great cathedrals—then will the greatest and noblest of England's works stand more perfect and more beautiful than ever; then will some man survey the results of Old England's labours in the discovery of imperishable truths and laws of nature, and see that her energy and wealth were accompanied by some nobler attributes—that while Englishmen were strong and ambitious enough to grasp power, they were true enough to use it for its only worthy purpose—that of doing good to others.

SECTION OF BIOLOGY.

In the department of Anatomy and Physiology Professor Rutherford delivered an address, in which he declared that he anticipated great additional results from the application to these sciences of microscopical anatomy, and he contended that the time had arrived when all aims at hap-hazard discoveries must be abandoned. As to physiology, that and anatomy had until lately been taught by the same professors in our public schools. This practice had given to physiology a bias and an aspect that were eminently anatomical. That bias continued in many quarters even now, though it had been conclusively proved that the two subjects ought to be separated; and he trusted the day was not far distant when, in our Medical schools, mathematics and physics would be insisted upon as absolutely essential elements in the preliminary education of the students. Until this was done, physiology would not advance in this country so rapidly as was desirable. Its progress would always greatly depend upon the education of Medical men; for only those who were conversant with physics and chemistry, and acquainted with the phenomena of disease, or abnormal physical conditions, could handle physiology in all its branches. Referring to cerebral convolutions in the part of the brain which was believed to minister to intellectual manifestations, Dr. Rutherford enunciated the opinion that the recent researches of Professor Ferrier and others would make phrenology a deeply interesting study in future, and probably evolve a phrenological system, though one based upon different principles from those of the Galls and Spurzheims. The present, he went on to say, was the Renaissance period of English physiology; but its researches were expensive as well as laborious and unremunerative. He suggested, therefore, to those who possessed wealth and were inclined to apply it for the benefit of society, that, in view of the unselfish and philanthropic character of physiological labours, they could not do better than endow a physiological laboratory in connection with Owens College, Manchester.

ON THE BRAIN.

Professor FERRIER delivered a lecture "On the Localisation of the Functions of the Brain," in which he stated the results of a series of experiments which he had conducted during the last year upon the brains of living animals by means of a small electrical machine. His first object had been to stimulate the brain, with a view of ascertaining whether, in opposition to the theory of Browne Sequard, he could in this way produce activity of the brain. In carrying on these experiments he had dwealt with cats, dogs, rabbits, guinea pigs, fish, a jackall, and a monkey; and the results obtained had led to the discovery of an entirely new system of phrenology. Applying the electric stimulus to certain convolutions of the brain of inferior animals, he almost invariably produced certain motions—thus establishing the existence of a close connection between those portions of the brain and the action of particular muscles. Pursuing his investigations he also established a similar connection between other portions of the brain and the senses of hearing, seeing, and speaking; and speculation enabled him to guess with tolerable accuracy at those parts of the brain which were the seat of thought, memory, and sensation.

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BRITISH MEDICAL ASSOCIATION.

SECTION A.—MEDICINE.

DISCUSSION ON BRIGHT'S DISEASE.

On Chronic Bright's Disease. By T. GRAINGER STEWART, M.D. (Edinburgh.)—The author first insisted upon the fact that the term chronic Bright's disease in reality includes three different processes and their combinations; although from the latency of symptoms and the chronic course which it usually follows, the term is specially applicable to the cirrhotic, gouty, or contracting form. He referred to one instance of waxy disease which he had watched for eleven years, and to one of inflammation which he had watched for seven years, besides others which, though not so prolonged, were unquestionably chronic. A granular condition of the kidney—*i.e.*, unevenness of surface—occurs in all the forms of Bright's disease if the cases be sufficiently prolonged. Dr. Stewart then discussed the pathology of the cirrhotic kidney, described and commented on the theories of Gull and Sutton and of Johnson, and that maintained, among others, by Dickinson and the author himself. After satisfying himself regarding the exact appearances to which Sir W. Gull and Dr. Sutton had applied the term "hyalin-fibroid" formation, he examined carefully the vessels of the pia mater in twenty-three cases, and found in a considerable number the appearance to which they referred; he found also that a similar appearance may be artificially produced by soaking in glycerine or acidulated fluids. The thickening of the outer coat, however, bore no special relation to cirrhosis of the kidney, being absent in some cases, and present in others in which the kidneys were healthy. Thickening of the middle coat was present in a large proportion of his cases of chronic Bright's disease, whether cirrhotic or inflammatory. The appearances described by Dr. George Johnson admirably corresponded to what he regarded as the third stage of the inflammatory form; but in true cirrhosis he had never failed to find increase of connective tissue. He therefore believed in the correctness of the views advocated by Dr. Dickinson and other writers. In speaking of the clinical history, he founded his observations upon two tabulated statements; one giving the complications which existed in each of thirty-six cases examined after death; the other showing the leading clinical features of a series of twenty cases which he had examined closely during life. From these tables he showed that the disease—*i.e.*, true cirrhosis—is essentially chronic; that it specially affects the male sex; that it is most common between the ages of forty and sixty, but occurs not unfrequently between twenty and thirty, or even at an earlier age; that it is specially connected with intemperance, while the other forms of Bright's disease are not; that it is also associated with lead-poisoning and with gout; that its origin is insidious, marked by no definite symptoms, and its course very chronic; that it is unattended by dropsy, unless in advanced stages or when inflammation is superadded; that the quantity of urine is at first natural or small, although frequently greatly increased in the advanced stages; that the specific gravity is generally low, and the quantity of urea diminished; while a few hyaline and granular tube-casts may usually be found on careful examination; that, as the disease advances, the heart becomes hypertrophied, the arteries thickened, their muscular coats increased; that hæmorrhages are common, especially from the kidneys, the nose, and the uterus; that there is a marked tendency to gastric derangement and sometimes to diarrhœa; that bronchitis, congestion, œdema of the lungs, are frequent results, and often prove fatal; that among the nervous symptoms neuro-retinitis, convulsions, severe headache, and coma, are frequent results, delirium and acute mania more rare; that the disease often exists for years unsuspected, and is only discovered when important complications, especially those of the nervous system, occur.

Dr. SUTTON remarked that Dr. Grainger Stewart said that he had found the outer coats of the arterioles thickened by fibroid material, but he had failed to find this change in the vessels of the pia mater in some cases where the kidneys were granular and contracted; and he had found the vessels in this manner diseased where the kidneys were not contracted and granular. Dr. Sutton had also observed that the arterioles of the pia mater were not thickened in some cases where the kidneys were granular, but the capillaries seemed altered and thickened by homogeneous or fibroid material; and in some of these cases where the vessels of the pia mater were seemingly healthy, he found hyalin-fibroid changes in the arterioles of the skin and other parts. In some cases the only part of the body microscopically examined was a small piece of pia mater. It was therefore possible that the vascular disease existed in other parts and escaped notice. In by far the majority of the cases in which hyalin-fibroid vascular changes were found, the kidneys were granular and more or less contracted. In some, the kidneys were healthy, but the heart was hypertrophied, as in Bright's disease; and in two cases, this vascular disease was found in connection with atrophy of the brain, whilst the kidneys were healthy and the heart but little or not at all hypertrophied. These facts led to the conclusion that the fibroid changes might be local or general; and taking into consideration the clinical, etiological, and histological facts of the disease, it seemed that this morbid state, for which the term "arterio-capillary fibrosis" was suggested, might begin in the kidneys, the pia mater, brain, lungs, or other parts. It was apparently a common morbid condition after the age of fifty; and persons in whom the vessels were undergoing these fibroid changes, might die not only of kidney disease, but of other local affections. Dr. Sutton further said that there were other questions in Dr. Grainger Stewart's paper, to which he would have an opportunity of referring in a communication which Sir William Gull and he proposed soon to place before the Profession.

Dr. DICKINSON generally assented to the views expressed in the paper, but wished to remark upon one or two points. He understood Dr. Grainger Stewart to express the opinion that the kidney sometimes acquired a granular surface from disease limited to the tubes. He had seen many instances in which the kidney had wasted in consequence of disease thus limited; but believed that granulation of surface, restricting this term to the production of alternate elevations and depressions, did not occur except as the result of intertubular fibroid thickening with subsequent contraction of the interstitial growth. This fibroid thickening was common in the ordinary form of granular degeneration, and was found also in the lardaceous change. He believed that nodulation of surface, in which sense he used the term granulation, was always dependent on excess of fibroid growth. This, no doubt, sometimes took place in kidneys primarily affected by disturbance limited to the tubes—the change in these cases had extended from the tubes to the interstitial tissues. As a general law, granulation—limiting the term to superficial nodulation—implied fibrosis, though this fibrosis might spring from different causes. When the kidney had shrunk from simple destruction of the tubes, the surface, though not always perfectly even, was never affected as described. The greatest interest at present attached to the relation of the thickening of the arteries to renal disease. He had no doubt that these vessels were, under renal disease, thickened throughout their whole structure, in their fibrous coats as well as in their muscular. He had satisfied himself that the fibroid thickening described by Sir W. Gull and Dr. Sutton, was a pathological fact, and not the result of reagents. He considered the change in the arteries to be of a complex kind—hypertrophy associated with alteration and degeneration of structure. The question next arose as to the relation of this arterial change with renal disease. Dr. Bright considered the hypertrophy of the heart found with granular degeneration of the kidney to be due to a change in the blood, which caused it to pass with increased resistance through the capillaries. Dr. George Johnson attributed the thickening of the vessels to efforts which they made to keep the blood out of the tissues, while the heart became hypertrophied by its endeavours to force it in. Thus the heart and the arteries were hypertrophied by mutual conflict, as if animated by antagonistic volition—a view which presented nature in an inharmonious attitude. Between the heart and the arteries, we could not tell which to encourage or to which to wish success. At the same time, though he did not accept Dr. Johnson's explanation, he gave him full credit for his observation of the arterial thickening. With regard to the view of Sir W. Gull and Dr. Sutton, according to which the heart and the kidneys were affected simultaneously, but independently, as the result of general fibrosis, further observations were needed. Some objections could be urged to this view, especially the general absence of fibrotic change, save in the kidney and the arteries. The liver was rarely cirrhosed in the cases in question. Then, again, the arterial affection was occasionally found where there was reason to suppose that the kidney had suffered in consequence of a purely local change, such as obstruction caused by a stone. He was disposed to look upon the arterial change as consequent upon the renal, rather than as connected with it only as having a common origin. He thought the real condition was primary, the arterial secondary, the hypertrophy of the heart tertiary. A less degree of the arterial alteration was sometimes found with kidneys affected otherwise than with granular degeneration. When granular degeneration existed, the arterial change was, as far as he had seen, always present. Two cases of this disease, fatal under the age of fourteen, had come under his notice; in both, the arterial change was marked. In such cases it was not easy to recognise any influence allied to senility. Any conclusion on the subject, however, he regarded as only provisional; not that the subject involved any special difficulty, but because problems were involved which required time for their solution.

Dr. W. ROBERTS (Manchester) said he was hardly prepared to take part in a discussion which turned wholly on pathological facts. His attention had been called more especially to the clinical aspects of the malady; nevertheless he was quite prepared to say that the reception which Sir W. Gull and Dr. Sutton's paper had met was hardly justifiable.

He had listened to the paper and the remarks on it with great interest.

Dr. Gairdner (Glasgow) said that, like the last speaker, he was scarcely entitled to take part in a purely pathological discussion, as his opportunities of continuous study, from the anatomical and histological point of view, had of late years been few, and most of the disputed facts referred to were beyond his personal knowledge. He had, however, listened with great interest to Dr. Grainger Stewart's paper, and was disposed to concur in many of his conclusions. There was obviously a difference of opinion as to the use of the term "cirrhosis" in the case of the kidney; and this encouraged him (Dr. Gairdner) to remark that, in his own early studies upon the subject, he had been by no means convinced of the occurrence of *primary* intertubular changes in these cases; being rather of opinion that the apparent excess of the fibrous element was usually, if not always, the result of atrophic changes in the other elements and of retrograde metamorphosis in the tubular and vascular tissues. The granulations, so-called, were simply the still pervious, or, at all events, turgid tubules with their contents, surrounded and demarcated from each other by masses of shrunken and atrophied convolutions, in which fibroid tissue represented the remains of all the other elements that had in great part disappeared. Dr. Grainger Stewart appeared to recognise this as, at least, one way in which kidneys might become granular; but he argued for a distinction from this of what he called "true cirrhosis;" the latter being always dependent upon intertubular changes, as described by Virchow, and also by Dr. Dickinson, who, however, thought that all cases of nodulation or of granulations proper were due to primary intertubular changes. It was necessary to remark that the word granulation is often used equivocally, the yellow opacities, so well figured by Dr. Bright, and which we now know positively to be dependent upon degenerative changes within the tubules, being as often as not called granulations; while Dr. Dickinson's use of the word referred entirely to the nodular condition of the surface, which was undoubtedly atrophic, and had no necessary connection with the other. Notwithstanding the high authorities to whom he had referred, he (Dr. Gairdner) was still not entirely convinced of the intertubular origin of granulations; but, if Dr. Stewart should succeed in establishing the pathological distinction and mode of origin of his "true cirrhosis," then the clinical history he now gave of it, and the view so clearly presented of its complications and pathological associations, would be fruitful in valuable results. To him (Dr. Gairdner) it had always appeared that the majority of cases of chronic Bright's disease were not of *inter*tubular, but of *intra*tubular origin, and their true analogue was to be found in the various forms and stages of chronic capillary bronchitis, in which we find—(1) A leakage of the albuminoid elements of the blood, followed by (2) various degenerative changes in the epithelium, &c., extending over the interior of the ultimate bronchi, air-vesicles, and intercellular passages; (3) Atropic changes, leading, in some cases, to over-expansion; in others, to an almost entire disappearance of the textures of certain lobules, with correspondingly impaired function; (4) A frequent appearance of fibrous overgrowth, both in the emphysematous and the condensed and atrophied parts, between the remaining active lobules. In one point he was able personally to corroborate Dr. Grainger Stewart's clinical observations on the atrophied or cirrhosed kidney. It was a surprising fact, but still no less a fact, that a kidney in this condition might continue secreting an over-copious though depreciated urine, long after it had apparently ceased to contain almost any sound secreting structure, and after its actual bulk had been reduced probably by two-thirds.

Dr. J. M. Fothergill (London) said that some time ago he held several conversations with Professor Traube, of Berlin, as to the changes in the vascular system which followed upon chronic Bright's disease. Traube held that there were two forms of change—1, a degeneration of the coats; and 2, a true hypertrophy of the muscular walls of the arterioles. According to Ludwig and himself, this latter change was brought about by repeated spasm in these small vessels, from the action of the products of histolysis in excess in the blood upon the vaso-motor centre. This change in the arterioles caused obstruction to the blood-flow, and hypertrophy of the left ventricle followed; and the action of the two hypertrophied muscular ends of the arterial system against each other led in turn to over-distension of the elastic tubes connecting them, and so to atheroma. Thus, rupture of a vessel in the heart was common in these cases. As to Dr. Grainger Stewart's remark, that in time all kidney disease tended to cirrhosis, he thought we should not overlook the effect of sustained hyperæmia in leading to an excessive growth of connective tissue. Such growth occurred in the brain, lungs, liver, and spleen, after prolonged hyperæmia; and its presence in the kidney under similar circumstances was but what might be expected.

Dr. George Johnson said that to discuss in a crowded room questions based upon minute points of anatomy, without the opportunity of appealing to specimens actually present, was in a high degree unsatisfactory. He would not occupy time by entering upon the disputed question of the intertubular character of the changes in the small granular kidney. He was prepared at any time to demonstrate by the aid of numerous specimens that the chief and the essential changes were intratubular; and he remarked that those who adopted Virchow's doctrine did not even attempt to explain the striking appearances presented by the tubes which have been deprived of their epithelial lining—appearances which many years ago had formed the subject of a friendly controversy between Mr. Simon and himself, with reference to the minute anatomy of renal cysts. He was glad to hear that Dr. Grainger Stewart recognised the reality of hypertrophy of the minute arteries. Dr. Johnson, however, wished to say emphatically that the arteries of the pia mater, which had been chiefly examined by Dr. Stewart, were less constantly and decidedly hypertrophied than those in the kidney, in the skin, and in the mucous membrane of the intestines. Hypertrophy of the arterial walls implied a proportional overgrowth of all the tunics, of the external fibres as well as of the middle muscular. Dr. Johnson admitted the existence of atheromatous, fatty, calcareous, and lardaceous degeneration of the arterial and capillary walls. He admitted, as did all pathologists, that inflammatory and tuberculous exudations often occur abundantly in the fibrous tunic of the minute arteries; but after a careful examination of the specimens exhibited by Dr. Sutton the day before in the museum, he saw in them nothing pathological. Three specimens of pia mater arteries mounted in glycerine had the fibrous tunic of the arteries distended and rendered hyaline; while in a fourth specimen, preserved in strong spirit and water, the arterial tunics were all corrugated, and the external tunics rendered coarsely fibrous; the changes being all artificially produced.

Dr. Sibson remarked that the discussion had been carried on by six of the men who had done more than any others to advance our knowledge of this important question. Although some of the speakers held strong and original views, yet each evidently aimed not at the triumph of his own views, but at the discovery of truth. Indeed, all felt that, if any two of the speakers, however apparently opposed in opinion they might be, came together quietly, as Dr. Johnson had suggested, with specimens and microscopes before them, they would, without difficulty, ascertain the truth and come to a common opinion. It was evident, from the important communication of Dr. Grainger Stewart, containing a great body of facts bearing on the subject, and the discussion that ensued, that two different conditions of the artery were under examination. One of these conditions was degeneration of the walls of the small arteries, which was apt, like atheroma, dilatation, and aneurism of the aorta, to take place in spirit-drinkers, which might be present with contracted kidney, that kidney-disease being also caused by spirit-drinking, but which might be, and often was, present without contracted kidney. The series of cases occurring in the Edinburgh Royal Infirmary, and observed and brought forward by Dr. Grainger Stewart, conclusively supported this view. The other condition was thickening of the muscular structure of the artery, which was present in the majority of cases of contracted kidney, though absent in a considerable minority of them, which was generally associated with thickening and enlargement of the left ventricle, and which was seldom observed in cases in which the kidney was not contracted. As a clinical worker, the speaker had for years observed, and carefully recorded, the effects of contracted kidney on the condition of the heart and arteries. In those cases he generally observed, though not always, tension of the arteries, evidenced by feeling, not the pulse, but the radial artery itself, tight and full under the finger, and capable of being moved backwards and forwards, and yet not presenting the hard, beaded surface of atheromatous artery; the pulse being, at the same time, very feeble and soft, and in marked contrast to the tight condition of the artery. The sphygmographic tracings of the pulse gave evidence of the great arterial tension. The ascending aorta presented the signs of great tension and enlargement. The first sound was very feeble, often quite absent, owing to the blood being gradually injected into an artery already tense with blood, and the second sound was loud, ringing, and extensive, especially to the right of the upper sternum. The impulse of the enlarged and tense artery could, in some cases, be felt beating in the second right spaces; and in these and other cases in which the pulsation of the artery could not be perceived, sphygmographic tracings were obtained by placing the sphygmograph and, on some occasions, the modified cardiograph over the ascending aorta. In some instances, the size of the aorta increased to such an extent, that a diastolic aortic murmur was audible, owing to slight regurgitation from insufficiency of the aortic valve; and, in one case recently observed, the diastolic murmur appeared and disappeared on several successive occasions, the alternate appearance and disappearance of the murmur being evidently associated with the alternate increase and diminution of the tension and size of the arch of the aorta. The left side of the heart was, at the same time, in these cases, enlarged and beating over a large area, and with increased force, and doubling of the first sound was audible over the interventricular furrow, and sometimes over both ventricles, the *finer* first sound due to the closure of the contraction of the right ventricle, the second *finer* sound to the delayed closure of the contraction of the left ventricle, owing to the difficulty with which it emptied itself into the tense arteries, and the increased time therefore required. The tension of the arteries, the thickening of their walls, the enlargement and thickening of the left ventricle, were all due to one common cause—the difficulty of sending the poisoned blood, poisoned owing to the kidney-disease, through the smaller vessels. The paper read by Dr. Grainger Stewart, and the discussion, had done much to make this difficult and apparently contradictory question clear, and to show that we have not to do with one, but with two conditions—one, degeneration of the arteries; the other, thickening of their muscular fibres. The thanks of the Section were eminently due to Dr. Grainger Stewart, and to the gentlemen who had taken part in the discussion, for this important contribution to our knowledge of disease.

Hospital Out-patient Reform.—By ALFRED MEADOWS, M.D.—Dr. Meadows gave an account of the work of the Hospital Out-patient Reform Association, with an abstract of the replies to their circular received from the various metropolitan hospitals. Although he had worked for the last fifteen years among the out-patients of metropolitan hospitals, and had some practical experience of the abuses of hospitals, the subject was not one to which he had directed very much attention. He was on a committee of hospital physicians and surgeons, three years ago. Since then the subject had been worked more or less by that committee, and by the Association which was formed in January of this year. The Association was formed of general practitioners, who felt that the present system of out-patient administration in our metropolitan hospitals and dispensaries, effected a very grievous wrong on the great mass of general practitioners. A committee was appointed, and the committee drew up three propositions, which were carried almost unanimously, at a meeting held at the Medical Society's rooms, in March last. The committee was requested to communicate those resolutions to the governing bodies of several hospitals. They selected all the larger hospitals to which schools were attached, and some to which schools were not attached. To forty-eight applications they received only thirty replies. The results of these replies were as follow. Of the thirty, fifteen of them had replied specifically to the several resolutions which had been drawn up as recommendations for the basis of the reform of the out-patient system; the remaining fifteen replying generally. With regard to the fifteen who replied specifically to the first resolution, "that each out-patient should be seen personally by one of the Medical or surgical staff, and that no unqualified student be permitted to prescribe," twelve said that this resolution was in force, and that no patients were seen except by qualified men. Regarding the second resolution, "that a lay officer should be appointed to each hospital," thirteen had replied that this was distinctly in force. That was a very important statement, because it was certain that, until the last year or two, no such officer was appointed, and it indicated a very important reform of the out-patient system. Regarding the third proposition, "that patients should no longer be tempted to crowd hospitals by the offer of medicine gratuitously," they were not so fortunate. They thought that no medicine should be given gratuitously, and upon this resolution they had been signally defeated. By ten it was rejected absolutely. In two others the medicine was paid for. He confessed, speaking for himself, and also the Hospital Reform Association, that they did not feel at all satisfied, and they felt very strongly that some reform was absolutely necessary. They thought that the governing bodies of the hospitals had hardly realised the gravity and enormity of the abuse which existed. There were some hospitals, he knew, who felt that the larger the number of patients that they could get—the larger the statistics, the greater the success of the hospital as a charitable work. He did not think it was creditable that they should have 100,000 in the course of a year. The number of out-patients who attended hospitals had been computed in a paper published in *Macmillan's Magazine*, by Mr. Fairlie Clarke, who was a careful and accurate observer, and would not make a statement unless he had very fair grounds for doing so. Mr. Clarke stated that 816,000 distinct applications for Medical relief were made during the course of the year at the various Medical hospitals of the metropolis. In Manchester the question was being agitated, with great probability of success. Whether the provident system was capable of meeting all the requirements of the case, was a point upon which he felt somewhat doubtful; but he thought it was one which would remedy, in a large part, the abuse with regard to the out-patient system. The provident system was by no means free from objection. There might be just as great evils in the provident system as in the free system, and, unless they very carefully guarded against abuse, the provident system would be just as great an evil for the Medical Profession as the free system was at present. But the abuses under the provident system would be of a more flagrant kind. He had had some experience of the working of the paying system among out-patients, and also with regard to the paying system of in-patients, and he had seen such abuses arising out of the paying system that he hesitated about its adoption in hospitals. He had no doubt that it could be hedged around with safeguards, but, unless great care was taken, the abuses would be quite as great as those which it was desired to remedy. There were only two ways by which the abuse of the out-patient system could be remedied; one being that to which he had referred, namely, the adoption of the provident system. Although that was liable to considerable abuse, still he should like to see it widely developed. He thought it would be of as great advantage to London as to Manchester. The abuse was that, under the cloak of payment, the patients would demand as a right that which was now conceded, not as right, but as charity. The only other remedy for the abuse of the out-patient system was by the most careful scrutiny, conducted in the same way as that of the Charity Organisation Society. If careful inquiries were made in the out-patient rooms of our hospitals, it would be found that a large number would be unfit for gratuitous attention. He had seen much of out-patients, and this was a statement which could be substantiated. To institute this inquiry there must be a paid lay officer.

Dr. ROYLE (Manchester) could not endorse the high opinion of Dr. Meadows with regard to provident institutions as a means of remedying hospital abuses, or of advancing the true interests of the Medical profession. The working classes were never so prosperous, socially, politically, and financially, as they were at the present day; and in some of the reports which had been issued from gentlemen representing committees charitably disposed, they had fallen into great blundering in estimating the wages of the working classes. In the north of England, men of the artizan class would earn 38s. or £2 per week. That was the wage of the head of the family. This money was supplemented very often by the earnings of the wife and the children; so that in many of the working class habitations of the country, there was a larger amount of money than was got by many a hard-worked Medical man, and also by many a hard-worked curate. The simple fact remained, that one-fourth of these were paupers so far as Medical relief was concerned. A man with half an eye could see that this was a monstrous—he would use a gentle term—deception. Taking the population of Manchester and its neighbourhood as something like 500,000, he found that the amount of money (the result of private beneficence and public subscriptions) was something like £70,000 or £80,000 a year, irrespective of the vast amount that was spent in Poor-law relief and the relief which was given to the pauper class specially. It was shown that there were 90,000 people receiving relief in the hospitals, and about 20,000 paupers attended to by the Poor-law surgeons; so that they had 110,000 of the people in receipt of Medical relief. And of the remaining part of the population of 400,000, it was computed that 300,000 would come properly as the members of district provident societies, and the others would be able to pay the Medical men in the fair ordinary way. Such a computation showed at once the chance the Medical profession could have, or would have, of maintaining their position; in fact, their means of getting a living at all would be perfectly Utopian. The charities in London were largely supported by bequests; and it was a gigantic abuse of the trust not to charge people who could afford to pay. The only fair and legitimate remedy was to say, "No; we are the guardians of this money; it has been left for certain specific purposes; and we shall see that it is properly distributed, and not create another abuse, far more gigantic, by the institution of provident dispensaries." The proper plan was to have a real and *bonâ fide* inquiry into the circumstances of the patients. If that were done, and they found special cases requiring special advantages, then these would be legitimate cases for assistance, and thus a proper distribution of the funds of the charities would be secured. When these charities were instituted, there was not the same provision for the poor. The Poor-law Board had put down a skilled Medical practitioner in their midst, who was equal to the highest Medical man in the profession; and the poor could have his advice without fee or reward. In large cities, they should have thousands of beds under the control of the Local Government Board. The abuses of the charities in Manchester had been shown up through the independent exertions of a member or two of the press; and the abuses of hospital relief were so glaring that they could not be contradicted. It was for the Medical profession to take care that the hospitals were not abused so far as they were concerned; and if the public choose to establish a great scheme by which the Medical profession would be pauperised, it was for them to prevent such a thing. It was not for the public to dictate on what terms they should work, or what remuneration they should have, or what magnificent sum they should risk their lives for. He had put himself in communication with Northampton, Leicester, and other places; and he could assure them that the Medical men in connection with those dispensaries condemned them as lowering the position of Medical men; and some of them could not get a living where they had been born and bred, owing to the working classes of the town having been put under a provident relieving system. If these societies were established all over the country, the Medical profession would be handed over to them at the magnificent rate of payment that a working man and his wife should have attendance and medicine for one penny per week, and every member of his family at one halfpenny per week; so that they would see the amount that Medical men would receive. When the promoters of this provident movement called a meeting of laymen and Medical men, he carried a resolution against them. He called together the whole of the Medical profession in Manchester, and they had a meeting of the largest number of Medical men that had met there for any purpose. The result of that meeting was to pass resolutions condemnatory of the provident system. Medical men were not reluctant to treat their patients with the utmost generosity; but if a scheme of this kind were to be established, all those tender relations would be broken in upon, and a hard and fast line would have to be drawn, to guard against deception on the one hand, and improvidence on the other.

Dr. **Felce** looked upon the system of allowing unqualified persons to attend to patients as one of the greatest evils of the present system. He knew that it was a hardship to the general practitioners. He belonged to the governing body of a London hospital; and when the subject was brought forward, they were always met with the cry that this was a question brought forward by the Medical profession from interested motives; and the lay governors pooh-poohed the matter, and nothing was done. He should be very glad to see the provident system extended. It was open to the abuse dwelt upon if they were not very careful, in order that the abuse might be minimised as much as possible.

Dr. **Stewart** looked upon this question as one that did not concern the profession alone, but the whole body of the public. The great question of pauperism had begun to excite more attention than it had done since the passing of the Poor-law Amendment Act about thirty years ago. Since that time there had been nearly twenty Poor-law Acts, several of which were new Acts altogether, showing to his mind the hopelessly vicious principle of public Poor-law. He thought this lay at the root of all the mischief in regard to Medical and other reliefs. The public mind was by a slow, but steady and sure, process, going on through centuries, becoming thoroughly demoralised; and during the present century there were dreadful evils engrafted upon this system. Our principal object should be to retrace our steps, and try, if we possibly could, to emancipate men from the degrading notions which they had of looking through a vista, and saying to themselves, "Let the worst come to the worst, there was a public provision for them." The scriptural injunction was: "If a man will not work, neither shall he eat"; but our Poor-law said, "Whether you work or not, you are provided for against starvation." It was no wonder, when such principles were taught by legislation, that people should think that they had a right to public relief whatever their character or conduct. That lay at the root of the evils of Medical relief. His great countryman, Dr. Chalmers, said there was nothing could be abused so much as Medical relief. He said: "A man might qualify by making himself ill, and thus by dissipation and intemperance they had made themselves patients and kept themselves patients; and by getting as much Medical relief they would always be patients, and they would only be making them worse by giving them relief. The credentials for Medical relief were used for the purpose of extracting money from other quarters." Now the remedy was confessedly for one class of persons. There was one class who, from untoward circumstances, were unable to pay; but many more, from their own vices, could not pay; and there was a third class, and a very large class, who could not pay the full fees of Medical practitioners, whom they wished to prevent sinking into the lowest class of pauperism. He had watched the process going on steadily before his eyes, of persons coming to the free dispensary with hesitation at first, but very soon losing their reluctance, and coming with "the sturdy air of a masterful beggar," and demanding as a right that which a few days before they even asked for with apologies. The provident dispensary was not a perfect system; but it was a well meant attempt. There should be a full, proper, and complete inquiry about those persons applying for admission. Was not Dr. Royle perfectly well aware that there were those who came to them meaning honestly to pay their doctor, running up long bills and giving them an enormous amount of trouble and expense, and who after all never paid a farthing? The Medical Profession suffered very much from bad debts from this very class. That very class, by the provident system, might be converted into a fruitful source of gain to the general practitioner. If the system were wrongly organised, if there were too few Medical practitioners appointed, then let the number be enlarged; and if the system of inquiry were not sufficient, it could be made more efficient. His opinion was, that this provident dispensary system was that which afforded the most hopeful means of getting out of the difficulty. Dr. Royle had said that those persons who could not afford to pay their Medical man would be attended upon for nothing; but that was another part of the great abuse. That demoralised the recipient. They wanted to keep up their independence, and therefore they must pay something. The provident system would meet such cases.

Mr. **Griffiths** (Sheffield) said that, when he looked into the returns of wages in his district, he found that the earnings of the majority of working men averaged over £3 5s.; and not one-half of these men ever pay their Medical man, or made any provision for doing so. This was not an isolated case, but it existed in kindred towns where coal and iron were found. "Once a pauper, always a pauper" was true; once go to a provident dispensary, always go there. How was this to be remedied? He believed, if he were a little disguised, he could obtain an order without any previous investigation, binding the Medical officer to attend him morning, noon, or midnight. In the early part of his career, he had been called out five and six times in a night to attend cases that were little less than an imposition. There was a great mistake made between the poor and the deserving poor. They could understand an elderly man or woman, having led a somewhat active life, suddenly coming to poverty; such deserved consideration. But there were plenty of instances of men refusing to do anything because they knew that there was a workhouse or some asylum behind them.

Dr. **Royle** explained that he did not mean that he would attend a patient for nothing. If he were called to attend a poor woman, who said that she should pay him some day, he was at perfect liberty to say whether he trusted her or not; but that was a very different thing from attending persons for nothing who could pay something.

Mr. **Hardy** said that the Association had done some good, for it had exposed the evils attendant upon some of our London and provincial hospitals. It had told the patients that, instead of being seen by properly qualified men, they had been seen by unqualified students. It had told them that their charity had been abused by persons not fit objects of their charity. For instance, if the governors of St. Bartholomew's Hospital were told that 100 patients were seen in an hour, that would be a sufficiently grave accusation to meet in some way. It was against this abuse that he endeavoured to unite the Profession in London. Having had to do with this movement, as far as he understood the working of the Hospital Out-patient Association, it was not their work to establish provident dispensaries; and no document connected with the Hospital Reform Association advocated the establishment of more provident dispensaries than already existed.

Dr. **Heywood Smith** thought they ought to help the people, to let them see that they were willing to do something for the commonwealth, and thus the people would be encouraged to work themselves out of their connection with any provident dispensaries.

Mr. **Liddle** said—Let those who combined do what they liked, but it was clearly not the duty of Medical men to recommend to the public the introduction of provident dispensaries. Would not the fact of persons going two or three miles, and having to wait for an hour or two for their turn, and then have a minute's observation passed upon them, do them more harm than good? When they had a proper provision made by the Poor-law for those who could not pay, they should set their faces against allowing the out-patient system to those who could afford to pay.

Mr. **Trend** said that a great deal of the out-patient system arose from the physicians and surgeons being anxious to have an interesting case. Not only was the Medical practitioner mulcted of his fees for visits, but the assistant-surgeons also lost handsome fees.

Mr. **Scatliff** said that a large number of subscribers for a guinea or two per annum had the privilege of presenting a patient, and there was nothing to prevent such persons being admitted. It was generally understood that persons admitted to hospitals were in needy circumstances, but that did not follow. He knew that some of them came to the Consumption Hospital, and they took lodgings in the neighbourhood for six or seven weeks, and had nurses to wait upon them. Some of these he had attended, and charged the fees.

Dr. **Gibbon** was called in to attend a Scotchman, foreman of some glass-works, who was a subscriber of £10 per annum. He told the Scotchman that it was very charitable of him to subscribe; upon which he said, "Not at all; it is a matter of business. When I came here, the firm paid £300 a year for a doctor; and I got them to subscribe £10 a year, and we now do without a doctor." Here was a saving of £290. This was one of the abuses of the system. In another case, a ship-captain came to him, sent by his masters for treatment gratis. The captain actually refused to carry away some medicine, asking if he could not have it sent. He (Dr. Gibbon) then asked him if he could afford to pay; the captain thereupon pulled out a handful of sovereigns, and he (Dr. Gibbon) at once took him to the governor of the hospital. The result was, that the captain paid him forty guineas for attendance. The remedy was to refuse to give services to any other than the poor.

Mr. **Hastings** said he agreed with Dr. Stewart as to the intimate bearing this question had on the great question of out-door relief. That was a matter in which he had to take some active part; and the same principle of out-door relief lay at the bottom of this question. As long as they held out to any class that, without any exertion or return on their part, they were entitled gratuitously to receive something, whatever it might be, whether Medical or pecuniary relief, they would find a large class taking advantage of that evil privilege, and consequently there would always be manufactured paupers. With regard to the out-patient system, it seemed to him to be full of abuses, and, as far as he had been able to look into it, much more so than out-door relief. But the application of the principle was much wider than out-door relief. They had officers bound to inquire, and they had some inquiries made; but with regard to the out-patient system in London, at any rate, it was almost entirely without the check of inquiry. A person had only to go to a hospital, and he became an out-patient, receiving gratuitous medical relief. He would mention this fact, that in the hospital at Worcester, to which his father was physican, and for which he had been acting on the managing committee, they were obliged to exercise the most rigid care. They had only a hundred beds; and it was with the greatest possible trouble—going through the names of persons who asked in any shape for medical or surgical relief—that they were able to find out who were and who were not able to pay; and those who could were made to pay. Yet, for all that, that hospital had been abused during the last five or six years. If that were so with a small hospital well looked after, what must it be with a very large hospital with no inquiry at all? As to the provident dispensaries, it was not so bad as the out-patient system. It was not so bad to give relief for a small sum as it was to give it gratuitously. And, with regard to the question of remuneration of medical men in provident dispensaries, he must remind them that this was a matter in the hands of the Medical profession itself. If it were found that these provident dispensaries did not pay as much as they ought to pay, then let their Medical officers say so, and refuse to serve without adequate remuneration. He only wished that every Medical practitioner would not give his services for less than they were worth.

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WEDNESDAY, SEPTEMBER 24, 1873.

COOKING AT THE INTERNATIONAL EXHIBITION.

It will certainly be no fault of Mr. Buckmaster if all classes of Her Majesty's subjects are not thoroughly well instructed in the art and mystery of preparing a good and wholesome meal at the smallest possible cost. The cooking department in the International Exhibition has been an attractive one throughout, and simply so because it happens to have fallen into intelligent hands, and is under the sole control of a gentleman who wishes to inculcate the useful lessons of simplicity and frugality into our kitchens, and is hopeful in the prospect of a more skilful extraction from the materials of our food of the real nutriment they contain.

During the past week or two Mr. Buckmaster has contrived to interest large numbers of working men and their wives in the art of cooking a dinner fit for an epicure, and the admirable *pot-au-feu*, tripe and onions, liver and bacon, cold-bean salad, and other dainties prepared in inviting and novel manner have been thoroughly appreciated by an eager crowd of listeners and tasters. Perched up in his rostrum, Mr. Buckmaster lectures away, and issues his orders to a staff of neatly-dressed assistants, who stand ready at his bidding to add another pinch of salt or pepper, or a slice of onion, to make the dish more palatable. And although the discreet Mr. Weller did not care for horse-radish, so long as he got his beef, Mr. Buckmaster places his condiments at a high value, being fully aware that their stimulating aromatic qualities give zest to the dish and make it more digestible, while they contain certain important organic salts that are strictly food. It would be difficult to point to any other subject more intimately associated with the well-being of mankind than that of the art of cooking and preparing food, as it in truth regulates the absolute and relative value of the first necessaries of life, and contributes not a little to the health and happiness of every human being. Consider for a moment how large an amount of personal misery arises from dyspepsia; a malady answerable, directly or indirectly, for more unhappiness, and tending to lower the tone of human enjoyment, and impair the cheerfulness and brightness of our daily life, than any other disease we know of. This malady is the offspring of badly-cooked food. Yet how few housewives care to make themselves acquainted with the simplest methods of preparing wholesome, digestible food. The French greatly excel us in this particular, and their family *pot-au-feu*, *bouillon*, and *bouilli*; or broth and meat dishes, prepared at the smallest cost and trouble, are almost unknown among us. This is to be deplored; because stews make an excellent and nourishing family meal, and cost a mere trifle. The curry, which forms a staple food of the native population of India, is a tasty and most economical dish; it is, however, unknown to the poor of this country. A small quantity of any kind of meat, fish, or fowl will make a good curry, which, served up with well-boiled rice, can be prepared at the cost of a few pence. The Spanish *punchéro*, or pip-kin cookery, a kind of stewing, achieved with a minimum of materials and fuel, is well worth acquiring. By these slow simmering processes, conducted in cheap earthenware pipkins, not an atom is wasted of the juices of the animal and vegetable substances employed; and the prepared dish is inviting, digestible, and nourishing, and costs next to nothing. The high price of meat renders it almost imperative upon us to inculcate habits of thrift and economy among all classes of the community; and it should be made clear to the simplest understanding that to be well nourished or fed is to have a sufficient supply of any kind of aliment which produces the most perfect development of the animal frame. For the young this is a question of the highest importance; it is the one thing, of all others, that determines "the survival of the fittest," and prepares our children for the task of subduing the earth and carrying forward the future destinies of the race.

Our national neglect of the important matter of preparing nourishing and digestible food seems to justify the old adage—"God sends meat, but the devil sends cooks." The proverb apparently has reference also to an abominable English dish of beef, which, when it comes to the table, is *coal-black without, and leathery within.* But have we not ourselves to blame for all this, or do we ever take the trouble to inaugurate a better state of things in the kitchen department? It is, however, no new discovery that our cooks know nothing of their business; neither are they entirely to blame for their ignorance. The art of cooking forms no part of the educational requirements of the nineteenth century, and who ever heard of a prize being offered for good cooking?

School Boards care nothing about the matter; they go on haggling over things of small importance in comparison, and split straws over denominational and secular questions, pay teachers on the results obtained by cramming children with French, music, calisthenics, and other follies, and systematically neglect everything relating to the after duties of life; ignore, indeed, all the higher womanly accomplishments, as sewing, shirt-making, cooking, and making the most of this world's goods. Household economy holds no place in school requirements, and therefore girls grow into women in utter ignorance of most things they ought to be acquainted with, and knowing nothing of domestic economy or the laws which regulate the health of human beings. Women among the working classes enter into the cares of a family, and help to fill our streets with half-starved and neglected children; while ill-fed, quarrelsome husbands seek to forget their wretched homes in the evils of intemperance.

Mr. Buckmaster, we are glad to see, is attempting to remove this blot upon our national character, and hopes to stir the public mind to a sense of the importance of making a school of cookery assume a permanent form and place among educational establishments.

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THE NITRITE OF AMYL IN EPILEPSY.

Dr. Crichton Browne has contributed to the last volume of "West Riding Lunatic Asylum Medical Reports" a paper in which he describes his experience in the use of nitrite of amyl in epilepsy. The results at which he has arrived are so remarkable and important as to merit special notice, and to call for further trial of this agent by all those who have the opportunity of employing it under the conditions which he indicates. Being engaged in tracing out the areas of blushing as induced by nitrite of amyl in different individuals and under different circumstances, with a view to elucidate the laws regulating the diffusion of that form of emotional expression, Dr. Crichton Browne was struck by the fact that the degree and extent to which the blushing caused by nitrite of amyl is manifested are influenced by certain pathological states. He found that general paralytic patients may inhale a considerable amount without displaying any marked flushing, even of the face, and that epileptics cannot breathe the smallest quantity without exhibiting extreme cutaneous hyperæmia over the face, neck, and chest. Guided by these observations and by an ingenious argument founded upon them, he was led to conclude that if the nitrite of amyl could be given immediately before an epileptic fit, the spasm of vessels might be prevented, and so the whole sequence of morbid events averted. "And," as he forcibly remarks, "a fit averted in epilepsy is no slight gain; it is, in fact, a step made towards recovery, and a postponement of those degenerative consequences which are, as a rule, developed in proportion to the frequency and severity of the fits. To interrupt a pathological habit is to give a chance of recovery; to control the fits is to limit the destructiveness of epilepsy." In several cases in which the nitrite of amyl was administered immediately after an aura the usual fit did not supervene, and in one case in which it was administered regularly three times a day, a series of fits from which the patient was suffering was abruptly interrupted. In rabbits, too, rendered artificially epileptic by Professor Ferrier, it was noted that the fit which invariably followed on electrical irritation applied to the exposed brain when no interference took place, was arrested by the inhalation of nitrite of amyl. "The result of all my experiments is to convince me," says Dr. Crichton Browne, "that it will be found invaluable in many cases in not only postponing but in altogether preventing epileptic seizures. The utility of an agent possessing this power can scarcely be exaggerated. It will, I believe, supersede other methods of attempting to avert the fit by acting upon indications afforded by the aura. Pressure upon, or ligature of a limb, section of a nerve trunk, or cauterisation of the surface from which an aura originates have done good service in certain cases, in hindering the accession of seizures, but the nitrite of amyl appears to be a more ready and certain means for compassing the same end. A vinaigrette or small stoppered bottle containing a sponge soaked in nitrite of amyl and carried in the pocket, so as to be at hand on the occurrence of an aura, will, I think, be found a safeguard to many sufferers from epilepsy. Whenever there is time after the initiation of the aura, and before the development of the proper phenomena of the fit, to breathe the nitrite of amyl freely, the fit, with its terrible accompaniments and disastrous sequelæ, may, in many instances, be not merely postponed but abolished."

But there is another epoch in epilepsy besides the pause between the aura and the fit, when, according to Dr. Crichton Browne's experience, the nitrite of amyl may prove beneficial, that is, at an advanced stage when the alarming condition, the *status epilepticus*, is developed. In ten cases of the *status epilepticus* the nitrite of amyl has been used, and eight of these have terminated in recovery. Under its influence several patients have rallied from what was apparently a hopeless condition. Whenever it is inhaled the breathing becomes freer, the circulation is relieved, and the seizures are diminished in frequency and severity. It appears to act with a directness and certainty that cannot be ascribed to any other remedy hitherto employed in the *status epilepticus*. We cannot be wrong in asserting that these observations demand serious attention. We trust we shall shortly hear of numerous and extended trials of the nitrite of amyl in epilepsy.

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THE STARVATION IN THE IRISH WESTERN ISLANDS, AS DEALT WITH BY THE DUBLIN LOCAL GOVERNMENT BOARD.

A very unique instance of the art of "how not to do it," with which our public offices are credited as being amazingly proficient, is made manifest in the appendix to the last Irish Local Government Report. Indeed, the correspondence there published seems to reveal something more nearly resembling heartless disregard of the sufferings of the people than mere official red-tapeism; and it seems to us that some explanation is needed of the *nonchalant* attitude maintained towards the starving islanders and those who pleaded for help, by the authorities whose duty it is to relieve the poor.

A close attention to dates will point the moral of the affair, and serve to illustrate how utterly incapable a public office is of dealing with a sudden emergency, such as that to which we now call attention.

The island Innisboffin is situated about six miles from the mainland of the county Galway. It is about three and a-half miles in length, and two miles at its widest part in breadth, and at the last census in 1871 it contained 1,054 inhabitants. Its area is nearly 2,400 acres, comprising pasture, tillage, and mountain. The southern side, next to the mainland, has an excellent harbour, but is greatly in want of a small pier or landing place at the upper end of the harbour for the loading or unloading of craft. With strong southerly winds it is, however, shut, and consequently the island is frequently cut off for many days from any communication with the mainland, and boats would be prevented from proceeding to the fishing grounds. Shark Island lies about one mile west of Boffin, contains 581 acres, and at the last census had 208 inhabitants. It has no harbour or proper landing place, though almost every man on the island is a fisherman, whose boats have to be hauled up a precipitous cliff nearly thirty feet high, and when the wind is from the south or southwest it is almost impossible, without great danger to life, to effect a landing.

Henry Wm. Wilberforce, brother to the late Bishop of Winchester, is the nominal owner of Boffin and Shark islands, but the property has been mortgaged by that gentleman to London capitalists for £13,000, and is leased to Sir William Palmer at £550 a year.

We give the history of the matter in a chronological form, the better to impress upon our readers the supineness of the authorities.

The urgency of the distress of the poor people first made itself officially manifest on January the 29th, 1873, when a minute was adopted by the Clifden Board of Guardians to the following effect—"That deep distress, arising from want of fuel and food, prevails at present. . . . That we, therefore, deem it our duty to earnestly call the attention of Government to this serious state of things."

February 4th.—The Commissioners reply that, "There appears to be ample accommodation in the workhouse, and according to the entry on the Guardians' minutes there are no patients in the Fever Hospital. The powers of the Local Government Board under sec. 2 of 10 Vic., c. 31, could not be exercised under such circumstances."

On the same day a memorial was presented to the Lord Lieutenant by nine of the Catholic clergy of Clifden, with the Catholic Dean of Tuam at their head, to the following effect:—

> "We most respectfully invite the attention of the Irish Executive to the great distress unfortunately prevalent throughout the entire of this remote district. . . . There are at present large numbers of the people utterly destitute of the necessaries of life; and as the season advances, the distress will become more intense and wide-spread.
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> "That hunger has been already endured is patent from the following fact: Five weeks since, twelve large boats were despatched from Clifden to Galway for bread-stuffs. Owing to the terrible weather they could not put to sea for twenty-one days of suspense throughout the district. During that period of utter dearth of oatmeal, Indian meal, and flour, the few potatoes set aside for seed were much diminished, despite the death struggle of the people to save them for next year's crop.

"Employment alone is the medium of relief for an able-bodied people who are willing to earn their bread and quite unwilling to subsist on mendicancy. We, therefore, do hope that employment will be given without delay. We do, however, say emphatically that if these measures be neglected or deferred, the consequences will be sad."

This memorial was sent by the Lord Lieutenant to the Local Government Board, and by them (at great loss of precious time) to Dr. Brodie, the Poor-law Inspector of Galway, for his report.

February 5th.—Report from the local relieving officer of a visit to Innisboffin :—

"In visiting and inquiring into the state of the island, I find that many families thereon will this season suffer much for the want of food, in consequence of the failure in the potato crop last harvest, unless they get some fish, which is not habitual at this season. I am of the opinion that not one person will have two bushels of seed potatoes to sow this spring on the island. I know many who had to eat the potatoes which they intended to set in the ground, also the oats."

Same date.—Letter from the Catholic administrator of Innisboffin to the Lord Lieutenant :—

"He considers it his painful duty to lay before His Excellency the distress and the prospects of great destitution that at present exist amongst the inhabitants of the islands of Innisboffin and Innisshark. The stormy, wet seasons we have passed through have been fatally disastrous to the fishing on this coast, thus depriving these poor people of their second means of livelihood. Already are the cattle to be seen dead from time to time on the mountains. If something be not done to remedy this sad state of things, I fear the consequences will be alarming."

February 14th.—Report from Dr. Brodie, the Poor-law Inspector, dealing principally with the state of the poor people on the mainland, and corroborating the statements as to destitution on the islands. He concludes with the statement that, "If the inhabitants of the islands were enabled to subsist *until April* (*two months from the date of writing*) they would require no further aid."

It will thus be observed that, though *three weeks* had elapsed since the Poor-law Commissioners were informed that the poor people were in imminent danger of starving to death, they had done absolutely nothing. They had satisfied themselves by ascertaining that there was abundant room in a workhouse miles distant from the island, across the sea, which, they were informed, had been for twenty-one consecutive days impassable, in consequence of the bad weather. It is illustrative of the official mind that when the Board was importuned by imploring representations on behalf of the starving islanders, it could afford them no better aid than the advice that the whole population should take boat, and if they survived the voyage across the stormy barrier which had kept back their supply of food for twenty-one days, should enter the Clifden workhouse. They had even left it to the constabulary to make adequate inquiry, and the following terrible details are the result of that inquiry. On the 6th of March, six weeks after the distress became urgent, the sub-inspector of constabulary, in a report to the Castle, says :—

"I went to Shark, and returned to Boffin on 2nd inst. I came back from Boffin through a very heavy sea.

"In Boffin island one man has about two tons of hay, another man about half a ton, and three or four others have little bundles of litter which they call hay,—say 4 cwt. each. The fodder, therefore, is at a very low ebb, and, in consequence, very many sheep have died of starvation. I learnt that one man lost fifteen. The islanders in winter slice up potatoes and carry them out to the sheep on the hills; but as the potato crop of last year was so bad, most of the potatoes were used by September, and nearly all were gone by December, therefore there was nothing to give the sheep during the hard weather of January and February, and numbers died. Those left which I saw were pitiable looking objects. In one house in Shark I saw a sheep which had died the day before of starvation. I should scarcely have known it was a sheep, for it was *literally* skin, bone, and abdomen. I could not learn that a single head of cattle died of starvation, but a few died from other causes. Those of the islanders who have a beast are obliged to feed it on Indian meal, for if they lost the beast they would be ruined. I visited a great many houses in Boffin and Shark, and I certainly found great distress and dire poverty. *In one house I found them eating their dinner, which consisted of boiled seaweed with 'limpets' in it. Limpets are shell fish which stick to rocks.*

"In some houses on Shark I found there was only a quart of meal, and that, too, borrowed from the last neighbour who had got a bag; only three men in Shark have any potatoes for seed. No potatoes were eaten since before Christmas. There is no seed oats there except with one man. . . . . They share their own meal with the little pigs, but sometimes they have only one meal a day. Fuel at the best of times is bad and scarce; they have only 'scraw' turf, that is the boggy sod. This year fuel is painfully scarce.

"Dysentery has made its appearance on the islands, and I fear it is owing to want of proper nourishment.

"The roads are not going to decay, they are gone. I could not describe them. As far as I can ascertain, the county cess paid to Mayo by the islands is about £50 or £60 a year, but the county Mayo expended but £50 on Boffin during the last thirteen years. I cannot learn they ever spent anything on Shark.

"It would be well to supply the islanders with seed, oats, and potatoes, and spillets to any who require them. Such articles to be paid for when better times arrive.

"This and more liberal out-door relief is all I can suggest."

We resume our history.

March 3rd.—Outbreak of starvation—dysentery reported by the Medical officer, and letter from the commissioners to the guardians on the subject.

On the same date the commissioners wrote to the Castle, apparently for the purpose of removing from the Lord Lieutenant's mind the idea that it was necessary to take some immediate steps to save the lives of the peasantry. They say :

"By a report from Dr. Brodie, of the 24th ultimo, the Board learn that the recent fine weather has, in a great degree, removed the turf difficulty, and that the agent of the Glasgow Iodine Company is believed to have determined on resuming the practice of making advances to the population on the sea-coast for kelp as in former years."

March 13th.—No meeting of the guardians until the bye-ways and ditches were searched by the inspector. ONE bag of rice directed to be sent to Innisboffin (for a population of 1,054 persons), and the islanders to be informed that wine and bread can be had at the shop on the island if they choose to take boat across to the mainland and hunt up the relieving officer for an order.

Thus ends the history. From that day forward there was not even the pretence of an intention on the part of the executive to do more. The poor islanders throughout the six weeks spent in official letter writing starved, but did not die, and it might be supposed that, having thus maintained existence on their *one* bag of rice, their seed potatoes, the bodies of their dead sheep, the seaweed and limpets, and any charity or credit they could get, until the cod fishery was resumed and the turf was dried, the Irish Poor-law was relieved of its responsibilities.

Not so; a humane man was moved by the sight of that misery which the commissioners contented themselves with hearing of, and he devoted himself to the organisation of a private charity fund to alleviate that misery and combat those dangers which it was the duty of the authorities to deal with. The duties of Mr. Thomas F. Brady, one of the Inspectors of Irish Fisheries, in connection with his office having enabled him to ascertain that extreme distress existed on the islands in question, he addressed an appeal to the public on behalf of the destitute islanders. This appeal was most generously responded to. The total amount subscribed for the general fund was £1,203. In addition to this, a sum of £229 was subscribed for the relief of the widows and orphans of five men who were drowned on the 25th of May in the attempt to capture a sun-fish or basking shark.

Were it not for this timely relief, it is impossible for us to say what number of lives might have been sacrificed to the indifference of officials and the inhuman parsimony of guardians.

Let the public contrast, with this statement of private generosity, the scandalous narrative of a public department, which, though endowed with enormous revenues, closes its ears to the repeated warning petitions for help, and from January until May can or will do no more than offer 1,200 starving fishermen *one* bag of rice, and the economical advice that they must be content, and live on boiled limpets and sea-weed until circumstances improve.

It is, in our view, a most disgraceful and humiliating discovery that an organisation of which we are told the country ought to be proud, is incapable of putting its machinery into motion in a less period than six weeks, and is, in the end, forestalled in its own special duty by a private individual, whose humanity of purpose and energy of action are in noble contrast to the official lassitude of the Irish Local Government Board.

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Notes on Current Topics.

The Pathology, Etiology, and Treatment of Stuttering. By R. M. Bertolet, M.D.

A BROCHURE upon the above subject, by Dr. R. Coën, made its appearance last year at Vienna, which has been carefully analysed in the Philadelphia *Medical Times.* While the earlier writers attribute the affection to organic malformation of the vocal and speaking apparatus, others, on the contrary, viewed stuttering as a disturbance of the nervous system and of the central organ; latterly the disease has come to be regarded as the result of disturbed function of the respiratory organs. Coën is of the opinion that stuttering is to be regarded as a secondary manifestation and result of another pathological condition of the organism, namely, of anomalous size of the respirations. He was led to this view by the observation that the disturbance is most noticeable in the formation of those sounds which require a greater immediate action of the respiratory organs—hence in the mute consonants; while the disturbance of speech is rarely or never manifested in uttering vowel sounds. In the formation of the mute sound the vocal fissure is widely opened; the atmospheric pressure in the cavity of the mouth is then equal to that in the lungs, and the apparatus of the mouth must be sufficiently firmly approximated to give resistance to this pressure. In the stutterer the atmospheric pressure in the lungs is diminished in consequence of defective innervation and consecutive disturbance of function; the apparatus of the mouth is, on the contrary, normally innervated, hence also disposed to offer a vigorous resistance to the irregular atmospheric pressure of the respiratory organs. If the air under such circumstances has to overcome a marked resistance, then this occurs only tediously, and the sound is pronounced at one time with difficulty, at another weak, indistinctly.

A disproportion between the diminished atmospheric pressure and the normal activity of the closing organs then ensues, and only after great effort is the air-pressure in the lungs increased, the firm closure opened, and the sound produced vigorously. In this manner is also explained the well-known fact that stutterers pronounce vocals quite well; that they can sing, declaim, speak loudly and slowly, without their defect being in the least manifested.

Stuttering differs materially from stammering: the latter consists in the inability to pronounce certain sounds and words completely and correctly, which can only arise as a result of malformation of the organs of articulation. It differs from stuttering in that it persists under all circumstances, excludes nervous and spastic conditions, and is evident also in singing and declaiming. According to Coën the primary affection of stuttering must be sought in a central affection of the oblongata or in a spinal irritation, or in a combination of these two pathological conditions, whereby the activity of the respiratory organs is interfered with as a result of the disturbed innervation; *i.e.*, the atmospheric pressure in the lungs is diminished, and the action of the diaphgram becomes irregular.

That mental affections and increased spinal irritability are the causes which may produce stuttering is shown in its instantaneous appearance during the age of puberty upon injuries to the head and spine, in severe nervous affections, and especially from strong and rapidly acting irritants upon the nervous system. Here also are classed defective nutrition, abnormal formation of the thorax, debility of the respiratory muscles—conditions which are induced by the primitive affection.

The *treatment* recommended is a methodically applied gymnastics of the lungs and electricity. In order to increase the force of the lungs, a forced inspiration and expiration, interrupted at short intervals, should be practised; in this manner the slow innervation is quickened and the tonicity of the lung raised. In order to remove the disproportion between the diminished atmospheric pressure and the normal articulation-muscles, the patient is ordered to make a deep inspiration before pronouncing each word of some selected sentence, so that the column of air is compelled to enter with force into the thoracic cavity; this occurs best when the patient inspires deeply with the teeth firmly pressed together. Then the word is spoken loudly and slowly at regular beaten intervals. After some practice an inspiration need only be made after every second or third word.

The indications for the electric treatment consist, first, in strengthening the inspiratory muscles by galvanization or faradization of the branches of the phrenic nerve and of the cervical plexus supplying the respiratory muscles. A second indication consists in combating the spastic condition by strong voltaic alternations. At the same time a general water-cure and forcible friction (Swedish Heil-gymnastic) of the respiratory muscles act against the dynamic causes which increase the affection. By the hydropathic cure it is claimed that a more cheerful psychical mood of the patient is induced, during which the depressing evil is forgotten and the hope of a recovery given room, an influence not to be despised in the treatment even of stuttering.

The Sewage Question.

We have received a copy of a report of a sub-committee on the utilization of sewage, appointed by the borough of Leeds, giving the results at the Knostrop Sewage Works. The report states that, in order to test the relative value of the native guano produced by the A B C process at the Knostrop Sewage Works, the Committee had six plots of grass land, each half an acre, treated with various dressings. On each plot they put 30s. worth of each sort of manure, but the carriage, labour of spreading, and subsequent dressings caused a difference in the cost of the several plots; and in that treated with street sweepings, the quantity laid on was so much in excess of what was proper that the result is of little use for comparison, and it is probable that next year, with no further dressing, this crop may be very good, and the benefit then apparent. It is further stated that from the first the Peruvian guano appeared to take the lead, the grass being higher than the rest, including that on the plot dressed with native guano; but when cut the weight of hay was not heavier, having much more of the long strong stalks, whilst the native guano had more herbage and fine grass near the roots. The grass was all cut at the same time and made into hay, the finest quality of all, as decided by a competent judge, being that grown on the plot manured by the native guano. The committee propose to allow the several plots to remain exactly as they now are, without any fresh dressing, and see the result next year.

Reduction of the Army Medical Service.

A military contemporary reports that some reduction in the *personnel* of the department is at present under consideration, and that Mr. Cardwell will probably abolish about thirty-five places in the surgeons' list.

Hospital Ship for the Gold Coast.

It is the intention of the Government to equip a large vessel as a hospital ship for the reception of the sick and wounded during the expedition against the Ashantees, after the pattern of the hospital ships stationed in the Red Sea during the Abyssinian war.

Cure of Aortic Aneurism by the "Rest" Treatment.

A very interesting and important case has recently been brought to the test of direct observation in Dublin, in which, after the complete failure of other methods of treatment, the efficacy of the "rest" treatment in aortic aneurism has been proved. The patient had been transferred from Liverpool to the City of Dublin Hospital in last January, and placed under the care of Mr. Joliffe Tufnell, who adopted the method of perfect rest in the recumbent posture, as recommended in his work on Aneurism. After the man had—apparently—completely recovered, he was attacked by Bright's disease, which carried him off last week. The autopsy revealed the cause of death well-marked in the kidney. The cure of the aortic disease was beautifully illustrated, the entire aneurismal sac, saving a small passage for the blood in its natural course, being consolidated in successive union, like layers of fibrin. The vertebra or spinal column were not at all affected, and the normal condition of the branching arteries was maintained.

Dr. A. W. Foot, Physician to the Meath Hospital, was on Saturday, the 6th of Sept., elected to the Chair of Medicine in the Ledwich School of Medicine at Dublin, in the room of Dr. Eames, deceased.

An Astute Diagnosis of an Irish Coroner's Jury.

The *Wexford People* supplies us with a laughable narrative of a coroner's 'quest in that county, its deliberations and ultimate decision.

The inquest was on the body of a child, æt. two years and four months. It appears the child and another of four years and a half, went out on the road to play. The elder one returned in immediately and said that the sow was eating Jemmy, whereupon a girl went out and saw the child lying on the road and the sow standing over him. She brought him in. A messenger was sent for the local doctor, who was met on the road by a person telling him that all was over. On the assembly of the coroner and jury, the doctor made a *post-mortem* examination of the body, found no internal injury caused by the sow which would be sufficient to cause death; under the left lung he found four white spots such as the lid of a pipe would make if laid on tender flesh while hot, but he said such was not sufficient to cause death. The jury found that death was caused *by acceleration of capillary bronchitis brought on by fright.*

The Sham Diploma Trade in England.

A correspondent has favoured us by sending us a letter addressed by a Dr. Van der Vyver, of Jersey, to a person whom he never saw or heard of, in which communication this person, as agent of one of the swindling diploma vendors who were recently de-charterised by the American Legislature, offers to sell to a hypothetical person an M.D. degree of the "American University of Philadelphia," including a *handsome* diploma and certificate of registration, for £20.

This firm of Medical blacklegs consists, according to their business card, of twenty-five persons, who are farmed by a man named Sites to allow their names to be used. They are set forth as teaching every conceivable branch of knowledge, from Church history and Roman law up to mechanical dentistry.

It would appear as if such persons do a thriving trade in Great Britain, for they continue to pursue their business with great vigour, although the American market has been closed to them.

Yellow fever is causing great mortality in the State of Louisiana. In some of the towns the deaths amount to twenty a day.

Typhoid.

Enteric fever has broken out in several parts of Birmingham. We are glad to be able to state that the outbreak of this disease at Brighouse, Yorkshire, has been completely arrested.

Czermak.

We regret to learn that Professor Czermak, the celebrated physiologist, whose work on the Laryngoscope was translated by the New Sydenham Society, died last week at Leipzig.

The Brighton Free Library was opened last week with an inaugural address by Dr. Carpenter, F.R.S.

A sum of £10,000 is to be expended in making improvements, hygienic and otherwise, in the North Surrey District Schools at Anerley.

The port of Hull has been declared infected, and other ports of the north of England suspected of cholera, so that all vessels leaving these ports must undergo quarantine at Lisbon.

The prize of 2,000 rupees offered in October, 1871, by the Government of India for the compilation of the best Manual of Family Medicine for India has been awarded to Surgeon-Major Moore, of the Rajpootana Political Agency.

The process of incineration has received a slight encouragement on the Continent from the formation of a club at Hamburg, each member of which, on entering, makes a provision in his will that his remains are to be burned after death.

The scientific world has just lost two very bright ornaments in Prof. Donati, Astronomer Royal to the Observatory of Florence, who died on Friday of Asiatic cholera, and Prof. Nelaton, whose death took place in Paris on Sunday evening.

Mr. Fairweather, Sanitary Commissioner of the Punjab, in his last report states that there is a decided improvement in the public health, both in large towns and in rural districts. Small-pox and fever are rapidly subsiding, while the small number of deaths from cholera gives reason to hope that the disease has now spent its force.

Dr. Letheby reports that during the recess 1,399 houses had been inspected in the City, 94 of which required sanitary improvement. The markets and slaughterhouses were also visited, and 20,053 lb. of meat condemned. The health of the City proper is now very good.

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During the past week 1,319 deaths were registered in London, being 90 below the average in the corresponding week of the last 10 years. The deaths included 2 from small-pox, 26 from different forms of fever, 162 from diarrhœa, and 12 from diphtheria. The rate of mortality in London and 20 other large cities and towns of the United Kingdom was 24 deaths annually to every 1,000 persons estimated to be living, the rate being 21 in London, 19 in Portsmouth, 23 in Bristol, 30 in Birmingham, 34 in Nottingham, 31 in Manchester, and only 18 in Edinburgh.

Foreign Medical Literature.

ON THE SUBSTITUTION OF PERMANENT CONTINUOUS WEAK CURRENTS FOR TEMPORARY POWERFUL INTERRUPTED CURRENTS,

BEING THE

DISCUSSION UPON THE COMMUNICATION OF PROFESSOR LEON LEFORT.

(Translated for the Medical Press and Circular, from *L'Union Médicale*, by Francis M. Luther, M.D.)

M. Giraud-Teulon has employed experimentally the continuous currents since Professor Benedict, of Vienna, called attention to this method. He has been able to take note of forty-two cases. In thirty-two cases of paralysis of the muscles of the eye the application of continuous currents succeeded twenty-four times in awaking muscular contractility. Lastly, in some cases of opacity of the vitreous body a few applications of very short duration (of five minutes or thereabouts) of the continuous current sufficed to clear away the opacity and give to the vitreous body sufficient transparency to allow of ophthalmoscopic examination; an irrefutable proof of the evident action of the continuous current on the nutrition of the tissues. Using sixteen links of Remak, M. Giraud-Teulon has never met with an accident. He thinks that the action of continuous currents either in the case of paralysis and contraction, or upon the nutrition of the tissues, is an important question which deserves to be studied.

M. Dubreilh has had occasion in M. Verneuil's wards to apply continuous currents to a case of reflex contraction of the palmar interossei consequent upon an articular lesion. M. Verneuil, thinking there might be an injury to the cubital nerve, had prescribed without success, a blister to be applied to the upper part of the vertebral column. M. Dubreilh submitted the patient to the action of the continuous current by the aid of Remak's apparatus, whose positive pole was in contact with the arm of the subject plunged in a bath of salt water, put *en rapport* with the negative pole. The patient made a perfect recovery.

M. Bouvier is not convinced of the superiority attributed by M. Le Fort to the continuous over the induced currents in evoking the contractility and augmenting the nutrition of muscle. A long time since M. Bouvier recognised the property the induced currents possess over the contractility and nutrition of muscular fibre. His observations have been confirmed by American surgeons, who have declared that they very rarely saw faradisation perseveringly employed, and not to produce amelioration in traumatic paralysis. M. Duchenne's (of Boulogne) treatise on local electrisation contains observations of cases where the volume of muscles augmented under the interrupted current.

M. Bouvier saw in 1852 a patient who was struck with paralysis of the interosseal muscles of the left hand from a wound of the cubital nerve. An astonishing atrophy of the interosseal spaces followed on this paralysis. After four months of faradisation, performed by M. Duchenne, the atrophy had experienced an immense amelioration under the influence of the faradic current. M. Bouvier submits to the inspection of his colleagues two plaster casts, the one taken before the other after faradisation, and which demonstrate conclusively the extreme amelioration experienced by this patient, and which lasts up to the present time, that is to say, after twenty years.

In another case communicated by M. le Docteur Bouland, a Brazilian, affected with paralysis of the interosseal muscles and consecutive atrophy, the hand experienced a notable improvement under faradisation, then lost ground when it was interrupted, but regained it upon the faradisation being resumed.

The observations of M. Le Fort show that with continuous weak permanent currents good results may be obtained in traumatic paralysis. They do not prove that as regards the augmentation of muscular contractility and nutrition there is any difference between the action of continuous and induced currents. Nowhere in M. Le Fort's paper is there any mention of a comparative study of the two kinds of currents. We know nothing then in this respect, and up to the present there is no reason to attribute pre-eminence to one over the other. All that can be said in the present state of science, is, that in certain cases, especially with children and women, it would be preferable to substitute the currents that M. Le Fort speaks of, for induced currents, which determine certain effects of nervous excitement from which the first are exempt.

M. Le Fort did not seek to draw a parallel between induced and continuous currents. He simply wished to communicate some observations in which the application of continuous weak permanent currents had succeeded in curing traumatic muscular paralysis. We do not as yet know very well in what cases it is preferable to apply the induced, and in what the continuous current. We only know that the continuous currents succeed in certain cases where the induced current fails; why, we do not know. When we apply the induced current to the surface of a paralysed limb, sometimes, if the current is sufficiently strong, a tetanic contraction is determined; at other times the application of the current is not followed by any kind of action; now, in those latter cases where the induced current has failed, if you try the continuous current, you succeed in causing the paralysed muscles to contract.

M. Le Fort has made the following experiment. He cuts a motor nerve, the muscle to which this nerve is distributed is paralysed. Next day he applies the induced current to this muscle; no contraction. He applies the continuous current and contraction ensues.

M. Le Fort is far from denying the action of the interrupted current: he makes use of it daily and finds it render considerable service; but the constant currents have this advantage, of acting in certain cases where the first is powerless.

In his communication M. Le Fort aimed at showing that with a small number of elements, applied permanently, one might obtain continuous currents whose action is equivalent, and in some respects superior to that of continuous, energetic, but temporary currents. The duration of the application compensates for the force of the current.

Regarding the comparative action of induced and continuous currents on the nutrition of muscles, it is not easy to pronounce in an absolute manner. It is certain that muscular movement augments the nutrition of muscle; but the induced currents appear more particularly to possess the advantage of exciting fibrillar contraction in the cases where the nervous influx is unable to excite it, while the constant currents appear to have more especially for their *rôle* to arrest and even to cause to retrograde atrophy of muscular fibre.

How does it effect this? We do not yet know; we may with equal probability attribute this action to chemical, thermic, or trophic effects produced by the currents.

In *résumé*, M. Le Fort's communication reduces itself to this: For a certain number of years it has been noticed that in some cases paralysed muscles did not contract under the influence of induced currents, and did contract, on the contrary, by the action of continuous currents. It has also been observed that with numerous elements employed for a very short time, the effect of continuous currents on muscular contractility is also very marked.

M. Le Fort wanted to see what continuous weak and permanent currents can achieve in muscular atrophy, in lesions of nutrition. The results obtained have hitherto been excellent, and have led him to think that there were grounds for proposing the substitution of continuous weak and permanent currents for energetic and temporary currents.

M. Giraud-Teulon does not believe that the induced currents have in the same degree as the continuous currents the power of curing muscular paralysis; he never applied the induced current (indeed, it could not be done without danger) to such a delicate organ as the eye. But he already mentioned the remarkable results he obtained from the action of continuous currents in 30 cases of paralysis of the muscles of the eye; can the school of faradisation show as many cures? In fact it is not enough for the induced currents to excite electro-muscular contractility; it must be demonstrated also that they put the paralysed muscles in a better condition than the continuous currents to obey the will. As to the action of continuous currents on nutrition, it is manifest enough from the property they possess of destroying opacities of the transparent media of the eye.

M. Dubreilh has had no occasion to apply the continuous current unless to patients suffering from contractions; he employed the descending currents and obtained effects that never could have been obtained by the induced current. Besides the patient that M. Verneuil alluded to previously, M. Dubreilh has caused to cease, in a moment, muscular spasm in a tetanic patient menaced with asphyxia, simply by the aid of the descending current.

M. Dolbeau says, that, in considering the question raised by M. Le Fort, one should distinguish spontaneous from traumatic paralysis. It is to the first that the remarkable results obtained by M. Giraud-Teulon apply. As to the second, traumatic paralysis, itt cure is so rare, so exceptional, according to M. Dolbeau, that it is permitted one to doubt if electricity has any action upon it whatever.

In the paralysis of the muscles of the shoulder consequent on a luxation of this joint, one sees in general, the muscular atrophy and the paralysis persist indefinitely. spite of the persevering employment of electricity. M. Dolbeau saw a patient treated for six or eight months by Duchenne, of Boulogne, without any result. In spite of this long treatment, the atrophy of the muscles became complete, and moreover the patient suffered agonising pains. For five years, at different intervals, the unfortunate was submitted to the action of currents, sometimes intermittent, sometimes continuous, without obtaining the least amelioration; on the contrary, his state was aggravated, and yet after the accident the paralysed muscles acted still, though incompletely, to the nervous influence

M. Dolbeau has seen, on the other hand, paralysis limited to the muscles under the influence of the radial nerve, cure with extreme rapidity after most defective application of electricity, made by simple and but little zealous extern pupils of the hospitals; with such rapidity that one may fairly ask if electricity had anything to do with the cure. M. Dolbeau thinks that electricity, in the state of continuous current, may act on the nutrition of muscular fibre. M. Duchenne, of Boulogne, has well demonstrated that muscular fibres having undergone incipient degeneration, may recover at the end of several months or years. But it has not been scientifically demonstrated that electricity, whether applied under the form of the continuous or the intermittent current, has any real action upon traumatic paralysis, nor, moreover, that it is the agent in the cure of this malady. It is time which according to M. Dolbeau, plays the principal part a those cures, which are besides exceptionally rare.

M. Maurice Perrin partakes of M. Dolbeau's opinion. He has never seen traumatic paralysis favourably influenced by electricity. As to spontaneous paralysis, he would like to hear M. Giraud-Teulon define the cases he mentioned, and point out the real nature of the ocular paralysis to which he said he had applied the continuous current with such remarkable results. There are paralyses of the motor oculi which get well spontaneously; it is those that have been described under the name of *essential* paralysis, that is to say without lesion. Those that depend on cerebral lesion never get well. M. Maurice Perrin has heard with astonishment M. Giraud-Teulon say that induced currents could not be applied without danger to such a delicate organ as the eye. Every day he applies them without the least damage either to the retina or to the brain. They are absolutely inoffensive, upon the sole condition of graduating the intensity of the current. M. Maurice Perrin has employed the induced currents in various cases of paralysis of the muscles of the eye; never did he obtain the least amelioration. He gives no opinion as to the continuous currents, not having any experience of them.

M. Le Fort is not astonished that M. Perrin did not obtain any result, with his patients, by the application of interrupted currents in cases of paralysis of the muscles of the eye. In fact, if the current employed is energetic, we expose ourselves to the accident that occurred to M. Duchenne's patient, who lost his sight completely and suddenly at the moment that that able operator was applying the faradic current to him. If, on the contrary, the current is weak, no accident is produced, but no effect is obtained.

M. Le Fort cannot admit with MM. Perrin and Dolbeau the absolute inefficacity of electricity in traumatic or rheumatic paralysis. Doubtless it is always possible to say that the cure has taken place, not by the action of electricity but by the sole forces of nature; but that is denying therapeutics altogether, for there is none of its agents whose efficacity might not be called in question by applying that argument.

In the case quoted by M. Dolbeau, of paralysis of the muscles of the shoulder, not cured, but even aggravated by the application of continuous currents, one should know at what time those applications were begun to be made. It is clear that if it was two years, for example, after the *début* of the paralysis no cure could be obtained by any kind of means. M. Le Fort repeats that the advantage of the constant current is to arouse the contractility of muscles when the interrupted current fails. Continuous currents have besides the property of hindering degeneration of muscular fibre. It is clear that if one allows this degeneration to become complete, then nothing can be done either by the intermittent or the interrupted current. M. Le Fort has cured by the continuous current a traumatic paralysis of four months uselessly treated by the interrupted current.

In every case of paralysis the question of diagnosis comes before us. M. Le Fort has seen in the wards of M. Beau at La Charité a patient treated without benefit for six months by faradisation for a paralysis of the deltoid. This patient was shown to Remak, who, after examining him, declares that it is a case, not of paralysis of the deltoid, but a contraction of the great pectoral. He cures him in presence of the students by the application of the continuous current.

In *résumé*, according to M. Le Fort the comparative indications for the continuous current and for the intermittent current are as follow: When there is no muscular degeneration, we should try the induced current; we should employ the continuous current in all cases of commencing degeneration and in all those where no contraction is obtained by the induced current. Lastly in cases of contraction we should give the preference to the continuous current.

M. Trélat entirely coincides in the views of M. Le Fort. When a case of paralysis has to be treated, we have to make a diagnosis which shall rule our treatment. Now we are not yet in possession of the elements of diagnosis sufficient to be able to say, such a paralysis is curable, such another is not; this paralysis is of such a nature, that other of such another nature. But there is a wide distance between incertitude and incredulity. Doubtless there are paralyses which get well spontaneously, or perhaps after the most careless applications of electricity, made without discernment, without patience or continuity; one should not from them deduce an argument against the efficacity of electricity rationally applied in certain cases. M. Trélat has just observed two cases which would lead one to opposite conclusions. A man who had had his leg amputated and went upon crutches was attacked by paralysis of the flexor muscles of the arm. The application of electricity did not produce any amelioration. The patient made a sojourn in the country; he came back completely cured, having done nothing else.

Another individual entered M. Trélat's wards at La Pitié for a dislocation produced by a fall; this dislocation was reduced with extreme facility. The phenomena of paralysis did not show for ten or twelve days, and made such progress that one month after, they had invaded the whole of the extensors of the fingers, and the paralysis was accompanied by the most evident muscular atrophy. The daily application of the continuous current made by M. Onimus produced at the end of two months a sensible amelioration; the patient could extend his fingers. Thus in two months a paralysis of atrophic form and gradually increasing had been eradicated and very notably benefited. Whence M. Trélat infers that it is well to preserve electricity as a mode of treatment for traumatic paralysis.

M. Verneuil has heard with astonishment the favourable action of electricity in traumatic paralysis disputed.

It is evident that in each case it behoves one to take into account both the gravity of the lesion and the duration of the malady. In paralysis following contusion there may be destruction of the nervous filaments. One should wait for the period at which the regeneration of nerves which have been ruptured ordinarily takes place. We know that that takes place usually in about three or four months. During all this time there is a chance of spontaneous cure; but when after five or six months we see no result it is no longer to be counted on.

Paralysis by simple compression does not get well at all, in spite of the employment of friction and of other means used in such cases; but electricity succeeds in it after the failure of all else. It is impossible to dispute the regenerating action of electricity in traumatic paralysis. Unhappily the applications are often ill-done by individuals who have no idea of physiology. When they are employed in a rational manner they are crowned with success.

M. Giraud-Teulon says that two classes of facts have been acquired by the discussion: first, the remarkably efficacious action of continuous currents in muscular contraction; secondly, the very considerable amount of success obtained by those same currents in paralysis of the muscles of the eye. M. Perrin asks, why not employ the induced currents for the eye? If it is true that M. Perrin has been able to make his application without damage, it is not the less so that M. Duchenne, of Boulogne, dreads it much and has completely renounced it. However it be, it is certain that the induced currents applied by M. Perrin have failed where M. Giraud-Teulon has succeeded, thanks to the continuous current.

As to the distinction between traumatic and spontaneous or essential paralysis, M. Giraud-Teulon thinks we need not occupy ourselves with it, since the causal element escapes us always.

M. Maurice Perrin does not think we are as ignorant as M. Giraud-Teulon says of the causes of paralysis. In what relates, for example, to the paralysis of the motor oculi, we can often diagnose whether it originated in rheumatism, syphilis, or some cerebral lesion.

M. Perrin does not condemn the application of electricity to paralysis; he only said that he had employed without result the induced current in cases of paralysis of the muscles of the eye; these applications have been fruitless, it is true, but always harmless, whatever may be said of them, both to the retina and to the brain. Let us now see what the continuous currents recommended by MM. Leon Le Fort and Giraud-Teulon can do. It is for experience to pronounce.

Correspondence.

HILL STATIONS OF INDIA AS PLACES OF HEALTH RESORT.

NYNEE TALL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—With reference to a letter signed "Senex," published in your issue of the 10th inst., permit me to say that there is unquestionably some difference of opinion among Medical men who have resided at Nynee Tall, either in their official capacities or as private individuals, regarding the effect of the conservancy of the lake on the climate of this popular place of resort by Europeans during the intolerable heat of certain periods of the year in the North-West Provinces of India. It is true that a mountain stream of pure water descends to the lake, but on its way from the mountain the stream has to pass through a densely-crowded native village, built on its very edge, and not more than a quarter of a mile from the lake itself. The waters of the lake are certainly polluted by the existence of this village. Its very position, standing as it does in the way of the stream, necessitates all sewage matter, both solid and liquid, being washed into the lake, either by surface drainage or percolation through the shingle or river bed whereon the village is built. Water thus contaminated must necessarily affect the general health, more or less, of troops and Europeans located in its vicinity, and I am therefore inclined to place some credence upon the statement of your "Special Correspondent," that the "lake encourages fever." In a sanitary point of view, the Medical Profession have frequently, and invariably when consulted, advised the Government of India to remove this village, but hitherto, I regret to say, without success. The local taxes are not sufficient to bear the expense of this removal, and the late Lieutenant-Governors of the province, though preferring this sanitarium to any other as a place of residence, have not, it is to be regretted, been sufficiently moved by the representations of Medical men, many of whom have predicted an outbreak of fever from the pollution of the waters of this lake by the sewage of the native village alluded to. A new Lieutenant-Governor has, however, been appointed —a man of rare ability and foresight, and whose attention will soon be directed to this abomination, and the suggestion so often made by the commissioner of the province to the Government of India may some day, it is to be hoped, be crowned with success. This village removed, the salubrity of this beautiful watering-place is assured, and your correspondent will not be likely to renew his complaint that "the lake encourages fever."

I remain, Sir,

Yours obediently,

AMICUS.

HOW WOULD "HOME RULE" AFFECT THE MEDICAL PROFESSION?

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In your issue of August 13th I have endeavoured to show how "Home Rule" would in all probability be an advantage to Dublin practitioners. Let us now consider how it would affect the workhouse and dispensary physicians throughout the country. It is almost certain that an Irish Parliament would seriously modify the present Poor-law system, and seeing that half the salaries of the Medical officers are paid from the Consolidated Fund, and, moreover, that this country, *per se*, is, comparatively speaking, poor, it is only reasonable to conclude that the number of these gentlemen and their present emoluments would be curtailed. Indeed, a prominent Home Ruler, if I mistake not—Mr. Martin—has expressed himself hostile to the existing Poor-law system.

Again, if we take the case of Medical men attached to the county infirmaries and lunatic asylums, and at the same time bear in mind that the resident superintendents in the latter are in a worse position as regards pay and superannuation than their English brethren, we may fairly predicate that a domestic Legislature would improve the position of these gentlemen.

Take another aspect of the question. We have seen that England has been lately mapped out into sanitary districts, creating thereby a large number of lucrative positions for Medical men, while, owing to a pressure of business in the Imperial Parliament, and the subordinate position of Irish interests therein, the sanitary condition of our people remains *in statu quo*, and the Profession is deprived of a large number of valuable appointments.

Now, there can be little doubt that a parliament sitting in College Green and looking closely to the sanitary and other interests of the Irish people, would, in this matter, at least, speedily follow the example of England, and thus open up a new field of profit and usefulness to the Profession.

Two other subjects in connection with this question demand investigation—viz., would the scanty honours at present doled out to the Profession in Ireland be likely to increase under "Home Rule"? and secondly, would a national tone imparted to our Medical literature have a beneficial or opposite effect?

Hoping to return to these queries at a future time,

I am, Sir,

Your obedient servant,

SCRUTATOR.

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THE PROFESSORSHIP OF CHEMISTRY IN THE IRISH COLLEGE OF SURGEONS.

IN consequence of the lamented death of Professor Barker and the near approach of the Winter Session, the Council of the College has held a special meeting, and has advertised that it will, a month hence, proceed to the election of a Professor. The competition is, by the bye-laws of the College, confined to those candidates who possess a Medical degree or a Medical or Surgical diploma from a recognised University or College. For the vacant chair three candidates have already declared themselves, and it is probable that others may present themselves when the day of election arrives. The declared competitors are, Dr. Edmund Davy, Professor of Medical Jurisprudence in the College School; Dr. Cameron, Professor of Hygiene in the College and Lecturer on Chemistry in the Ledwich School; and Dr. Emerson Reynolds, Professor of Analytical Chemistry in the Royal Dublin Society.

WE regret to understand that the precarious condition of health of Dr. R. W. Smith, the distinguished Professor of Surgery in the University of Dublin, has not shown material change for the better. The rally which he made has not been followed, as was hoped, by convalescence.

We are also sorry to have to record the illness of Dr. Robert Law, Professor of Institutes of Medicine and Physiology in the School of Physic, whose state of health has, for some time, been such as to give rise to apprehensions.

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Medical News.

An Extraordinary Brain.—The *Daily News*, Sept. 16, reports that last week, Dr. Lankester held an inquest at the Hall Arms, Paddington, on Frederick George Wilkinson, aged six years, son of a porter, of 76 Milton Terrace. Deceased, who was described as a very clever boy, was preparing for school on Thursday last when he was suddenly seized with pains in the stomach. His mother laid him down and he vomited. Between 11 and 12 he was carried to the surgery of Mr. G. Field, in Bishop's Road, who found he was dead. A *post-mortem* showed that the brain was healthy, but was of the extraordinary weight of 53 ounces, the average size of a man's brain being but 48 ounces. On opening the chest the heart was found to be healthy, but the lungs were adherent, and the space between the two intestines was full of blood, showing that the cause of death was apoplexy of the lungs. The jury returned a verdict in accordance with the Medical evidence.

Typhoid Fever and Polluted Milk.—(By Telegraph.)—Typhoid fever in Wolverhampton is proving more serious than had been expected. In the week ending Monday night the deaths numbered eight, making twelve in all reported to the authorities. A young lady, æt. 24, expired on Sunday, quickly following her brother, æt. 6, who had also died of typhoid. Their residence has no drainage defect, and the infection is believed to be solely due to the polluted milk. Another family, who have also been supplied by the same dairyman, and are not near any suspected drainage defect, have been attacked.

Gleanings.

Milk as a Disseminator of Disease.

THE following gleaning from the *Detroit Medical Review* is of particular interest at the present time :—

The establishment of health officers has already been the means of demonstrating new sources of disease. One of the most striking has recently been exposed by the health officers of Great Britain. To the *Practitioner* and the *Glasgow Medical Journal*, May, 1873, we are indebted for the facts to which we desire to call special attention. Americans have been willing to believe that, while living in cities, they have received water when they paid for milk, but they may be shocked to learn that it is possible for them to receive with their watered milk the poison of typhoid fever, scarlet fever, cholera, and, probably, any of the contagious diseases.

Dr. Dougall has shown that there is no reason for believing that zymotic poisons are generated in milk; but there are many reasons why milk is a congenial soil for the propagation of such poisons. (1.) It is rich in nitrogen, and, so, capable of acting as a ferment. It is simply a solution of the young animal's body, as regards the identity of all its chemical elements, and with reference to most of its chemical compounds. From this it follows that, just as a child is susceptible of being poisoned by small-pox, scarlatina, or typhoid virus, so, also, in a much higher degree, must milk be when exposed to the same influence. The child has a vital power to resist toxic influence, but the milk has none. All dairymen know that milk is flavoured by being exposed to the vapours arising from certain substances. Thus boiled fish causes cream to decompose and taste of fish. Tainted meat will do the same. Onions, paraffin, turpentine, varnishes, tobacco smoke, lime, &c., will give their taste to the milk. (2.) The fluidity of milk increases its fertility as a zymotic soil. It is well-known that moisture is as necessary to putrefaction and fermentation as nitrogen. Water is the favourite habitat of cholera and typhoid poisons. Thus, from its organic matter and its fluidity, milk is a favourable soil for the propagation of contagious germs.

Milk may become infected (1) by impure water, and (2) by impure air.

The water becomes impure by imperfect drainage, so as to contain the soluble part of decaying animal and vegetable matter. The instances in which typhoid fever has been caused by drinking such water are numerous, and well authenticated. How water from a tainted well may contaminate milk is evident. Dr. Ballard reports an outbreak of enteric fever at Islington (Eng.), causing 167 cases, with 25 deaths, and one at Leeds, causing 107 cases, with 11 deaths, both traced to the use of impure milk. He proved that the Leeds outbreak was caused by tainted water mixed with the milk, for when the handle of the pump was tied, the fever ceased. The Islington outbreak he showed was due to an infection of milk caused by the small quantity of foul water left in the vessels after washing.

The facts with reference to the infection of milk by impure air are equally strong. Thus, in the Pernith outbreak, a girl is sent home ill, with typhoid fever; she infects two others of the family. The mother is the sole attendant. She milks the cows; the milk is brought into the apartment where the sick children lie. By and by it is taken out in two measures for distribution among the customers, who, in most cases, contract the fever by drinking the milk.

Professor Bell has shown to a certainty that twenty-six cases of scarlatina occurred, with two deaths, from swallowing milk mixed with portions of desquamated cuticle. The person who milked the cows had the disease, and was nursing others also ill with scarlatina.

Dr. Grimshaw, of Dublin, gives good reasons for believing that cholera has been spread by milk.

Thus it is shown that milk is favourable to the preservation, and doubtless, also, to the reproduction of enteric, scarlatinal and choleraic poison. It is probable that it bears the same relation to the poisons of measles, small-pox, typhus, &c. We have seen but little said or written, in this country, upon this function of milk. As there is every reason to accept the observations made in Great Britain, it becomes a practical question to every one to know the condition of those who supply them with milk.

We doubt not that when our physicians examine closely, they will find the souce of some apparently spontaneous cases of the contagious diseases to be in the milk. These facts we have quoted should be brought to the notice of every milk producer, every milk distributor, and every milk consumer. Whatever be the exact seed of the contagious diseases, whether it be germ or molecule, animal or vegetable matter, it is self-evident that if it be kept from the soil in which it grows, there will be no fruit. In Great Britain alone one hundred thousand persons die yearly of these diseases. The number of deaths from the same causes is proportionally large in America. Surely it becomes all good citizens to do what they can to stay the progress, yea, to root out these seeds of death. If those who read these lines will practically remember that milk is one of the fields in which the seeds of death may be scattered, and that it will bring forth fruit even an hundred fold, our object will have been accomplished. Then they will take care that no waters poisoned with organic matter enter the milk, and that all sick of contagious disease are banished far from both cows and milk. In short, they will exercise the most scrupulous care that no poisonous seeds be planted in milk.

Obituary.

THE LATE DR. NELATON.

M. AUGUSTE NELATON, whose death was prematurely announced by several of our contemporaries some time ago, has at last succumbed, and in him France and the civilised world loses a truly great surgeon. He was born in June, 1807, so that he was 66 years old, and since 1851, when he became Professor of Clinical Surgery, he has filled a large place in the surgical world. He was a pupil of Dupuytren, and his M.D. dates from 1836. He was surgeon successively to several Paris hospitals, and in 1856 was admitted to the Academy in the Section of Surgery. Like so many distinguished Medical men in France, he was a Member of the Legion of Honour, the ribbon having been given him in 1848. The late Napoleon the Third made him his own surgeon in 1866, and two years later promoted him to the grand officership of the Legion of Honour, and to be also a senator of France. Thus honours never conferred on the Profession in this country fall to the lot of scientific and distinguished men abroad; but our Government does not follow the example. The time will, we may hope, yet come when money-bags shall count less than brains in England, but we see no sign of it yet.

Nélaton was known to the public as the man who discovered the bullet in Garibaldi's wound, but long before then his position was made with the Profession, and he was justly regarded as one of the most brilliant surgeons. In 1837 he issued a work on Tuberculous Disease of Bone. Two years later he wrote "Tumours of the Breast." In 1850 his work on Cataract was published. His most popular work was his "Surgical Pathology," a text-book that his pupils still cling to.

It had been known for some time that the illustrious surgeon was in ill-health, and the serious results of heart disease at length made their appearance. His constitution seems to have been good, and the struggle with the disease prolonged, but the sad end slowly though surely came, and everywhere deep regret will be felt for the skilful surgeon who has at last passed away.

THE LATE DR. DALRYMPLE, M.P.

We lament to have to announce the decease of Dr. Donald Dalrymple, M.P. for Bath, which took place on Friday last at Southampton. The little band of Medical Members is thus diminished, for there is no prospect that a Medical candidate will come forward.

Dr. Dalrymple was born at Norwich in 1814, and became a member of the College of Physicians (London) in 1859, but he retired from the Profession in 1862. He was a magistrate and deputy-lieutenant of Norfolk, and chairman of the Governors of King Edward's Schools, Norwich. The deceased gentleman came forward as the second Liberal candidate for Bath (in conjunction with Sir William Tite) at the general election in 1868, and was returned by a majority of 163 over Lieutenant-Colonel Hogg, who has since been elected for Truro. Dr. Dalrymple, who had announced his intention not to seek re-election for Bath, will be chiefly remembered by his Habitual Drunkards Bill, which proposed to place habitual drunkards in a lunatic asylum. It appears that Dr. Dalrymple was on a visit to Coldeast, nine miles from Southampton, the seat of Count Montefiore, whither he had gone for some shooting. He became ill on Wednesday with an attack of diarrhœa, which increased in virulence. Medical men from the neighbourhood were called in, and doctors from London were summoned, but all efforts to save life proved unavailing, and the lamented gentleman died at 3 o'clock on Friday morning.

Our readers will remember that Dr. Dalrymple lately visited the United States for the purpose of satisfying himself respecting the working of the Inebriate Asylums that have long been established there, and that the Medical Press and Circular has many times devoted articles to a discussion of the question in which the deceased Medical Member of Parliament took so great an interest.

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NOTICES TO CORRESPONDENTS.

Notice to Subscribers.—Gentlemen who have not paid their Subscriptions for the past year are respectfully reminded by the Publishers of the omission.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

Local Newspapers, &c.—When forwarding newspapers containing news or articles to which our attention is wished to be drawn, correspondents will oblige by marking the copy, as it is impossible for us to wade through all the country papers we receive.

Pater will find all the information he requires in our Students' Number of last week.

The Science of Advertising.—This term has not been inaptly applied to describe the ways and means of placing announcements to meet most effectually the public eye. Our readers will be amused at the following clipping from an exchange:—

> "A Family Doctor.—The oldest medical practice is that of the family. Long before doctors or even priests were intrusted with the care of the sick, the parent performed that office, and to this day, the first and often most important medicine is given by the head of the family. The father or mother first notices the invasion of disease, the headache, chill, pain or hoarse cough, or other symptoms which indicate the presence of the enemy, and they too give the first medicine. Now to do this wisely and successfully, is to arrest the disease and save the patient. If unskilfully or at random, you not only do not benefit but injure. ——'s Homeopathic Specifics are intended to meet this want. In each family case is a book of directions, which fully instructs the parent as to what the disease is, provide the remedy for it, and show how to give it. With such a sample case, costing but a few ——, a family is provided for emergencies, and will save largely in sickness, suffering, and expense."

After such a burst of eloquence from our friend of the infinitesimals, readers had better shut up their surgeries, as practice will be gone entirely now that the "family doctor" will be the head of every household.

Cholera in Ireland.—As we were going to press, a report reached us that a case of cholera had occurred at Maudlintown, which the Medical Officer of the Wexford Dispensary District, Dr. Sheridan, had declared to be Asiatic cholera. We were unfortunately unable to verify the statement, and hope it has no foundation in fact.

Junius.—We are not at all likely to be in possession of the information you seek. Probably the matter is no secret, and may be obtained on application to the proper authorities, but we must decline to do for you what is so decidedly beyond our province.

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BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

"On Fever." 2nd Edition. By Chas. Murchison, M.D., F.R.S. London: Longmans, Green, and Co.

Lectures on Practical Pharmacy. By B. S. Proctor. London: J. and A. Churchill.

Squire's Companion to the Pharmacopœia. Ninth Edition.

The Convolutions of the Human Brain. By Dr. Ecker. London: Smith, Elder, and Co.

Heart Diseases in Australia, with Observations on Aneurism of the Aorta. By C. E. Reeves, M.D., Melbourne.

Lectures on Dermatology. By Erasmus Wilson, F.R.S. London: J. and A. Churchill.

Manuel Pratique de Médecine Dosimétrique. Par le Dr. Burggraeve. Paris: Chanteaud. London: Newbery and Sons.

On Accelerated Pulse in Consumption. By E. Williams, M.D., Colchester.

Milk, Typhoid Fever, and Sewage. By Alfred Smee, F.R.S.

Ninety-fourth Annual Report of the Birmingham General Hospital.

Biographie des Sept Députés et des Membres du Conseil-General. Menier. L'Impot sur le Capital. Marteau.

The Practitioner. New York Medical Record. Pacific Medical Journal. The Clinic. American Chemist. British Journal of Dental Science. L'Abeille Médicale. Le Mouvement Médical. La Presse Médicale Belge. La France Médicale. The Chemist. Medical Temperance Journal. Nature. Glasgow Medical Journal. Le Progrès Medical. Pharmaceutical Journal. Medical Record. La Tribune Médicale, &c.

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VACANCIES.

Queen's Hospital, Birmingham. Physician. Honorary.

Longford Union. Medical Officer for Drumlish Dispensary District. Salary £100 per annum, exclusive of fees. (See advt.)

East London Hospital for Children and Dispensary for Women. Assistant Physician. Honorarium, £25. (See advt.)

Kanturk Union, co. Cork. Apothecary for the Newmarket Dispensary. Salary £50 per annum. Applications, 5th October, to George Smith, Hon. Sec., Newmarket, Cork.

Manchester Royal Infirmary. Pathological Registrar. Salary £100 per annum. Address, 20th inst., to the Chairman of the Weekly Board.

Rotherham Rural Sanitary District. Medical Officer of Health for the Rotherham and Kimberworth Divisions. Applications to be addressed to John Barras, Clerk to the Authority.

Sunderland Urban and Port Sanitary District. Medical Officer of Health. Salary £500 per annum for five years.

Cheltenham. Medical Officer of Health. Salary £300 per annum. Address Mr. E. T. Brydges, Public Offices, Cheltenham.

Brixton Dispensary. House-Surgeon. Salary £100 per annum, with residence. Address the Secretary.

Hartlepool Hospital. House-Surgeon and Secretary. Salary £80 per annum, with board, residence, and washing. Address the Secretary.

Royal Cornwall Infirmary. House-Surgeon and Secretary. Salary £120 per annum. Address Robert Tweedy, Esq., Truro.

Narberth Union, Wales. Medical Officer. Salary £45 per annum, with extra fees. Applications to the Clerk of the Union.

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APPOINTMENTS.

Addy, B., M.B., M.R.C.S.E., In-door Physician's Assistant at the Royal Infirmary, Manchester.

Berry, W., M.R.C.S.E., L.R.C.P.Ed., Junior Assistant Medical Officer to the Workhouse Hospital, Manchester.

Boodle, R. M., M.R.C.S., House-Surgeon to the Colchester Hospital.

Brown, W., M.R.C.S.E., Resident Medical Officer and Secretary to the Brighton Hospital for Sick Children.

Carter, A. H., M.D., M.R.C.S.E., Resident Registrar and Pathologist at the General Hospital, Birmingham.

Cooke, J. W., M.R.C.S.E., Medical Officer for Districts Nos. 1 and 4 and the Workhouse of the Barnstaple Union.

Daglish, R. R., M.R.C.S.E., Medical Officer and Public Vaccinator for the Brookland District of the Romney Marsh Union.

Favell, W. F., M.R.C.S.E., reappointed a Surgeon to the Sheffield General Infirmary for a further term of seven years.

Hardwicke, J., F.R.C.S.E., Medical Officer of Health to the Borough of Rotherham.

Harper, J., L.R.C.P.L., M.R.C.S.E., a Surgeon to the North Devon Infirmary, Barnstaple.

Law, J., M.D., L.F.P. & S. Glasg., reappointed a Physician to the Sheffield General Infirmary for a further term of seven years.

Leach, M., M.R.C.S.E., Public Vaccinator for the Park and South Registration Districts of the Sheffield Union.

Maclaren, J. D., M.D., Physician to the Royal Infirmary, Glasgow.

Parker, S., F.R.C.S.E., reappointed a Surgeon to the Sheffield General Infirmary for a further term of seven years.

Pickles, Mr. J. J., Assistant House-Surgeon to the Infirmary and Dispensary, Bradford, Yorkshire.

Savory, A. H., M.R.C.S.E., House-Surgeon to the Infirmary and Dispensary, Burton-on-Trent.

Smith, W. A., L.R.C.P.Ed., L.R.C.S.Ed., a Medical Officer for Out-patients to St. Mary's Hospital and Dispensary for Women and Children, Manchester.

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OPERATION DAYS AT THE LONDON HOSPITALS.

Wednesday, September 24.

Middlesex Hospital.—Operations, 1 p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
St. Bartholomew's Hospital.—Operations, 1½ p.m.
St. Thomas's Hospital.—Operations, 2 p.m.
St. Mary's Hospital.—Operations. 1½ p.m.
King's College Hospital.—Operations, 2 p.m.
Great Northern Hospital.—Operations, 2 p.m.
University College Hospital.—Operations, 2 p.m.
St. George's Hospital.—Ophthalmic Operations, 1½ p.m.
London Hospital.—Operations, 2 p.m.
Throat Hospital.—Demonstration, 2½ p.m.
Cancer Hospital.—Operations, 3 p.m.

Thursday, September 25.

St. George's Hospital.—Operations, 1 p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
University College Hospital.—Operations, 2 p.m.
Throat Hospital.—Demonstration, 2½ p.m.
Royal Orthopædic Hospital.—Operations, 2 p.m.
Central London Ophthalmic Hospital.—Operations, 2 p.m.

Friday, September 26.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Royal South London Ophthalmic Hospital.—Operations, 2 p.m.
Central London Ophthalmic Hospital.—Operations, 2 p.m

Saturday, September 27.

Hospital for Women, Soho square.—Operations, 9½ p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Royal Free Hospital.—Operations, 9 a.m. and 2 p.m.

Monday, September 29.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
St. Mark's Hospital.—Operations, 2 p.m.
Metropolitan Free Hospital.—Operations, 2 p.m.
St. Bartholomew's Hospital.—Operations, 1½ p.m.
King's College Hospital.—Operations, 1½ p.m.
Charing-cross Hospital.—Operations, 2 p.m.

Tuesday, September 30.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Guy's Hospital.—Operations, 1½ p.m.
Westminster Hospital.—Operations, 2 p.m.
Throat Hospital.—Demonstration, 2½ p.m.
National Orthopædic Hospital.—Operations, 2 p.m.
West London Hospital.—Operations, 2 p.m.

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Marriages.

Bland—Teale.—On the 11th inst., at Hoddesden Church, Herts, William Charles Bland, Assistant Medical Officer to the County Asylum, Dorchester, eldest son of John Bland, Surgeon, of Durham, to Ellen Marion (Nellie), youngest daughter of W. H. Teale, Esq., The Rye, Hoddesden.

Dickinson—Perry.—On the 10th inst., at St. John's Church, Hensingham, Cumberland, Edward H. Dickinson, M.A., M.B., to Annie, daughter of the late Henry Ferry, Esq., of Keekle Grove, near Whitehaven.

Griffiths—Alison.—On the 4th inst., at the Parish Church, Donegore, W. Handsel Griffiths, Ph.D., L.R.C.P.Ed., L.R.C.S.Ed., Librarian to the Royal College of Surgeons in Ireland, eldest son of the late John Waters Griffiths, Esq., of Waterford, to Lizzie Smythe, only surviving daughter of the Rev. S. Smythe Alison, of Parkgate, co. Antrim.

Heath—Maynard.—On the 18th inst., at the Catholic and Apostolic Church, Bridgnorth, Christopher Heath, F.R.C.S., of London, to Nora, daughter of the late Capt. Maynard, R.N., of Bridgnorth.

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Deaths.

Anderson.—On the 9th of Sept., Edward Anderson, M.D., of Monkstown, aged 80.

Bolton.—On the 15th of Sept., at Belgravegate House, Leicester, John Adams Bolton, M.D., aged 45.

Crean.—On the 8th of Sept., M. J. Crean, M.D., of Stoke-upon-Trent, aged 58.

Dymock.—On the 17th of Sept., at Louth, Lincolnshire, A. Dymock, M.D., M.R.C.P., Justice of the Peace.

Juckes.—On the 8th of Sept., Chas. Juckes, M.R.C.S.E., of Cosford Grange, Shifnal, Shropshire, aged 54.

Lyford.—On the 10th of Sept., H. Giles Lyford, M.D., of Brighton, late of Winchester.

Morris.—On the 26th of Aug., Trevor Morris, jun., M.D., of Ashby-de-la-Zouch, aged 47.

Payne.—On the 16th of Sept., at Maida Vale, Chas. H. Payne, M.D., late of Wimbledon.

Pennell.—On the 12th of Sept., R. Lewin Pennell, M.D., of Cheriton Bishop, aged 80.

Established 1848.

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Y 789. PARTNERSHIP. Within 25 miles of LONDON, in a first-class family PRACTICE realising on an average upwards of £1,700 a year. Appointments £165. Midwifery fees from £1 1s. to £5 5s. One assistant is employed. Only one opponent, who is aged. A third share, with succession to half, for disposal. The connexion, which is very old-established, includes the best residents in the district. The midwifery cases average about 76 in the year. The partner must be doubly qualified, accustomed to good society, and well up in his profession. Premium, two years' purchase on the share taken.

Y 788. NUCLEUS of good PRACTICE at the WEST END. Receipts about £400 a year. There is great scope for increase. Satisfactory reasons for leaving. Terms moderate.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 1, 1873.

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SHORT NOTES ON THE ROYAL NAVAL HOSPITAL, PLYMOUTH.

By J. Stannus Hughes, M.D., F.R.C.S,

Professor of Surgery in the Royal College of Surgeons, Ireland, Surgeon to Jervis-Street Hospital, Consulting Surgeon to the Coombe Hospital, Surgeon to the Lord Lieutenant's Household, Dublin Castle.

Being on my holiday, I have, as a member of the Medical Staff of Jervis-street Hospital (one of the most useful and time-honoured institutions in the City of Dublin, which is about to be rebuilt through the charitable and self-sacrificing exertions of the Sisters of Mercy, aided most generously by the members of the managing committee of the hospital and the public), taken an opportunity of visiting various hospitals in England for the purpose of obtaining information with regard to the best method of constructing an hospital in a sanitary point of view, and with that intention I visited the Royal Naval Hospital at Plymouth, and I was so impressed with its excellent construction, the admirable arrangements within it, and the superior manner in which it is managed, under its present able administration, that I consider it my duty as well as my pleasure so give those readers of the Medical Press and Circular who may not have been in Plymouth, a short account of what may truthfully be called a "Model Hospital."

History of the Royal Naval Hospital, Plymouth.

The Royal Naval Hospital at Plymouth, for the treatment of the sick and wounded of the Fleet, receives also those requiring treatment from the division of Royal Marines, injuries from the dockyard, victualling yard, and from the various Government craft in connection with the establishment under the Admiralty.

The hospital, the plan of which is admirable in conception, was completed in 1762, just 111 years ago, and is built upon the block system, so strongly advocated in the present day, and recently carried out in the new fabric of St. Thomas's Hospital, London. The number of blocks is eleven, surrounding a spacious quadrangle laid out in grass plots and gardens, in which the patients may recreate. The buildings, besides containing Medical and surgical wards for acute and chronic diseases, as well as for ophthalmic cases, are provided with reading and smoking rooms, and an excellent library for the men. They are constructed of grey limestone, a piazza supported by 150 monoliths of granite connecting each building, and forming the boundary of the quadrangle.

These detached buildings are divided into six wards, the average of cubic space allotted being, about 1,200 feet. The water supply is perfect, and the closets are constantly flushed, by which means, together with the abundant ventilation and cleanliness, the entire building is kept free from the slightest disagreeable odour of any kind. The hospital, as at present, is calculated for the reception of 600 inmates, *officers of all grades being also included*—a feature unknown in the sister service of the army. The greatest number ever admitted within the walls was in 1780, when 1,423 were admitted; but, no doubt, many were located under canvass, as subsequently during the Peninsular war. At the close of the Russian war the greatest number was 400.

At the present time the number of inmates is about 330, rather more than one-third of the cases being venereal diseases, including gonorrhœa, &c. Plymouth being a district within the operation of the Contagious Diseases Act, the results have been most satisfactory in mitigating the severity of symptoms, although, numerically, apparently adding to the statistics as to prevalence and diffusion, for leave is constantly being granted, and the disease imported from places where the *Act is not in force.* The patients are divided into Medical and surgical sections: of the former, diseases of the respiratory organs predominate. The total number received during the year has, for some time, annually exceeded 2,000.

The administration of the establishment for the past four years has been conducted by *an Inspector-General of*

Hospitals and Fleets—previous to this the control was in the hands of a *Senior Captain of the Royal Navy, assisted by two Lieutenants!* The change has been salutary, and associated with repose and quietude to the patients for a time severed from the autocracy of the quarter-deck. In the transition of command the opponents of the system prognosticated the collapse of the British Navy! but to the present time nought but commendation has emanated from authority in appreciation of the order and comfort which pervade the two great Medical establishments at Haslar and Plymouth.

The executive duty, or the ministering to the personal requirements of the sick, is carried out by the Deputy Inspector-General, with two *surgeons of the Navy*, for the duties of the Medical wards, and a staff surgeon with a staff surgeon of second class, and one surgeon for the surgical wards; serious cases and all operations being consulted on with the Inspector-General. The surgeons recently joining from Netley are allocated as expedient either to Medical or surgical duties.

The patients are sedulously visited morning and evening, or oftener, by the principal Medical officers (one of whom is invariably present within the walls), and the wards are visited four times daily by the surgeons on duty. On admission, each patient is accompanied by a brief statement of his case, which is again clinically reported by the Medical officer, and the occurrence of symptoms minutely recorded, the variations of temperature and pulse being specially notated, and in the Medical cases analysis of urine with microscopic research receive special attention. There is also a good library for the Medical officers, to which any Medical man wishing to consult any standard work is courteously granted admission.

Such is a short outline of the history and capabilities of the Royal Naval Hospital, Plymouth, through the Medical and surgical wards of which I was conducted by Dr. Minter, the Inspector-General, Dr. Domville, the Deputy Inspector-General, and Mr. MacShane, and was afforded opportunities of witnessing the painstaking manner in which the junior Medical assistants were engaged in dressing, note-taking, and reporting on the various cases in the hospital; the labour of which no doubt is very great, but the return must be greater not only to the patients and the service, but to the young Medical men themselves, from the intellectual training they thus go through.

One great fact I cannot pass by unobserved, namely, that it was evident that the same attention, kindness, and tender care were strictly carried out in the Naval Hospital, Plymouth, by every one connected with the institution, regardless of rank or station, the poor mere sailor boy being, if possible, more cared for (far away from kindred and friends) than the best born officer in the Fleet.

It is gratifying to be able to record the fact which the quarterly reports I was afforded an opportunity of investigating prove, that the mortality is very low in the Royal Naval Hospital, Plymouth, which to a great extent can, in my mind, be accounted for by the cleanliness, good ventilation, and indefatigable supervision of the institution, as well as by the efficiency of its present Medical staff, headed by Dr. Minter, the Inspector-General of Naval Hospitals, who is well known to the Medical Profession in Dublin, from whom he received high honours long previous to his deserved promotion in the Navy.

The Medical Club, Spring Gardens,
September 26.

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REPORTS ON SYPHILIS.

By Charles R. Drysdale, M.D., &c.,

Senior Physician to the Metropolitan Free Hospital, London.

In Paris, at this moment, most of the works on syphilis appear to emanate from physicians, since operative surgeons are not found requisite for the posts of Medical advisers to the venereal hospitals. The consequence of this is, that we have most interesting discussions on the relation which syphilis bears to other diseases, from the pens of Dr. Charles Mauriac and Dr. Alfred Fournier.

Dr. Mauriac, in a work kindly forwarded to the writer of this Report, and entitled, "Etude Clinique sur l'Influence Curative de l'Erysipèle dans la Syphilis," Paris, 1873, pp. 50, shows how important it is that learned physicians such as the author should have charge of the wards of the Hôpital du Midi, by his most interesting series of cases he gives to shew how even the most formidable symptoms of syphilis may entirely disappear when an attack of erysipelas supervenes.

According to M. Mauriac, in cases of syphilis where the cutaneous and mucous symptoms are not accompanied by malignancy or cachexia, an erysipelas with feverish reaction should be looked upon as a favourable event; for under the double influence of the general pyrexia and local inflammation which characterised this acute disease, the accidents of syphilis, whether on the skin or on the mucous membrane, improve, resolve, and are removed with the greatest rapidity.

General specific medication and local treatment, whether isolated or combined, and administered with the greatest care and most rationally and appropriately, would be incapable of producing in so short a time curative effects so remarkable as those produced by erysipelas, which, in less than a week, may dissipate hard syphilitic œdemas resulting from diffuse plastic infiltration of the subcutaneous cellular tissue, may cure confluent and vegetating syphilitic eruptions, whether on the skin or on the mucous membranes, and may cause many ulcers of the same nature, such as impetigo, ecthyma, &c., to scar over. Dr. Mauriac has noticed that the curative influence of erysipelas may be exercised at once over all these lesions, whatever be their distance from the focus where the local process of the fever is going on. The curative influence of erysipelas is not only marked on local affections, but the general health, which has been more or less injured by attacks of the constitutional disease, sometimes becomes rapidly ameliorated by an attack of erysipelas.

According to Dr. Mauriac, other acute diseases, inflammatory in nature, may exercise curative effects on syphilitic symptoms, analogous to those of erysipelas, but doubtless not to such an extent. The danger of a fatal termination, independently of the special nature of each case of erysipelas, follows from the malignity of the syphilitic accident or the condition of cachexia, or collapse, into which the organism is cast by a grave attack of syphilis. The curative action of erysipelas, ascertained for a long time past in phagedæna, results principally from the local manifestations which the inflammation causes in the ulcerations of the parts, and the curative action of erysipelas in severe manifestations of scrofula, such as in lupus and other cutaneous affections, is also derived from the local and general progress of the acute disease.

We have already noticed the new and great work of Dr. Alfred Fournier on syphilis in women ("Leçons sur la Syphilis"), and would now give a few details from that work. Firstly, then, with regard to the difficult and oft-debated point of the occasional occurrence of syphilitic ulceration on the cervix uteri. M. Fournier remarks that it is absolutely impossible to recognise such chancres when they are cicatrising; but that, whilst they are in vigour, there are the following important signs to guide us: circumscription of the lesion, flat or papular condition of the erosion, and opaline pseudo-membranous colouration of the ulcer; but we must be reserved in our diagnosis, since we have to diagnosticate between true chancre and secondary affections, herpes, catarrhal affections, and simple chancres. The best diagnostic sign is furnished by the tint of the ulcer, and by examination of the vulva, which, in soft sores, will generally be found affected in like manner.

Dr. Fournier divides syphilitic eruptions into *precocious*, *intermediate*, and *tardy*. The eruptions are all destitute of pyrexia, without pruritus, and, he says, amenable to the influence of mercury. Besides this, they have a tendency to polymorphism, a special hue (of ham or copper) and tendency to circular arrangement. They are divisible into seven groups, erythematous, papular, squamous, vesicular, pustular, bullous, and macular.

In the erythematous group, there are found *roseola*, the most common of all the eruptions of syphilis, *urticated roseola*, and *circinated roseola*.

In the papular group there are many varieties. Sometimes the papules are small, at other times large (lenticular), which is a very common case, and sometimes the papules are aggregated. In this group are contained ordinary *syphilitic psoriasis*, *psoriasis palmaris*, and *circinated papular syphilitic skin eruptions*. The papular group also includes condylomata on the skin ("papulo-erosiv syphilide").

The third group, or squamous type, is very rare, according to Dr. Fournier, and its existence is even contested by some authors.

In the vesicular group one form is pretty frequently met with in women, and that is herpeti-form eruptions, which present two characteristic elements, tenuity and excessive confluence of the vesicles.

In the pustular group, M. Fournier describes these pustulo-crustaceous eruptions, which commence by a pustule, to which a scab succeeds, under which there is erosion or ulceration of the derma. In this group we find syphilitic acne, syphilitic impetigo, either simple or rodent, and ecthymatous eruptions. There are two forms of the ecthymatous eruptions, superficial and deep, the former of which is mild: but the latter, which is characterised by a pustule, accompanied by scabs with stages, and surrounded by an areola with ulceration, leaving a cicatrix, may relapse, be accompanied by phagedæna, and be most grave, either as a lesion or as a prognostic of the disease to follow, which may be exostosis or some tertiary symptom.

In the group of bullæ we find *rupia*, which differs from profound ecthyma in only one feature, *i. e*, in the initial bulla, which appears instead of the pustule.

In the seventh group, the last of the skin-affections placed by Dr. Fournier in the secondary period, that of maculæ, we find the pigmentary syphilitic eruption, which is almost special to the female sex, and is so often seen on the neck. This is characterised by spots of vitiliginous appearance, and the pigmentary spots remain for a long time and resist all therapeutic agents.

According to M. Fournier, it is mercury which, of all therapeutic agents, exercises the most powerful influence over the secondary eruptions. By itself, it suffices, he says, for the treatment of the majority of these, and especially for that of the precocious or intermediate types. He speaks, however, of the efficacious assistance rendered by the iodide of potassium in tardy types, such as deep ecthymas and in rupia. For local treatment he recommends mercurial ointment in psoriaris palmaris, or steaming the hands over boiling water, or rubbing the parts with glycerine of starch. All pustulo-crustaceous eruptions require local treatment. The crusts should be removed first of all by means of starch cataplasms kept on for 24 hours. The ulcer then may be dressed with tincture of iodine, or oxide of zinc, or may be covered with strips of Vigo's plaster, renewed every 48 hours.

With regard to falling of the hair in syphilis, *alopecia*, M. Fournier observes that this is a symptom of the early period of the disease. It may be provoked by eruptions of the scalp, of which the most common are acne and roseola furfuracea syphilitica. But alopecia occurs in syphilis constantly without any local reason. The disease is essentially irregular and capricious, and sometimes thins the hair like trees in a wood cut down in glades; at other times alopecia is intense, and total. Syphilitic alopecia, however, is only a temporary evil; and it is a mistake to think that baldness often results from syphilis. Dr. Fournier goes so far as to say, "Jamais la vérole n'a fait des chauves." Hence alopecia syphilitica is not a grave disease in reality, as it is soon recovered from.

No treatment does much good; but cleanliness and hygiene must be observed. Time and mercurial treatment are Dr. Fournier's advice in syphilitic baldness. The hair of the eyebrows, of the axilla, or pudenda may entire fall in some cases. Men of the world believe that mercury makes the hair fall out, whilst, of course, it is the disease which does it. Mercury wisely administered, says Fournier, "has never cost any one a single hair."

With respect to the doctrines of *condylomata*, or as the French call them "mucous syphilides," Dr. Fournier gives as general characters of these that they are generated spontaneously; all secrete fluid, are not auto-inoculable, are contagious (for they are the principal sources whence syphilis spreads), frequently relapsing, and easily cured. All such condylomata may be brought into four types, the *erosive*, the *papulo-erosive*, the *papulo-hypertrophic*, and the *ulcerated* types. They all require topical treatment; and if mercury alone be trusted to, we may have to wait for months before a cure is obtained, as in cases of condylomata in the mouth, whilst a few days of topical treatment will cure such cases. Tobacco must be abandoned, the mouth kept as clean as possible. Cauterisation followed by gargles is recommended. M. Fournier prefers the acid nitrate of mercury to the nitrate of silver, to touch the condylomata by means of a little cotton rolled round the end of a lucifer match, which should be nearly dry before touching the parts. One cautery is usually enough.

Mucous tubercles, according to M. Fournier, are extremely rare within the vulvo-vaginal orifice.

M. Armand Deprés, in his "Traité Théorique et Pratique de la Syphilis," speaks as follows of the prophylaxis of the disease:—"There are some works wherein means for preventing the contagion of syphilis are indicated. What have we found up to this time? There are some police regulations framed for the regulation of debauchery, and in order to force the women who abandon themselves to prostitution to undergo medical examination. We have thus violated the liberty of some women to assure safety to debauchees. The result has not answered expectations, since it is found that the women submitted to examination are not the ones who most spread syphilis.

"Some Medical men have advised preventive washings, or preventive injections with astringent or slightly caustic liquids. When the precautions are directed against the contagions from nurse to nurseling, or from nurse to patient, nothing can be better. But it is scarcely decent for the Medical man to place himself between the debauchee and the prostitute like a sentinel destined to prevent the accidents of debauchery. Although a man may be the author of his disease, the physician ought to cure him, but it is forbidden to the latter to be in too close relation to the man, whom he has forewarned of the danger into which he is voluntarily running. Besides, the means are almost always illusory, and as the Medical man well knows, it would be more dignified to keep himself out of the way. Let him say what are the signs of this dangerous malady, the nature of contagious accidents, let him speak of the kinds of contagions, let him warn the patient that all suspected sores of the genital organs or of the mouth ought to be cauterised; but do not let him go further. Some savages, keeping nearer to natural law than civilised men, have found a prophylaxis more reasonable than any we have imagined. Syphilitics are expatriated from their tribe for three years; after this time they return and are no more dangerous, because they are cured. I know that the necessities of a society organised like ours do not permit us to adopt a measure which would separate husbands from their families, but this takes nothing from the absolute value of the prophylactic procedure.

"There is only one serious preventive which could be applied among us, but for this a law would be necessary. All persons having syphilis know it, and their Medical man also knows it. Now, if all syphilitic people were required, under penalty of fines, in favour of those whom they contaminated, to abstain from connexion, and if all Medical men were morally and civilly obliged to inform them of the law, syphilis would diminish with great rapidity, and I do not know if our morals would not be the gainers by such a law."

In the *Gazetta Hebdomadaire*, the distinguished writer, Dr. Lancereaux, speaks of the slow progress of syphilitic affections of the encephalon. Headache, insomnia, vertigo, and giddiness are pretty generally the earliest symptoms; later, paralysis of various kinds supervenes, with affections of the intellect and sometimes of sensation, and convulsive attacks. After a shorter or longer time, the syphilitic meningitis becomes better, or stationary. Its duration varies between weeks and years. Its spontaneous cure is rare, but, in general, it quickly feels the influence of specific treatment; its complete disappearance is, however, possible, so long as the nerve elements are not injured. But as the tendency of tertiary syphilis is to destroy the normal tissues, it almost always results if the alteration lasts some time, that the nerve elements are profoundly modified or even destroyed, whence arises the indefinite persistence of certain symptoms, among which paralysis must be mentioned in the first place. Let us add that this symptom, in certain cases, is associated with softening of the brain, or with syphilitic arteritis, and we shall better understand its tenacity. Astruc had noticed the difficulty of cure in syphilitic paralysis, but he did not know the reason.

Diagnosis.—The diagnosis of syphilitic encephalitis is difficult because of the numerous symptomatic forms that may present themselves. However, the succession of the symptoms may put us on the track of the special cause. An intense headache, persistent and obstinate, with nocturnal paroxysms, vertigo and giddiness, ceding rapidly to the employment of mercury or iodide of potassium, is a sign of great diagnostic value. Insomnia, whether connected or not with this symptom, is a no less important sign and one not less frequent. Syphilitic paralysis is remarkable by the irregularity of its distribution and its abrupt progress; the hemiplegia has neither the sudden commencement nor stability of hemiplegia when symptomatic of hæmorrhage or cerebral softening succeeding to an obliterated artery, except in the case when such obliteration is added to the syphititic process. Epileptiform attacks without aura, clonic or tonic convulsive attacks without absolute loss of consciousness preceded and followed by a more or less violent headache, constitute on the other hand symptoms which make us suspect the presence of syphilis.

It is, however, important not to stop at the examination of our symptoms; every organ should be questioned with care, and thus, aiding ourselves by commeratives, and taking account of concomitant cutaneous, osseous, or visceral affections, and of the state of cachexia which is rarely absent, the practitioner will arrive at generally recognising the source of the evil, as well as its extent and seat. Thus, a certain deformity of the liver, coinciding with slight albuminuria, may have a great diagnostic value. Lastly, in the case where the collection of phenomena constitutes one of the symptoms known under the name of epilepsy, of hemiplegia, with or without aphasia, or even general paralysis, the age of the patient, and the fact that the disorder has not preceded the syphilitic symptoms, will be precious indications. We must not forget besides that tertiary encephalitis always remains localised to one part of the brain.

Cerebral disturbances engendered by spirituous liquors are easily separated from those belonging to syphilis. In alcoholism, in fact, the patient is tormented by dreams, illusions, and even by hallucinations; the sensibility is always troubled, and there is no headache. So also paralytic accidents produced by lead are distinguished by their locality in the extensor muscles of the limbs. Progressive general paralysis as described by French writers is never, as some have said, the effect of syphilis of which the characteristic in its advanced stage is invariably to exhibit itself in unique or multiple but limited lesions, but always partial and of little extent. In truth, the disorders symptomatic of cerebral syphilis may offer a great resemblance with those of general paralysis; but when we look narrowly into them, we perceive that this resemblance is more imaginary than real, and that it is caused by the localisation of the alteration in one centre, peculiar to the motility and the intellectual faculties, and not to the lesion of all the periphery of the encephalon. In fact, there exists between syphilitic encephalitis and the encephalitis of general paralysis, the difference we have found between cirrhosis of syphilis and alcoholic cirrhosis, the one being general, whilst the other is always partial; thus we may differentiate these affections. There is intense headache at the onset, ptosis, strabismus, apoplectiform attacks, followed by hemiplegia, and various disturbances of the motility, having for special characters a sudden or instantaneous disappearance; such are the principal symptoms which may make us recognise these palsies of syphilitic origin, which most resemble general paralysis of the insane.

(*To be continued.*)

INFANTILE CONVULSIONS.

By William Donovan, L.R.C.P., L.R.C.S.Ed., &c., &c.

There is no disease to which young children are subject which causes more anxiety to parents and Medical men than convulsions, arising from the irritation of teething. It is unnecessary for me to describe the symptoms, as they are only too well known to the Profession.

What I wish to bring forward are the facts that no disease to which the flesh is heir has been treated and is, I fear, still treated in a more unscientific manner by a great many men, who, though they see the ill effects of the remedies employed, still, like the great Sangrado, put it down "to the smallness of the dose," and prescribe "more copious draughts," instead of allowing themselves to be taught by experience.

The first time I treated the disease was when, on my return from Edinburgh, with the ink scarcely dry on my diplomas, I was appointed *locum tenens* to a large and important dispensary district, where, strange to say, I was called to see two cases of convulsions almost exactly similar as to age, symptoms, &c.

Before prescribing, I consulted the only works I possessed which treated of the subject. One advised calomel and warm bath; the other the warm bath and bromide of potassium. Being young and unexperienced, I thought I should try both plans and judge for myself which was the best. To one I gave the prescribed doses of calomel and bath; to the other, which was slightly the worst case, the bromide. The result was such as to make me give up mercury in every shape and form as a remedy for infantile convulsions, and my experience since both in public and private practice has justified that decision. The child treated with calomel was purged freely; abdomen became tympanitic; tongue and lips covered with sordes; and died comatose within twenty-four hours. The other had perfectly recovered before that time.

Since then I have treated over fifty cases with the bromide of potassium, and have not lost one.

The treatment I usually adopt is to immerse the body in warm water as hot as the child's age will permit, leave it so for about two minutes, then take it out and wrap in a dry warm blanket, and give it (say at ten months' old) two grains of potass. bromidi every hour till relieved; then I usually order it a tablespoonful of lime water in its milk every morning for a week or so.

When there is a tendency to convulsions (foul tongue and breath, screaming, restlessness, disordered secretions, &c.), I have found the addition of lime water to the child's milk an invariable preventative.

Hyd. cum creta, the usual remedy (I believe), owes its doubtful reputation to the quantity of chalk it contains to a certain extent, neutralising the acid secretions of the stomach and intestines.

The administration of mercury for the relief of infantile disorders is to my mind not only unscientific and useless but dangerous in the extreme, and is, I am afraid, the cause of a great many of the ailments of the present generation, who in their infancy were dosed *ad libitum* with it in its numerous preparations. One of the first objections to the mercurial treatment of disease that struck me was the apparant want of knowledge shown in every Medical work which advocated its employment, as to its *exact* influence on any known disease, and above all on those of infancy. The only influence I have found it to possess is to lower the patient and render the disease more intractable. If you consider the above worthy of insertion I shall feel obliged by your giving it a place in your journal.

Adare, Sept. 6, 1873.

BRITISH MEDICAL ASSOCIATION.

DISINFECTION.

Dr. Ransom, of Nottingham, read a paper "On Disinfection by Means of Heat." He said his attention was first drawn to the matter about eight years ago, when being asked by a public body respecting the best form of hot closet for disinfecting purposes, he could not find any in use which he could recommend. He, therefore, made some experiments. Experiments made at home, in 1870, with a hot closet constructed on the oven principle, heated by gas outside, and having its surfaces partly covered by a hot air flue and partly covered with non-conducting material, showed that this form could not be recommended. Nevertheless, he was enabled to form some opinions as to the temperature which could be used with safety, the time goods should be exposed, and the need for ventilation. He found that clothes, &c., might be exposed to a temperature of 250° to 260° F. for an hour and a half without much injury. As he found many imperfections in existing ones, he decided to endeavour to construct a new one, which should fulfil the following conditions :—

1. The temperature should at all times and in all parts of the chamber be within certain known limits ; and it should be plain at a glance that they are not exceeded ; the maximum being determined by the singeing-point of the materials of clothes and bedding, and the minimum lying as close as possible to the maximum, but always ten or twelve degrees above 212 deg. Fahr. Thus one might feel assured that clothing put into such a chamber really was exposed to a sufficient heat, and yet not injured by too much, which would seriously deter the public from using it.
2. The temperature should be easily maintained within the required limits, for periods of time sufficient to ensure adequate penetration of heat into the interior of bad conductors, such as beds, &c.
3. The chamber should have a current of heated air passing through it, so as to favour penetration of heat by drying.
4. It should be so moderate in cost and so simple in use, that small institutions might avail themselves of it, and a fairly instructed nurse manage it.
5. It should be self-regulating.

Accordingly, in the winter of 1871-2, a hot closet was erected at the General Hospital, Nottingham. In this contrivance, the heat is obtained by burning gas with smokeless flames, and conducting the products of combustion, mixed with the heated air, by means of a short horizontal flue, into a cubical chamber through an aperture in its floor, and out of it by a smaller aperture in its roof. Fixed thermometers show the temperature of the entering and outgoing currents, which represent the maximum and minimum temperatures of the chamber. A self-acting mercurial regulator maintains the temperature of the entering current at any required degree. A thick jacket of felt and wood economises the heat, and makes it steadier. A valve at the outlet of the chamber, together with another at the inlet of the furnace, enables the maker to regulate once for all the speed of the current passing through the chamber—an item of great importance in the endeavour to keep the temperature of the outgoing current as high as possible. To this may be added a conical short chimney at the outlet, in which three or four small fish-tail burners may be lighted. By this method, any active particles of poison which might, in the earlier moments of the operation, be carried up in the current, would be burned. Dr. Henry anticipated objections of this kind, and used in his apparatus a similar contrivance to that which is now employed in Fraser's disinfecting closet.

For about a year and a half this closet has been in use, and has rendered important services to the hospital, especially during the prevalence of small-pox, when a number of cases were admitted to the fever house. Whenever the fever-house was occupied, the hot closet is at work night and day, and ready at any moment for use. The sister in charge managed it without difficulty after a little instruction. Although having a cubic capacity of twenty-five feet only, and is chiefly used for patients' clothes, it has disinfected blankets and the contents of beds and pillows. Its average consumption of gas is nine cubic feet an hour.

Records of its work have been kept, showing the maximum and minimum temperature, the consumption of gas, and the pressure of gas at various hours. From these I am able to say that the heat can be maintained for weeks at a stretch without any greater diurnal variation than 5 deg. F., which is usually due to the increase of pressure at the gas-works in the evening.

The average reading of the maximum thermometer is 250·5 deg. F. ; that of the minimum is 232 deg. F., which I should like to see 10 deg. F. higher. Nor do I doubt the possibility of making it so in any closet which may be erected upon this plan.

The chief advantages of this closet are—its moderate cost, efficiency, cleanliness, readiness for use, capability of being managed by an intelligent nurse, and the facility which it offers for maintaining a steady heat for the length of time necessary to ensure deep penetration into bad conductors.

Before proceeding to draw up a card of instruction for the guidance of the sister in charge, he thought it prudent to repeat observations by the aid of this chamber on the singeing-point of various textile fabrics, and on the time required for penetration of heat into beds, &c.

White wool, cotton, linen, silk, and paper may be heated to 250 deg. F. for three hours without apparent injury, although the wool will show a faint change in colour, especially when new. The same may be said of dyed wools and printed cottons, and most dyed silks ; but one kind of white silk easily turns brown by this heat, and pink silks of some kinds are also faded by it. The same temperature will, if continued for a longer period, slightly change the colour of, but not injure, white wool, cotton, silk, paper, and grey linen. A heat of 295 deg. F., continued for about three hours, more decidedly singes white wool, and less so grey and white cotton and white silk, white paper, and linen both grey and white, but does not materially injure their appearance. The same heat, continued for about five hours, singes and injures the appearance of white wool and cotton, grey linen, white silk and paper, some coloured fabrics of wool, or mixed wool and cotton, or mixed wool and silk.

These observations confirm the conclusion drawn from previous ones—that 250 deg. F. was the best and most safe maximum heat to use. Dr. Henry ascertained that cotton would resist this temperature.

It is noteworthy that the singeing of any fabric depends not alone upon the heat used, but also on the time during which it is exposed ; and is influenced by the presence of other articles in the stove capable of giving up moisture.

Dr. Henry states that the difficult question of securing the penetration of heat into the inside of beds is only a question of time. But the penetration of heat depends not only upon the time of exposure, but also upon the thickness of the bed, the amount of hygrometric moisture it contains, the nature of the materials of which it is composed, and perhaps also their degree of compression, as well as on the temperature used. These conditions have to be borne in mind in working any disinfecting chamber.

Mr. J. A. Wanklyn read a paper "On the Action and Relative Value of Disinfectants." He said that if we heat infectious material to a red heat, we destroy it, and if we bring chlorine gas thoroughly into contact with infectious material, we destroy it likewise. If we boil it with oil of vitriol, or with permanganate of potash, we destroy it. Probably, too, if we soak it in concentrated carbolic acid, or treat it with excess of corrosive sublimate or arsenious acid, we render it inert. It is, indeed, highly probable that every kind of infectious material is capable of being rendered inert by thorough contact with any powerful chemical reagent.

But if the heat be only gentle, and if the chemical reagent be dilute, there is no reason for believing that we are contributing towards the destruction of infection. There is a difference not only in degree, but even in kind, between the action of the same chemical when concentrated and when dilute. Concentrated sulphuric acid will convert cane-sugar into a lump of charcoal, but dilute sulphuric acid transforms it into dextrine and glucose, and fits it for undergoing septic changes. Dilute bleaching powder has actually been found to favour the development of certain low forms of life; and Pettenkofer has found that germs whose development had been arrested by carbolic acid, start into life when the carbolic acid is further diluted.

In the practical employment of disinfectants, the fact that dilution frustrates the action of a disinfectant has been lost sight of. Attempts have been made to disinfect the atmosphere. It is said that during the cattle-plague the Commissioners endeavoured to disinfect the general atmosphere of the agricultural districts by turning cattle adrift with towels soaked in carbolic acid attached to their horns. It will probably not be quite needless to insist upon the impracticability of attacking the very limited atmosphere of a dwelling-house by chemical means. Certain very simple considerations will, however, suffice to throw the utmost doubt on the utility of endeavouring to purify air which has suffered contamination.

In a memorandum by Professor Rolleston, directions are given for the disinfection of a room with sulphurous acid. Sulphur is to be burnt, and doors and windows are to be shut; and the memorandum winds up with the statement that, if a man be able to abide in the room for one instant whilst the disinfection is being carried on, the disinfection is not to be depended upon. In other words, it is admitted that, not until you have put so much sulphurous acid into the air as to make it unfit to breathe, have you disinfected that air. The same certainly holds generally in regard to other agents; and, in short, we cannot hope to purify the air of a room by any chemical means without spoiling it. It is useless to try to disinfect air. This is strikingly illustrated in reference to printed directions relative to the practice of disinfection:—

"Chlorine gas, poisonous and irritating to the lungs when in excess. For an occupied room, close fire-place, windows, &c., as directed under F. Pour over a quarter of a pound of black oxide of manganese in a dish placed high half a pint of muriatic acid (spirit of salt), and leave for six hours. It bleaches, and is apt to make white-limed walls sweat—useful for cabs."

Now take a room, and calculate what proportion by weight the chlorine liberated by the quarter of a pound of oxide of manganese will amount to. We get about three parts of chlorine in 1,000 parts of air. In point of fact, however, the proportion of chlorine in the atmosphere of such a room would never reach anything like three per 1,000, inasmuch as walls are not impervious, and during the six hours the air would have changed, and three parts per 10,000 would probably be nearer the true proportion. But this is the room not fit to inhabit by reason of the presence of chlorine. The minuteness of the dose of chlorine which the inhabited room receives may be left to your imaginations. It seems that the wisdom of the physician who places his little saucer with bleaching powder and muriatic acid in the chamber of his patient, is comparable with that of the cattle-plague commissioners who tied the carbolised cloths to the horns of the cattle.

We are informed that, during the Franco-German war, although the hospitals stank of carbolic acid, yet wounds were unhealthy. Yet it by no means follows that disinfectants have nothing to do with purity of atmosphere. It is open to us to abstain, in a very large degree, from rendering the air impure.

By the application of disinfectants to foul surfaces, we may hinder defilement of the atmosphere of our dwellings. One of the main functions of a serviceable disinfectant is that it shall be antiseptic. A good disinfectant should not itself defile air, neither should it be dangerously poisonous or corrosive. There is a very common substance which has long been used to hinder putrefaction. It does so only in a concentrated form. It has no smell; it is not poisonous. It can hardly be said to be corrosive. It is common salt. This substance and its analogues—the chloride of calcium and the chloride of magnesium—are most available disinfectants.

A discussion took place on the above two papers, of which the following is a report:—

Dr. Tripe (Hackney) said he entirely agreed with Mr. Wanklyn that it was not necessary to use the host of disinfectants that had lately been introduced to the public. There was one point with which officers of health would have to deal, viz., the sewers. In order to use disinfectants properly, such as chlorine, they must not be used so strong as to be rendered dangerous. The first time that he used some chlorine, he almost poisoned one or two persons. In using carbolic acid of the strength recommended, if something were got which was not carbolic acid, it would produce injury of the lungs. Care must be taken to get true carbolic acid. As to chloride of lime, so far from removing the smell from sewers, it very frequently aggravated it. Disinfection by heat was most important; but special regard must be paid to the amount of moisture. To disinfect clothes, beddings, &c., the heated air must be made to pass entirely through them. If they were put up in mass, the inside was often found not to be dried. Flock he found to be very difficult to disinfect; it was often burnt, and new was given in the place of it. In his district, a brick building lined with iron was used, in which also disinfectants were used; for he never trusted to heat alone, but always used sulphur. In using sulphur in rooms, the bed should be taken down and put upon chairs, and the blankets and mattresses, placed on end, so that the whole might be as fully as possible exposed to the disinfectants.

Dr. Bond (Gloucester) said he had made an apparatus which closely resembled Dr. Ransom's. It struck him that, wherever gas was available, it provided all that was necessary; and he should be glad to know whether there was any objection to make a disinfecting apparatus portable. He had roughly designed a form which would answer certain other purposes. It was very important, in order to save expense, to combine several objects. It struck him whether it was not necessary to have an ambulance for removing the sick, a means of disinfecting clothes, and carrying disinfectants. He did not understand how common salt was to be used for the disinfection of clothes.

Mr. Wanklyn said that the only way of disinfecting clothes effectually was by burning them. Something might be done by exposing them to the weather, and to water and heat. He did not believe that liquids could be disinfected.

Dr. Ransom said that the cost of his apparatus, of which only one had been erected, and the drawings of another were prepared, was £50. If it came into general use, it would cost about half that sum. He thought that heat was the best disinfectant for clothes; but still he was inclined to think, with Mr. Wanklyn, that they could hardly be disinfected. As to the sulphurous acid, it destroyed the paper and bed-hangings.

Dr. Tripe said that he did not use the word disinfectant in its strictly chemical sense. He used it to mean the prevention of the reciprocal action between the virus and the body upon which it might have acted.

Dr. Syson said that his opinion was, that the best thing to do was to destroy the article. He should be happy to hear of Dr. Ransom's apparatus being thoroughly effective. As to the cost, it should not be reckoned against human life.

Dr. Grieve, of Hampstead, had had practical experience of disinfection at Hampstead. They had received 12,000 cases of small-pox; and they disinfected the patients, and gave them, on leaving, the same clothing that they had on when they entered the hospital. These patients had been traced, and there were no signs of their having carried the infection with them. The mode was to use heat combined with sulphur and sulphurous acid. It was found that they could be used in a chamber at a temperature of 230 degs. Fahr., without damaging the clothes.

Dr. Farr (London) said that what was wanted to be known was, whether disinfection was effectual against other diseases as well.

Dr. Tripe said that he never knew of an infectious disease spreading after the application of sulphur at a temperature of 230.

Mr. Hastings said that, at the meeting of the Social Science Association, to be held at Norwich in the beginning of October, there was to be an exhibition of sanitary appliances; and he would suggest to Dr. Ransom to exhibit there the actual model, so that it might be seen in operation.

Thus a more accurate idea would be arrived at as to how far it would be desirable to erect it in other places.

Dr. **Ransom** said that he was obliged to dissent from the sweeping proposition of Mr. Wanklyn. He had the evidence of Dr. Henry of Manchester, who proved the easy destruction of the activity of vaccine by exposure to a temperature of 140 degs. Fahr. for an hour. The close analogy between that and small-pox made it exceedingly probable that the virus was destroyed by heat at a moderate temperature. With regard to scarlet fever, the object had been attained; for the clothes worn by those suffering from that disease had been subjected to the treatment, and were afterwards worn by others, and no harm had arisen. With regard to the destruction of clothes, that was practically impossible. Nothing would persuade people of a certain class to destroy their bedding and furniture, and nothing would induce the ratepayers to pay for them. If it could be shown that clothing could be disinfected with tolerable safety for a small sum, many people would take advantage of it. His object had been to remove the difficulty in the way of applying heat; and he trusted that in the course of time his suggestion would remove some of those evils.

Mr. **Wanklyn** said there were two ways of getting rid of infectious material. All organic matter was destroyed by a red heat, or by powerful chemicals. Many infectious materials were comparatively easily destroyed; he believed that the matter of small-pox perished as infectious material below even the boiling point of water. There was another way, and that was by extreme dilution. The material was a chemical substance, and at a certain point it ceased to be poisonous. By extreme dilution germ-poison could be destroyed. A certain quantity of water destroyed these germs, as far as development was concerned. With regard to the disinfection of clothes by heat, he thought that Dr. Ransom had furnished the answer. Flock must be heated twenty-four hours before the whole mass got the temperature. He did not think that it would be practical to disinfect the ditches; but he believed that something might be done to drains and sewers. If there were an abundant supply of water, he did not believe that any disinfectant was needed. It was only when the surface was getting dry that sulphate of iron and other things were necessary. He disbelieved in the use of carbolic acid for this purpose.

Mr. **Huntley**, of Jarrow, said that he came from a town where the atmosphere was pervaded with chlorine. If this chlorine were disinfectant, epidemic disease ought to be altogether absent; but this was not so. Jarrow had suffered from small-pox as severely as most places.

CRYSTALLISATION OF NITRATE OF UREA FROM URINE.

By J. W. Moore, M.D.Dubl.

In this paper, the author reviewed the different determining causes of crystallisation of nitrate of urea from urine which had not been subjected to previous artificial concentration by evaporation, under four headings: 1, nature and density of the acid employed in the experiments; 2, temperature of the air; 3, natural concentration of the urine; and 4, influence of morbid states of the urine. The paper was based on the results of 280 experiments on as many specimens of urine having a mean specific gravity of 1,019·2, and examined at a mean temperature of 58·7 Fahr. In 103 cases, or in 36·8 per cent. of the total number, crystals of nitrate of urea were formed on the addition of nitric acid simply, no preliminary steps of any kind having been taken, beyond the removal of albumen in albuminous specimens. Of the 280 experiments, 128 were performed in the *summer* six months, and in 27·4 per cent. of this series of experiments, at a mean temperature of 59 deg., nitrate of urea was obtained without artificial concentration of the urine. The remaining analyses, 152 in number, were made in the *winter* six months; and in 44·7 per cent. of this series of experiments, at a mean temperature of 46·5 deg., nitrate of urea crystallised out from the unconcentrated urine. The excess or apparent excess of urea was associated with a deposition of urates or of uric acid in 49 cases, with oxalate of lime in 34 cases, with the presence of albumen on twelve occasions, with an excess of earthy phosphate in eight specimens, with the presence of sugar on four occasions. The results of the experiments seemed to justify the conclusion that in Ireland crystals of nitrate of urea may, as a rule, be obtained without evaporation of the urine, where the following conditions are fulfilled. The density of the urine should be about 1,025; the temperature of the air should be moderate, about 50 deg. Fahr.; the urine should be non-saccharine, and, if albumen be present, it should be removed by heat and filtration; lastly, the acid employed in the experiment should be of sufficient strength, pure, and added in proper quantity—namely, in almost equal volume to the portion of urine experimented upon; the acid most suitable for the purpose being the "Acidum Nitricum" of the British Pharmacopœia, 1867, of specific gravity 1·42, and free from nitrous acid.

ACTION AND SOUNDS OF THE HEART.

Dr. **George Paton** read a paper "On the Action and Sounds of the Heart." He remarked that Dr. Hope in experimenting on the denuded heart of an ass found that a sound was produced by the blood recoiling against the sigmoid valves and closing. But he believed that this took place during the diastole of the ventricle, and was produced by a column of blood in the aorta and pulmonary artery falling back when the propelling force of the ventricle was withdrawn.

Dr. Paton said that it was a mistake to believe that the ventricle is dilating when the arterial systole takes place.

He summed up his views as follows:—1. The distended aorta reacts in immediate connection with the ventricular systole, crossing the sigmoid valves as its impulse is imparted to the wave. 2. The sound produced in closing the sigmoid valves terminates the first sound of the heart. 3. The second sound is produced by contraction of the auricles, as they propel the blood through the auriculo-ventricular foraman, distending the ventricle. It appears to follow the first sound, but represents the commencement of a new beat.

THE PHARMACEUTICAL CONFERENCE.

The tenth annual meeting of the Conference was held at Bradford, at the same time as the British Association for the Advancement of Science. The President was Mr. H. B. Brady, and in his address he gave a retrospect of the progress of Pharmacy during the ten years. We give a few extracts:—

UNIVERSAL PHARMACOPŒIA.

There are few topics that have claimed so large a share of attention, or that have been discussed with the same earnestness, as the possibility of a general fusion of pharmacopœias, and there can hardly be one of greater importance to those who are liable at all times to be called upon to prepare the compounds of any of the very numerous existing codes. The spread of commercial enterprise and the yearly increasing disposition to travel in foreign countries for pleasure or gain are rapidly softening national boundaries, and some recognised system in Medical formulæ must become more and more an international question of the same sort as the simplification of coinage or the adoption of common standards of weight and measurement. It is not to be expected that the dream of the dispenser—a universal pharmacopœia—can be brought about *per saltum*, the matter is too complicated to be settled in such a way, but it is no small thing to be able to record that in the short lifetime of the Conference two great steps have been taken towards the desired end.

In 1864 the three pharmacopœias of the United Kingdom, namely, those of London, Edinburgh, and Dublin, were merged into one volume under the authority vested in the General Medical Council. The representatives of each of the colleges had to surrender a good deal, but concessions which looked serious at first have caused comparatively little inconvenience in practice; so little, that it seems wonderful in looking back that the same work was not accomplished many years earlier. The resulting volume was in many ways faulty, as, indeed, it could hardly fail to be, but the principle was adopted, and the issue of a new edition three years later was a matter of routine, not one of debate. The co-operation of two gentlemen distinguished in pharmacy, Professor Redwood and the late Mr. Warington, in the compilation of the edition of 1867, led to the production of a volume which might be compared without disadvantage with any pharmacopœia then existing.

Another step, at least as great, in the same direction has been more recently taken in the issue of "Pharmacopœia Germanica." Until a comparatively recent period not less than nine pharmacopœias were in force in the area comprised in the present German Empire, namely, those of Prussia, Hanover, Saxony, Hesse, Hamburg, Sleswig-Holstein, Baden, Würtemburg, and Bavaria. In the year 1861 a joint voluntary commission was appointed, at the instance of the Pharmaceutical associations of Northern Germany, Southern Germany, and Austria, to consider the questions arising out of this complicated state of things, and if possible to compile a general Pharmacopœia for German-speaking nations. The commission was composed of men of highest standing in the pharmaceutical sciences, and it succeeded in producing in 1865 the first "Pharmacopœia Germaniæ." In its original form this was not accepted by any of the German States, but in 1867 an amended edition was published, which was eventually adopted by the kingdom of Saxony, and, what is much more important, served as a basis for the "Pharmacopœia Germanica" of 1872, which is now the authorised codex for the whole German Empire. The only regret is that Austria was not concerned in the latter work, and is thereby shut out for the present from the benefit of uniformity.

Differences in climate, in national habits, in natural productions, and many other external circumstances, make it almost hopeless to look for one code of universal application, but that the British and German Pharmacopœias now cover the ground that nine years ago was occupied by at least a dozen dissimilar works, is a fair subject for congratulation. What the next advance may be it is not easy to guess. There are a large number of substances in general use as medicines in almost every civilised country, and official in almost every pharmacopœia; and if the strengths of the preparations of such as are common to all were rendered uniform, one of the greatest causes of discrepancy in dispensing would be provided against. There would probably be no insuperable difficulty even now in unifying the recognised medicinal formulæ of Great Britain and the United States, and it would be worth a strong effort and some mutual concession to reduce to one standard the pharmacopœias of two great nations speaking the same language and otherwise closely connected.

ADDITIONS TO MATERIA MEDICA.

The same period of about ten years—we will not draw the line very strictly—has been fruitful in the introduction of new remedial agents. Some of them experience has shown to be valuable additions to the materia medica, a larger number have been found to have a limited application and to present no general superiority to older and well-known medicines, whilst others again have proved to be altogether valueless, their recommendations having been based on supposed properties to which they had no claim.

CHLORAL.

Of the first series, hydrate of chloral is a prominent example, a substance first introduced to us by Mr. Hanbury, who presented to the Exeter meeting of the Conference an abstract of the original paper read by Dr. Liebreich before the Berlin Chemical Society. The specimen of chloral hydrate exhibited on that occasion was regarded as a chemical curiosity, and there could be little idea that within so short a time it was to become an article of commerce on so enormous a scale. To dwell upon a substance now so familiar to all would be waste of time.

CARBOLIC ACID.

The modern germ theory and the views of advanced biologists as to the invariable presence in the air and in water of bodies, capable under favourable conditions of infinite reproduction, becoming thereby a fertile source of disease, has in the hands of Professor Lister caused a revolution in surgery, and carbolic acid, which a little time ago was scarcely thought of, except perhaps as a substitute for creasote, has in consequence become one of the most important bodies with which the pharmaceutist has to do. Solutions of other substances, such as chloride of zinc and boracic acid, have been employed with more or less success for the same purposes, but it is with carbolic acid, or the mixed carbolic and cresylic products of the distillation of coal-tar, that antiseptic treatment in medicine and surgery is more especially connected. It may possibly still be deemed an open question how far the preference for the crystalline carbolic acid over the fluid product containing the cresyl derivative has any solid basis. We, as pharmaceutists, are too apt to forget that the term "acid," as applied to this substance, is to some extent a misnomer, that, chemically speaking, carbolic acid is the alcohol of the phenyl series,—its solvent, or as we say its corrosive properties, rather than its strict chemical relation, having given rise to its name. On this fact, the somewhat uncertain nature and instability of many of its so-called salts in great measure depend.

PHOSPHATES.

In the same category, in point of importance, may be placed the extended employment of phosphates in medicine in place of salts containing vegetable or mineral acids. This has given rise to the introduction of a long series of syrups prepared from various phosphates dissolved in excess of phosphoric acid. In most of them, iron is a prominent ingredient, but we have also calcium, sodium, potassium, nickel, and manganese amongst metallic bases, and in addition certain alkaloids, notably quinia and strychnia, presenting altogether an almost endless diversity of combination. Other phosphorus oxides, such as pyrophosphoric and hypophosphorous acid, have shared with phosphoric the favour of the Medical Profession, and recently the direct combinations of phosphorus with metals, *e.g.*, phosphides of zinc or iron, have been called into vogue, and the dispenser has had his wits further perplexed with fancy modes of administration of phosphorus itself in pills, capsules, oil, or ethereal tincture.

NEW AMERICAN REMEDIES.

Whilst the introduction of chloral, the employment of carbolic acid in the antiseptic treatment of disease, and the development of the use of salts with one or other of the phosphorus oxides as an acid, mark the most salient changes in Medical practice as affecting the duties of the pharmaceutist, during the past decade, many other new remedies have established themselves more or less securely in public favour. A considerable proportion of them we owe to America, for example, Podophyllin, Leptandrin, Prunus, Virginiana, Actæa racemosa, and Veratrum viride.

OUR NATIVE FLORA.

But we are possibly too apt to search at a distance for medicaments, to the neglect of many within easy reach of our own doors. I suppose it was always so, for did not Gerarde write thus of the virtues of golden rod two or three centuries ago:—

> "It hath in times past been had in greater estimation and regard than in these dayes: for in my remembrance I have knowne the dry herbe which came from beyond the sea sold in Bucklers Bury, in London, for halfe a crowne an ounce. But since it was found in Hampstead Wood, euen as it were at our townes end, no man will give halfe a crowne for an hundredweight of it: which plainly setteth forth our inconstancie and sudden mutabilitie, esteeming no longer of anything, how pretious soeuer it be, than whilst it is strange and rare. This verifieth our English prouerbe, Far fetcht and deare bought is best for ladies."

Professor Christison corrected this tendency in one remarkable instance by the re-introduction of our common male fern (*Aspidium Filix-mas*), in place of the foreign remedies for tape-worm which were so popular a few years ago, and it would be easy to point to many other indigenous plants that have more recently received the testimony of Medical authority in their favour. For example, the rhizome of the bog-bean (*Menyanthes trifoliata*) has been stated to be in many respects superior to the root of its ally, the officinal gentian, and the dried leaves of the common raspberry (*Rubus Idæus*), used in some parts of the country in domestic practice in place of ergot, yield by no means the inert infusion that might be expected. The use of the expressed juice of the common periwinkle (*Vinca minor*) in uterine hæmorrhage, of the rhizome of the couch-grass (*Triticum repens*) in irritable bladder, of the red clover (*Trifolium pratense*) in hay fever, of one of our brown seaweeds (*Fucus vesiculosus*) in obesity, of a species of bed-straw (*Galium aparine*) in some cutaneous affections, of the rhizome of the burdock (*Lappa minor*) in syphilitic eruptions, have all given results that, if not sufficient to establish the claims made for them, at least show a *primâ facie* case in their favour. The last-named is but one instance out of several in which an indigenous British plant is officinal in the United States' Pharmacopœia and not in our own. A Russian physiologist recently observed that the alcoholic extract of our common hound's-tongue (*Cynoglossum officinale*) had all the properties of curarè, and though a series of experiments made a year or two ago, in conjunction with my friend, Professor M. Foster, by no means confirmed the statement, they showed that the plant had nevertheless certain very peculiar effects on the nervous system, which further research might utilise. I name these but as examples of a large number that might be selected from our native flora.

The name of Dr. Oscar Liebreich is so favourably known in connection with chloral hydrate that any remedy introduced under his recommendation necessarily commands attention. In his further researches on bodies more or less related to chloral he discovered that croton-chloral, that is the substance represented by the same term in the allyl (C_3H_5) series that chloral has in the Ethyl (C_2H_5) group, in other words, dichlorcrotonic aldehyd, possessed very singular physiological properties. We gather that it is a powerful sedative, but that its action instead of affecting the entire nervous system, and to some extent the circulation also (like chloral hydrate), is confined to the fifth pair of cerebral nerves. Experiment in this country has at any rate in part confirmed Dr. Liebreich's views, and it is needless to say how important an acquisition to the Medical practitioner would be any agent with well ascertained specialised action such as that described. Hydrate of croton-chloral very much resembles in appearance the ordinary chloral. I do not know what process is followed for its preparation on a commercial scale, but chemical text-books tell us that it may be prepared by passing chlorine gas into allylene, or by acting upon dichlorallyl and formic acid with alkalies.

PROPYLAMINE.

The use of propylamine in medicine originated in Russia, but until quite lately the reports of Professor Awenarius and others on the success which had attended its employment in acute and chronic articular rheumatism passed almost unnoticed. During the present year however its medicinal properties have been closely investigated in the Paris hospitals by M. Dujardin-Beaumetz and the results published from time to time. An elaborate memoir, summarising the whole, has just appeared, entitled "Nouvelles Recherches sur la Triméthylamine." It may be necessary to advert to the isomerism which gives rise to three different names for substances with the same ultimate composition (C_3H_9N), namely, propylamine, ethylomethylamine, and trimethylamine, inasmuch as the last name is employed with some emphasis by the French author, who also dwells upon the different physical characters of the three isomers and notes especially their widely different boiling points.

Propylamine is produced in minute quantities in plants of several genera, *e.g.*, *Chenopodium*, *Stapelia*, *Huernia*, *Apteranthes*, &c., and its isomer trimethylamine in many of the Rosaceæ. A tincture of the fresh plant of *Chenopodium vulvaria* has been used medicinally, but practically it is to the animal kingdom we must look for the supply. Professor Awenarius employs exclusively propylamine prepared from cod liver oil, but the French author alluded to adopts that extracted from herring brine. The latter dwells on the uncertainty in composition of the samples he has met with in commerce, and advocates the use of the hydrochlorate as likely to lead to greater uniformity. The dose of propylamine is from a gramme to a gramme and a half, but nearly double the latter quantity has been given without ill effect. The odour and taste are abominable, and it is therefore given with peppermint or other adjuvant having a strong flavour, or, better still, in a capsule. With its therapeutic effects we have less to do. It is described as relieving if not entirely subduing the pains of acute rheumatism within twenty-four hours, increasing the appetite, reducing animal temperature, and often producing insomnia.

GUARANA, RESIN COPAIBA, OLEATE OF MERCURY, AND PEREIRA.

The introduction of guarana, or rather the resuscitation of its use, by Dr. Wilks, and the employment of copaiba resin in dropsies by the same gentleman, and the proposal of Mr. John Marshall to substitute a definite oleate of mercury for the clumsy and wasteful mercurial ointment, are other noteworthy topics that have of late occupied space in the Medical journals. Nor must I admit to call attention to the most interesting and exhaustive paper by Mr. Hanbury] (*vide Pharmaceutical Journal* of August 2nd and 9th), on the history and botanical origin of Pareira Brava. Few of us, I suspect, were prepared to learn that this drug had been in more or less repute for a couple of centuries. Its usually accredited botanical source—that is, to *Cissampelos Pareira*—Mr. Hanbury had before shown to be erroneous, but its identification beyond question as the root of *Chondodendron tomentosum* is an important addition to knowledge, and the means of diagnosis of the genuine and spurious drug of great value to the pharmaceutist.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 1, 1873.

ARMY MEDICAL GRIEVANCES.

THE Officers of the Army Medical Department have addressed a Memorial Statement to the Secretary of State for War, on the subject of their grievances and the injury to personal interests under the operation of the Royal Warrant of 1st March, and Army Circular of 6th March; and their very reasonable demands deserve the support of the whole Profession. We have several times had occasion to urge on the authorities the importance of making concessions that justice absolutely requires and without which the service must decline.

It is well known that at the late examinations there was no competition. In fact, there were more places than candidates, and the Department could hardly be content with the standard reached by some. Just as the Schools are opening it would be well if the authorities would disarm the objections that will be everywhere canvassed to preparing for the Service.

What the Medical Officers desire is set forth in a Draft Warrant of forty paragraphs. We give to-day some of their very reasonable demands. First of all they ask that the ranks and rates of pay of the Officers of the Army Medical Department shall be as follows:—

	Daily.			*Charge Pay.*
	£	*s.*	*d.*	
Surgeon-General ...	2	0	0	The principal Medical Officer of an army in the field, consisting of 10,000 men and upwards £1 daily; of 5,000 men and upwards, 15s. daily, of less than 5,000, 10s. daily.
After 25 years' service	2	7	6	
" 30 "	2	10	0	
Deputy Surgeon-General...	1	12	6	
After 25 years' service	1	15	0	
" 30 "	1	17	6	
Surgeon-Major ...	1	0	0	Or the principal Medical Officer of a colony where the number of commissioned Officers and enlisted men is 1,500 and upwards, 5s. daily.
After 20 years' service	1	5	0	
" 25 "	1	8	0	
" 30 "	1	10	0	
Surgeon, on appointment...	0	10	0	
After 5 years' service	0	13	6	
" 10 "	0	17	0	

Next they desire that the rank of the Officers of the Army Medical Department shall be regulated as follows :

1. A Surgeon-General shall rank as a Major-General, according to the date of his Commission.

2. A Deputy Surgeon-General shall rank as Colonel, according to the date of his Commission.

3. A Surgeon-Major shall rank as Major, according to the date of his Commission ; after twenty years' full-pay service as Surgeon and Surgeon-Major, he shall rank as Lieutenant-Colonel according to the date of completion of such service.

4. A Surgeon shall rank as Lieutenant, according to the date of his Commission ; and after five years' full-pay service as Captain, according to the date of completion of such service.

The next demand is one that asks only what has been promised. It is that the rank of Medical Officers shall carry with it all precedence and advantages attaching to the combatant rank with which it corresponds, and shall regulate choice of quarters, rates of lodging money, servants, forage, fuel and light, or allowances in their stead, detention and prize money, as well as allowances granted on account of wounds or injuries received in action, and pension and allowances to widows and families, while it is expected that it shall not be compulsory on Medical Officers entitled to forage, to provide themselves with the regulated number of chargers, unless the requirements of the service render it necessary.

With regard to the higher grades it would be far better for the service if the proposal set forth were adopted. The Officers desire that all promotion from the rank of Surgeon-Major to that of Deputy Surgeon-General, and from the rank of Deputy Surgeon-General to that of Surgeon-General be given by selection for ability and merit on the recommendation of the Director-General of the Army Medical Department ; and the grounds of such selection shall be stated in writing, and recorded in the office of the Commander-in-Chief. This and the other recommendations, if adopted at once, would confer a benefit on the army by satisfying its surgeons.

ALCOHOL.

The Medical question of alcohol has lately been occupying the public mind considerably. Its importance can scarcely be overrated, and there can be but one opinion as to the desirability of arriving at some definite conclusions, especially when we consider the various contradictory statements constantly met with in different quarters on this subject. Physiologists are not yet agreed as to its action in the system, and physicians are not at one as to the desirability of administering it in large or in small doses in various forms of disease. Perhaps some recent discussions may lead to more definite ideas on the point in question.

At the recent meeting of the British Medical Association three papers were to have been read on Alcohol. One was by Dr. F. E. Anstie on "Alcohol in Pyrexia," which, however, was not read in consequence of an unexpected calamity in Dr. Anstie's family. The other two papers were read. One was by Dr. Yellowless, Medical Superintendent of the Glamorgan County Asylum, on the relation of intemperance to insanity. It was entitled "Intemperance and Insanity." The remaining paper was by Dr. James Edmunds, on the subject of "The Physiological Influence of Alcohol." He urged that the so-called stimulating effects of alcohol are really only finer shades of that same narcotic influence which produces general stupefaction and universal paralysis when the agent is given in larger doses. He said in a feeble state of the system the heart should work very gently, and the administration of alcohol in a depressed state would be just about as rational as the action of a child who used a pin to prod on the balance-wheel of a watch because the main-spring was weak. When the blood was charged with alcohol, the molecular reactions between the tissues and the blood became dulled, and a special action on the part of the system was needed to keep the capillary circulation going. Thus was explained the increased vigour of the heart's action under the so-called stimulating action of alcohol. Under larger doses the narcotisation became more considerable, the retardation of the capillary current greater, the capillaries and terminal current became dilated, and the surface of the body reddened, whilst the general circulation was obviously weaker. The heart began to manifest fatigue as the result of its over-exertion, and the activity of the muscles was lowered by the alcoholisation of the blood. The tension of the whole arterial system was also slackened, and the pulse was preternaturally soft and yielding. With still larger doses symptoms of depression were manifested at a very early period, and the ordinary symptoms of narcotic poisoning soon supervened.

Having briefly stated and explained his views, Dr. Edmunds submitted, in conclusion, the following propositions :—

1. That alcohol, if a food, is the most absorbable and rapidly diffusable food substance with which we are acquainted, and one, moreover, which is utilisable without effort from the digestive organs, but that in these respects a weak solution of sugar has nearly the same advantages. 2. That a considerable portion of the alcohol is excreted from the body unchanged, and, therefore, that the use of alcoholic beverages must involve fruitless wear and tear of the excretory organs, as well as a total waste of the excreted alcohol. 3. That the food-value of alcohol cannot exceed that of the sugar from which it is manufactured, and, therefore, that its use as an ordinary article of food must, at the present relative prices of sugar and alcohol, be a vast monetary extravagance. 4. That alcohol, if a food, stands apart from all other foods in its want of innocency in its other relations to the tissues ; and that a large portion of the degenerative changes which lead to disease and early death grow out of the use of alcoholic beverages. 5. That the presence of alcohol in the blood retards the oxydation of effete matters, and gives a putrescent tendency to the system. 6. That, in large doses, alcohol is a substance which narcotises all animal tissues, and invariably destroys life if administered in sufficient doses. 7. That the so-called stimulating effects of alcohol in small doses are really finer shades of narcotisation disguised by efforts on the part of the system to excrete an injurious substance and to compensate for its disturbing influence. 8. That all alcoholic beverages are ordinarily taken for the alcohol which they contain, and would not be taken were their alcohol abstracted. 9. That the non-alcoholic constituents of these beverages may all be obtained in their most advantageous condition, and at a fractional cost, in common-place articles of food.

A discussion afterwards took place on Dr. Edmunds's paper. Dr. Rutherford said he was convinced alcohol would keep up the circulation, and instanced a case in which a friend of his was walking up-hill with him, and was greatly distressed for want of breath until he had some alcohol, when he went on again. Professor Binz, of

Bohn, averred that alcohol should be ranked with such medicines as quinine and morphia. He also asserted that alcohol in a pure form was not excreted, but only the various ethers, and it was these which gave the odour to the breath. The bichromate of potash test was also affected by all urine, even when no alcohol had been taken for six weeks. Mr. Mahomed referred at some length to observations with the sphygmograph, which showed that alcohol was a specific drug which greatly reduced the frequency of the pulse. He described the case of a total abstainer who had been sent to him with pneumonia, and considered to be in almost a hopeless condition. In that case he administered 8 oz. of brandy, and next day the girl was comparatively safe.

Dr. Edmunds being called upon to reply, said that Dr. Rutherford's experience would only be in accord with that of all other practical physicians, and no doubt in many such cases the administration of brandy relieved the distress very greatly. He thought, however, that such relief was more in accord with the theory that alcohol acted as a narcotic rather than as a stimulant. The greatest relief was perhaps obtained from the alcohol in marked cases of *angina pectoris*, and here the alcohol blunted the hyperæsthesia which brought about the spasm, and so released the circulation and at once relieved the symptoms—the alcohol, in fact, acting by lessening the irritability of the *vaso motor* nervous system—not by stimulating the muscular power of the heart. Cases such as those mentioned by Dr. Rutherford really consisted of *angina pectoris minor*, and were relieved on the same principle.

In Dr. Mahomed's case he considered it quite as likely that the patient had recovered in spite of the brandy as in consequence of it. He regretted that there was no time to deal with the unexpected ground taken by Professor Binz, to the effect that none of the alcohol itself was exhaled in the breath, and that the bichromate test was so vague and useless as he suggested. References to other authorities on these points of fact, would show that they were not in accord with the views advanced by Professor Binz.

We would briefly call the attention of our readers to an article in the last number of the *Medical Temperance Journal*, for October, 1873, on "Alcohol as a Hindrance to the Cure of Disease." The author takes up the position that alcohol retards instead of accelerates the cure of disease. He maintains that there is a hindrance to cure resulting from the actual presence of alcohol in the body, and also that which results from the changes which the long-continued use of alcohol produces in the body, and which remain for a longer or shorter time, even after all alcohol has been removed from the system. He says that there is no disease or injury from which a total abstainer will not more easily recover than even a moderate drinker, certainly than one who has in times past taken so much as to alter the structure of his tissues and his organs. In such a state of things there are many cases in which a desired effect is with more difficulty produced, there being a sort of lethargy of recuperative power, especially seen in surgical accidents and operations, but not less certainly present in disease, though less traceable.

In the same number of the quarterly *Medical Temperance Journal* are also articles on "Alcohol as a Cause of Consumption," by Mr. Dewar; "Alcoholic Liquors as a Medicine," by Dr. Hy. G. Todd, U.S.; and "The Physiology of Alcohol," by Dr. L. M. Klein, extracted from a lecture on the subject.

Notes on Current Topics.

Medical Chemistry.

From Dr. E. S. Wood's report on Medical Chemistry, in the *Boston Medical Journal*, we extract the following paragraphs :—

Combination of the Alkaloids with the Biliary Acids.—W. F. de L'Arbre (*Fres. Zeitsch.*, 1872, Heft 4, from *Pharm. Centralb.*, 1872, p. 177) has studied the action of the bile and the biliary acids upon the alkaloids, and has found that the alkaloid and the biliary acid unite with each other, when bile or a solution of a biliary salt is added to a solution of any of the soluble salts of the alkaloids. In the case of strychnia, quinia, quinidia, cinchonia, brucia, veratria, and emetia the compounds formed are with difficulty soluble in water, but are quite soluble in an excess of bile, or solution of biliary salt. The compounds formed with morphia, nicotia, and conia are, however, easily soluble in water. The glycocholates of strychnia and morphia, the taurocholate of morphia, and the hyoglycocholate of brucia are crystalline; but the remainder, so far as observed, are amorphous. The difficult solubility of some of these compounds is offered as a possible explanation of the accumulation of some of the alkaloids in the liver, and hence the advantage of choosing that organ in analyses for absorbed organic poisons.

Detection of Brucia, Emetia, and Physostigmia in Animal Fluids and Tissues. Pander. *Chem. Centralbl.*, 1872, No. 28, pp. 437 and 440.—(From *Beiträge zu dem gericht.-chem. Nachweise des Brucins, Emetins, und Physostigmins in thierischen Flüssigkeiten und Geweben. Dorpat.* 1871.) The results arrived at by the author from his investigations with the above alkaloids are as follows.

Brucia can be detected, either after its ingestion or subcutaneous injection, in all of the fluids and tissues of the body, even in those of the fœtus, but it is found most largely in the liver and kidneys. Decomposition of the tissues for three months had no influence upon the brucia. The most delicate test for brucia was found to be Dragendorff's modification of the nitric acid test, namely: one-fiftieth of a milligramme (1 mg. = $\frac{1}{65}$ grain) was dissolved in sulphuric acid in a watch glass, and a drop of nitric acid allowed to mix slowly with this solution; a rose red colour is first produced, changing to an orange, and then to a yellow; stannous chloride or ammonic sulphide produces in this mixture a reddish violet colour, if the amount of brucia present equals one-tenth of a milligramme. A solution of iodine in iodide of potassium (Liquor Iodinii Comp. U. S.) is the most delicate precipitating agent for brucia, a kermes brown precipitate being produced, if the solution contains $\frac{1}{50000}$ of its weight of brucia, or an orange red one, if it contains $\frac{1}{5000}$. The presence of strychnia does not interfere with the mixed sulphuric and nitric acid test.

Emetia can also be detected in all of the fluids and tissues, but most largely in the stomach, liver and blood. It is partially, at least, eliminated by the kidneys. Decomposition of the tissue destroys the emetia. It was detected in the viscera of cats poisoned with 0.1 grm. (about one and a half gr.) and in some of the organs, if the dose administered were only 0.05 grm. For the detection of emetia, the most delicate reagent is concentrated sulphuric acid which contains molybdic acid. (Each cc. of acid containing 1 mgrm. sodic molybdate, "Frohde's reagent.") A red colour is produced which changes to a green, if $\frac{1}{100}$ mgrm. of emetia is present. As precipitating agents the most delicate are potassio-bismuth, iodide, potassio-cadmium iodide, liq. iodinii comp., picric acid, and phosphomolybdic acid, any of which will precipitate $\frac{1}{50}$ mgrm. of emetia dissolved in 25,000 times its weight of water.

Physostigmia can be detected in the saliva and bile almost immediately after ingestion. It can also be detected in the blood, liver, stomach, and small intestines, both by chemical and physiological tests. It could not be found in the blood after the latter had been decomposing for three months. The behaviour of physostigmia with bromine water, is its most characteristic test, a reddish brown colour being produced in a solution of the sulphate diluted 10,000 times; in this way $\frac{1}{20}$ mgrm. can be detected. Calcic hypochlorite (chloride of lime) gives with one-half to one mgrm., a red colour after the lapse of a few minutes. Potassio-bismuth, iodide and phosphomolybdic acid precipitate it, if diluted 25,000 times with water, potassio-mercuric iodide (Mayer's reagent), if diluted 5,000 times, and chloride of gold, if diluted 2,000 times. Contraction of the pupil was not produced in dogs by amounts less than $\frac{1}{100}$ mgrm.

The method employed for the isolation of these substances from the tissues and fluids was Dragendorff's, namely: to extract the alkaloid from the tissue with very dilute sulphuric acid, filter, and evaporate the filtrate after neutralizing with magnesia; extract the residue with alcohol of 70 per cent. acidulated with sulphuric acid, filter, distil off the alcohol, and shake the acid residue successively with petroleum ether, benzin, and amyl alcohol; then render the acid liquid alkaline with ammonia, and shake again with petroleum ether. Benzin will remove physostigmia from acid solutions and deposit it after evaporation, and petroleum ether will remove the brucia and emetia from the ammoniacal solution, and deposit them after evaporation.

Reactions of Quinia and Morphia.—F. A. Flueckiger (*Neues Jahrb. der Pharm.*, Bd. 136) has investigated as to the delicacy of the ordinary test for quinia, and finds that if the fluid be mixed with one-tenth its volume of chlorine water, and then a drop of ammonia water added without shaking, a green zone is first formed, which gradually extends through the whole fluid when it contains only $\frac{1}{4000}$ of its weight of quinia.

If bromine be used instead of chlorine, the test is much more delicate, the green colour appearing when only $\frac{1}{20000}$ of quinia is present. If the fluid contains more than $\frac{1}{2500}$ of its weight of quinia, bromine produces a percipitate instead of a change of colour, and hence is not as useful as chlorine in strong solutions. The bromine test should be performed in a test tube filled one-fifth full of the fluid to be tested, and bromine fumes poured into the tube, till the upper portion of the fluid has absorbed enough of the gas to give it a yellow colour, while the lower portion remains colourless; then a drop of ammonia water should be allowed to flow down the side of the test tube gently, so as to float on the surface of the liquid and not mix with it. A green layer is thus produced which changes to a blue, the colour being more intense, and more peramanent than that produced by chlorine water.

Morphia solutions treated with chlorine water and ammonia turn first red, and, finally, brown. The limit of this reaction is one part in 1,000 in solution, and hence this is not as delicate as the iodic acid and starch reaction the limit of which is 1 to 10,000.

If both morphia and quinia are present in a solution, the morphia reaction will be first formed, but we can always obtain the quinia test by diluting to such an extent that the proportion of morphia in the solution shall be less than 1 to 1,000.

Analysis of Tobacco Smoke.—The analyses made by Eulenberg and Vohl (*Ann. d'Hygiène*, April, 1873, from *Vierteljahrsch für ger. Med.*) upset all of the old theories that the injurious effects of tobacco smoking are due to the presence of nicotia in the smoke. The smoke from tobacco in pipes and cigars was passed first through a solution of potassic hydrate and then through one of dilute sulphuric acid. The former solution was found to contain a mixture of carbonic, hydrocyanic, sulphuric, acetic, formic, metacetonic, butyric, valeric, and carbolic acids, creasote, and several hydrocarbons. The acid solution contained rosalic acid, ammonia, traces of ethylamine and many of the pyridine bases, to the last of which the injurious action is due. The bases found were pyridine C_5H_5N, which is more abundant in pipe than in cigar smoke, picoline C_6H_7N, lutidine C_7H_9N, collidine $C_8H_{11}N$, which is more abundant in cigar than in pipe smoke, parvoline $C_9H_{18}N$, coridine $C_{10}H_{15}N$, rubidine $C_{11}H_{17}N$, and a residue corresponding to viridine $C_{12}H_{19}N$. As will be seen, the more volatile of the bases, as pyridine, were most abundant in pipe smoke, while the less volatile, as collidine, were most abundant in cigar smoke.

The physiological action of these bases was not tested separately, but only that of a mixture of those which volatilize under 160° C., and of those which volatilize between 160° and 250° C. Both of these sets of bases, like nicotia, produced contraction of the pupil, difficult respiration, general convulsions, and death; and, upon *post-mortem* examination, the respiratory passages and lungs were found congested. They do not act as rapidly as nicotia. Those volatile at a low temperature were more active than those which were only volatile at a high temperature, which explains the fact that a larger amount of tobacco can be smoked in the form of cigars than in a pipe.

Bases produced by the combustion of the dandelion, willow wood, stramonium, and pure picoline obtained from Boghead coal were also tested, and found to differ in degree only from the action of the tobacco bases, the vapour of pure picoline being poisonous, and producing great irritation of the respiratory passages, slight convulsions, and death.

From the results thus obtained, the authors think that the action of opium, when smoked, is not due to its natural alkaloids, but to similar combustion products, the variation in the action of the opium and tobacco smoke being due to the production of different bases in the two cases.

ACCORDING to Dr. Ogle's **Report to the Hertfordshire rural sanitary authorities** the excessive mortality of the past few weeks in the villages of the Hertford Union was entirely due to defective sanitary measures, sewerage, over crowding, &c., the immediate remedying of which he has pressed home to the proper quarter.

Railway Accidents.

SEVERAL letters have lately appeared in the daily journals on the cause of the accidents occurring to railway trains, and especial mention is made of the danger attending the great oscillation, particularly of fast trains, which even engineers find themselves in sore perplexity to overcome. It gives us, therefore, great pleasure to state that a member of our Profession, Dr. John McGrigor Croft, has invented a most simple, practical, and easily-adopted plan, highly approved of by eminent railway engineers regarding this object. We understand his idea is taken from the action of the shoulder-joint, viz., the ball and socket, and is duly patented by him. We hear that the invention can be applied to the present rolling stock of carriages on any line. It is expected that Dr. Croft's invention will rapidly come into use, particularly for Royal or fast long trains, and that the lateral oscillation of carriages at curves and points particularly, on the rails, will be reduced to *nil*.

Nelaton.

THE following anecdote respecting Nélaton has recently appeared in the foreign journals. As is well known, Nélaton was the favourite pupil of Dupuytren, surgeon at the Hôtel Dieu. Dupuytren had made numerous enemies, amongst whom was Lisfranc of La Pitié. One day Dupuytren required a delicate instrument for the operation for cataract, which was not to be found at the Hôtel Dieu, and sent Nélaton to borrow it of his rival. Lisfranc refused point-blank, at the same time remarking that clever people should not need to borrow from others. Nélaton was very sensitive to blame, and dared not carry this message back to his master, whose brusque temper was proverbial, so he ran to Charrière, the instrument-maker, and ordered the instrument to be made at his own expense, from his description, at the same time introducing an ingenious modification which seemed to him to insure the success of the operation. It was ready on the next day, and was sent as from La Pitié. The operation was a brilliant success, and Dupuytren was so pleased with the instrument, which he thought to be Lisfranc's, that he immediately ordered one like it to be made for the Hôtel Dieu. Nélaton then revealed his secret, to the delight and admiration of his master.

The Medical Psychological Association.

THIS association has celebrated its annual meeting this year at the Royal College of Physicians, London, under the presidency of Dr. Harrington Tuke, who delivered an address in the course of which he stated briefly and emphatically the work which the Association carries forward. The following extract will interest our readers:

"This Society may honestly claim the praise of having well acted a part in the great and good work. Our progress has been as sure as might have been foretold from the caution and care with which it was begun. Very early the chiefs among us were ardent supporters of the new method, and now, when we number nearly three hundred members, and can show upon our roll the name of every eminent physician in Europe, however we may differ in details, there is not one who doubts that the power of gentleness and kindness is universal, and not least effectual with those who, in the old times, were treated as the outcasts of humanity. The persevering labour and thought with which the great object has been pursued by this society, are recorded in our *Journal*, and more than that is shown there, or our duty would have been but half done. The principle of non-restraint being established, to alleviate becomes the easier part of the physician's task, and does not belong to him exclusively. It is true that in the case of insanity, without proper training, irregulars contending against the particular form of evil would probably find that they had entered upon a warfare without counting the cost. Wanting Medical knowledge, they would not always rightly divide the rational liberty which may, from the wild freedom which may not, be safely allowed. Yet they participate with the physician in forbidding harsh restraint, and prescribing pure air; all things necessary to comfort; amusement, and unvarying kindness; but because without these nothing can be done, the outer world is disposed to believe that nothing more can be done. That is not the creed of the physician. Such treatment may sometimes cure a patient, or rather may permit him to recover; but if it were regarded as all-sufficient, there would be but few cures. The special aim of the physician is to heal disease, not merely to care for the incurable. The most diligent heed to one duty will not excuse neglect of the other. Let our *Journal* bear witness that this society has neglected neither. It teems with new remedies, and new combinations of those that are old. During the last ten years many drugs have been added to the Pharmacopœia, and the experience of every year adds to our knowledge of their efficacy.

"I speak of therapeutics in its higher sense. The indiscriminate administration of medicine is useless. Medical treatment is only valuable when based upon sound principles conjoined with prolonged experience."

Dr. Tuke afterwards mentioned the following as the subjects of discussion at the meeting in question.

"1. Is medicine, in its narrow sense, of paramount importance in the treatment of mental disease?

"2. The increase of insanity in England.

"3. Can the present system of treating the insane be improved?"

The Lady House-Surgeon of the Bristol Children's Hospital.

THE Bristol papers of Saturday contain a letter from Dr. Eliza Walker, announcing her resignation of the appointment of house-surgeon to the Bristol Children's Hospital, together with two apologies forwarded to Dr. Ward Bush, one of the acting physicians to the institution. These are followed by another letter from Miss Walker to the committee of the hospital, tendering her final resignation, in which she says—"Some members of the staff, and Dr. Ward Bush especially, professed to have recognised the principle that the office of house-surgeon might be held by a woman. They must have known how important it was to the cause I represent that the experiment of my appointment should prove successful. It behoved them, as gentlemen, to be lenient to a fault which few men have not at one time or another been guilty of, in consideration that in compelling my resignation they would injure not so much an individual as a just cause which has as yet too few supporters. I decline altogether to submit to their code of honour; their position I unhesitatingly challenge. Much as I may be to blame, I cannot charge myself with injustice, unfairness, or neglect of duty. To me they have been unjust, unfair, and, as to neglect of duty, you know that without any notice they left the entire Medical charge of the hospital and dispensary to chance and me."

The lady house-surgeon, it appears, considered herself, as the champion of women's rights, entitled to assume a demeanour of gross disrespect to her male superiors, who at once resigned their connection with the institution.

EIGHTY-EIGHT persons died from cholera in France during the past week.

The London Hospital.

The old school, which has not been used since the erection of the new college many years ago, is being now pulled down to make room for the new wing about to be added to the hospital. After the introductory lecture to-day the prizes will be distributed by Mr. Edmund Hay Currie. In the evening the biennial festival will take place at the Albion Hotel, when the senior physician, Dr. Herbert Davies, will preside.

Over-crowding and Disease.

A remarkable paper read by Dr. J. W. Tripe, the Medical Officer of Health for Hackney, at the Public Medicine Section of the British Medical Association, puts us in possession of some very interesting comparisons derived from the author's analysis of the ten years' sanitary statistics of London.

The investigations of the author involved great labour, for he took upon himself the task of correcting the official returns of population and mortality by restoring to their proper districts the inmates of all hospitals and workhouses in London. Thus, for the City of London, he restored 2,876 deaths occurring in the City workhouses in Mile End, Poplar, and Hackney; and deducted above 6,000 deaths which happened in St. Bartholomew's and the City of London Lying-in hospitals. Again, for Islington, he had to reduce the deaths for the ten years by nearly 7,000, as the Northern and West London Hospitals, as well as the Small-pox and Fever Hospitals, are situated in that district. Again, as regards Mile End, Poplar, and Hackney, the deaths in the City and other workhouses were eliminated from their registered numbers. In this way, at vast trouble, he eliminated serious sources of error. Thus, in Hackney, there were 1,211 deaths in the East London Union, and 751 deaths in the German Hospital, during the ten years, or nearly 10 per cent. of the total mortality; so that, whilst the Registrar-General assigns 21·0 as the death-rate per 1,000 inhabitants, the corrected number is only 19·3. In the 28 districts which were included in his inquiry, the highest death-rate was 28·6, and the lowest 15·2, or little more than half.

The statistics of crowding are even more remarkable. In Lewisham, which includes Sydenham and Penge, we find an average of only 5 persons to an acre; whilst in St. Giles's there are no fewer than 219, and in Westminster 237 persons to an acre. In Woolwich there are only 10; in Wandsworth, 11; in Hampstead, 14; Camberwell, 25; Greenwich, 26; and Hackney 32, to an acre; against 190 in Whitechapel, 196 in Shoreditch, 197 in St. George's-in-the-East, and 200 in Holborn.

Looking now at the effect of the over-crowding on mortality we find that amongst the fourteen least crowded districts, no fewer than eleven have a death-rate of 23·2 per 1,000 and under; whilst among the fourteen most densely peopled districts, the same number—eleven—have a mortality in excess of 23·2. A close comparison of the numbers shows, however, that other causes of an increased death-rate must be in operation in some of the least as well as of the most crowded localities. Thus, in Greenwich, with only 26 persons to an acre, the death-rate was 24·0; in Poplar, with 44 to the acre, it was 25·4; in St. Olave's, Southwark, with 71 to the acre, it was 24·5; whilst in the Strand District, with 95 to the acre, it was only 20·5; in Mile End, with 137 persons to an acre, it was 23·2. The result of the whole calculation is that the 14 districts which contain the smallest number (40) of persons per acre, the death-rate is only 20·9 per 1,000, while in the 14 districts which are most crowded (155 per acre), the death-rate is 20 per cent. greater.

Society of Heavy Weights.

Amongst other "Yankee notions" is that of a Fat Men's Association. Such a society actually exists. The necessary qualification is that each member must weigh at least 200 pounds. The Society already has enrolled 143 members. At their last festive meeting the President was elected, William Briggs by name, his qualifying weight being 305 pounds.

Let us hope that he presides over his weighty office with dignity, and refutes by his ability the aspersion cast on fat people (in the Tichborne case) that they must be deficient in brain.

Aneurismal Varix of the Femoral Vessels.

At the Hotel Dieu a remarkable instance of this affection has lately been under observation. A man in catching at a scraper falling from a height missed it and endeavoured to stop it by closing on it with his knees. The instrument cut down into the femoral artery. The wound was closed directly by himself and wife, and in two days after, when presenting himself at hospital, the symptoms of a varix were marked. A tumour with impulse and a well-marked thrill, were sufficiently indicative of the affection. Digital pressure was applied for ten hours without permanent result; in a few days after the pressure was reapplied, which was maintained for eleven hours. The patient, however, obtained perfect use of the limb by using a light elastic web pressure around it. The aneurismal symptoms continued.

Hysteria Occurring where the Uterus and Ovaries were Absent.

Dr. Puech has lately observed the case of a woman who suffered from most characteristic hysterical fits, in whom the ovaries and uterus were absent. Each month there had been attempts at menstrual molimen, but no external appearances whatever. Four instances of similar phenomena have now been recorded, by Negrier, Leudet, Castiaux, and this one—going to prove that irritation of the uterus may have nothing to say to hysterical affections.

Treatment of Cancer of the Breast.

M. Roubeix uses the following as an aid in treatment of cancer of the breast, at the Hôpital St. Jean:—He removes the breast as usual, and then applies over the wound a thin layer of Cangnoin's paste spread on linen. The thorough extirpation of the diseased part is thus attained with little pain, and the avoidance of any secondary hæmorrhage, the wound healing like an ordinary cauterised wound.

The next meeting of the British Association is to be held at Belfast. Professor Tyndall is to be President. It was proposed that Professor Andrews, of Belfast, should be President, but we regret to say that gentleman is in delicate health.

Treatment of Chronic Catarrh of the Pharynx by Galvano-Cautery.

Dr. Carl Michel recommends in this troublesome affection the direct application of galvano-cautery, by means of a battery of Medeldorpff. In seventy cases he obtained a cure, notwithstanding the failure of inhalations and other means which had been previously attempted.

Cholera is decreasing in Paris.

Dr. Eliot, of Carlisle, has been appointed coroner for that city.

Dr. Lynes has been appointed a J.P. for Coventry, and Mr. Groom for Wisbeach.

It is stated that before the recent war Nélaton's income amounted to £20,000 per annum.

St. George's Dispensary has been converted into a provident institution.

A German Sanitary Association has been established at Frankfort on the Maine.

Professor Hughes Bennett has been elected corresponding member of the Academy of Medicine of Paris.

Great complaints are made of the hotel charges at Bradford during the late meeting of the British Association.

Dr. Sharpey lately inadvertently took a poisonous dose of atropine. We are happy to report that he recovered after several hours' insensibility.

We believe that the Chemical Laboratory of the Royal Institution has for some time been closed, the Professorship of Chemistry not having been filled up.

We regret to state that Dr. Roberts is ill, and therefore Mr. Erichsen will deliver the introductory lecture at University College.

It is with great pleasure we learn that Mr. Hutchinson has withdrawn his resignation of the surgeoncy of the London Hospital.

We have reported from New York, Sept. 15, that yellow fever is prevalent at Shreveport, and that the mortality has assumed the terrible proportion of 60 deaths per 100 cases.

The late Dr. Nélaton was buried on Sept. 21 at Père-la-Chaise, in consonance with his wishes, without pomp; but a large Medical concourse accompanied his funeral. The pall, as a graceful compliment, was borne by representatives of the learned bodies—M. Bouillard for the Institute; M. Depaul for the Academy; M. Bouchardat for the Faculty of Medicine; and M. Beclard for the Medical Association of the Seine.

Monthly Summary of Science.

Edited and compiled for the Medical Press and Circular,

By Chas. R. C. Tichborne, Ph.D., F.C.S., M.R.I.A., &c.

[*The writer is not responsible for any of the statements contained in this compilation.*]

ON THE DEVELOPMENT AND DESTRUCTION OF BACTERIA AND VIBRIONES.

We have received lately some considerable additions to scientific literature upon this subject. We may say, perhaps, more elaborate in details than practical as regards results. The following are some of the conclusions arrived at in a few of the most important memoirs :—

The first of them is Dr. Bastian's *Observations on the temperature at which bacteria, &c., are killed when exposed to heat in a moist state*. In this paper the author endeavours to prove that whilst the temperature at which *living ferments* cease to be operative varies within very narrow limits (131°—140° F.), that which destroys the virtues of non-living ferments varies within much wider limits, and depends not only on the amount of heat employed, but also very much upon the nature of the putrescible or fermentable liquid to which such ferment is added. He says this difference between living and non-living ferments has been ignored by M. Pasteur and his followers. (?)

If a previously boiled solution of tartrate of ammonium remains free from *bacteria and vibriones* when exposed to the air it is because the air does not contain living organisms of this kind, or their supposed germs, and because mere dead organic particles are not capable of initiating putrefaction in such a fluid.

And if ordinary organic infusions previously boiled and exposed to the air do rapidly putrefy, though some of the same infusion when exposed only to filtered air remains pure, it is because such fluids are, in the absence of living units, quite amenable to the influence of the dead organic particles which the air so abundantly contains although they are not self-fermentable; whilst if other more changeable fluids, after previous boiling, when exposed to filtered air or cut off altogether from contact with air, do nevertheless undergo putrefaction or fermentation, it is because these fluids are self-fermentable and need neither living units nor dead organic particles to initiate those putrefactive or fermentative changes which lead to the evolution of living organisms.

On the other side we have Mr. C. Pode and Prof. E. Ray Lankester, in a communication entitled, "Experiments on the Development of Bacteria in Organic Infusions," contradicting Dr. Bastian's experiments point-blank. They quote largely from Dr. Bastian's "Beginning of Life," and say their experiments were performed to test the correctness of that author's conclusions as regards matters of fact. A great number of experiments are detailed which are against the doctrine of *Archebiosis*, a term used by Dr. Bastian. They also point out the importance of excluding visible lumps from experimental infusions, and also the greater trustworthiness of experiments performed in small tubes instead of large vessels.

ON THE PURIFICATION OF HYDROCHLORIC ACID FOR TOXICOLOGICAL ANALYSIS.

M. Engel, in the *Journal de Pharmacie*, gives the following process for purifying hydrochloric acid from arsenic. If his process is trustworthy it is certainly very simple. He says that arsenious and arsenic acids are reduced very easily in acid solutions by hypophosphorous acid. It is therefore only necessary to add to each litre of hydrochloric acid 4 or 5 grammes (about 60 grains to each 2 pounds of acid) of hypophosphite of potassium. In 48 hours the acid is to be decanted from the sediment and distilled. If chlorine is present it will also purify it from that element, and as the hypophosphorous acid is not volatile the distillation may be pushed nearly to dryness.

CHEMICAL REACTION OF ACTIVE AND INACTIVE MUSCLES,

M. P. Grutzner finds that inactive muscle oxidises pyrogallic acid to a considerable extent, while the active muscle hardly exerts any oxidising power at all.

OF THE PRESERVATIVE ACTION OF FUSINE AS A DISINFECTANT.

M. Lanjorrois says a solution of gelatine is completely decomposed at a temperature of 25° C. in 48 hours. The addition of 1-100th part of fusine perfectly preserves it an indefinite time. Meat dipped in the above solution and hung up to dry was perfectly preserved. Urine treated with 1-40000th part of aniline-violet remained without change for six months.

MERCURIAL POISONING AND AMMONIA.

M. Meyer (*Journal de Pharmacie*) says that it is only necessary to throw down a little ammonia upon the floor of the workshops to perfectly prevent the deleterious effects of mercury.

FERROUS TARTRATE.

C. Méhu states that the proto-tartrate of iron is easily obtained and is one of the most permanent proto-salts of iron, providing it is washed free from an excess of tartaric acid a trace of the above acid destroys it. It is a well-defined salt in white microscopic crystals, and may be preserved indefinitely in closed vessels without any special precautions. It has no tendency to oxidise. It is made by boiling tartaric acid upon iron, and has the composition $C_4H_4FeO_6$.

VARIATIONS IN THE QUANTITY OF HÆMOGLOBULIN

(M. QUINQUAND).

The diminution of hæmoglobulin in the same volume of blood generally follows the animal scale, but primates have less hæmoglobulin. Young animals have less than adults. Twenty-five to fifty years in man gives the maximum proportion, and it is pretty constant. Females have less than males; after fifty it diminishes. Birds have much less hæmoglobulin than mammals.

ON THE ASSIMILATION OF THE CARBO-HYDRATES OF THE FOOD.

M. Henneberg says that when the consumption of water by animals is increased a larger quantity is given off by the lungs and skin, but at the same time much less of the carbo-hydrates of the food is assimilated and more nitrogenous matter voided in the urine. Independently of its physiological bearing these observations are important in connection with the fattening of animals. The quantity of water given should be small.

◆

Literature.

A TREATISE ON THE CONTINUED FEVERS OF GREAT BRITAIN (a).

We hail the appearance of the second edition of this great work with pleasure, and when we consider for a moment the immense extent of the subject the author has laid down for himself our admiration is the more increased. Of the vast number of works on fever which have appeared from time to time, within the last century, there is no single one which, to our mind, can be compared with this. We know of none which can be considered so complete. It is true that amongst our own Irish physicians a vast deal of information, and that of the most practical kind, has been given. The names of Cheyne, Barker, Harty, O'Brien, Graves, Stokes, Hudson, Lyons, G. A. Kennedy, and others fully bear us out in this statement; and of their labours our author has largely availed himself. But none of them have done more than take up a part of a much larger subject, and it remained for our author to carry out, and complete, as far as any one individual could do, the design of giving us in one work a general description of the history and symptoms of the continued fevers of Great Britain, and, we may add, Ireland.

In taking up a work of this kind for review it is no easy matter to know how to deal with it. To enter into the details of each chapter is not possible, nor would our readers care for such a notice. We have, therefore, thought it better to take up a few of the points of a general character, which have struck us whilst looking over the volume; and if we venture at times to differ from our author it is with no desire to be over critical, but solely for the purpose of eliciting the truth.

We begin by observing that throughout the whole volume an immense amount of labour has been bestowed on what is commonly understood by the term "statistics." In this way the sex, age, duration, mortality, and other points which cases of fever present are brought under our notice, and, as we have just stated, with a vast amount of labour. We wish we could think that the result was in proportion to this labour. But we must say that it does not so seem to us. As an instance of what we mean, we might take the duration of, we will say, typhus; and set it down at so many days. How does this affect the individual case under our care? Will it tell us that it may terminate sooner, or be prolonged much longer? We fear not. Every case of fever is a study in itself, has, as it were, its own course and duration, and is not influenced in the slightest degree by the occurrence of thousands and thousands of similar cases. The fact is that statistics have been introduced into subjects which are ever varying, and we think it was an unfortunate day that they had anything to say to medicine. If the subject so treated were absolutely fixed, then indeed statistics would be useful, and the conclusions drawn would be definite and to the point. But the very nature of medicine—taking the term in its widest sense—forbids this. It may be said, almost literally, that there is nothing fixed in its nature, and there cannot therefore be anything determinate in the results of statistics. If, again, we take the mortality of typhus, we find it ranges from 10 up to 16 or 17 per cent. But how, we ask, does this affect the life of our patient? Does it tell us he will live or die? Will he be one of the eighty-five who live, or the fifteen who die? We feel it gives no answer to these queries, and yet many speak of statistics as if they were capable of doing such things. These remarks, which could be much enlarged upon, apply of course to any Medical statistics, and not to our author's in particular. We can only notice the subject thus briefly here.

Into the history of typhus fever our author enters at considerable length. This is an interesting portion of the volume, and shows a great amount of research. He considers it as more than probable—and in this we agree with him—that typhus existed from the very earliest periods, though under other names. It is obvious to any one who has considered the question that from the beginning certain laws were in force which, when broken, were followed by the fever; but that this was modified by many circumstances, and more particularly by climate. Hence the different names and descriptions of the fever which have come down to us; and yet this fever must be considered as one and the same. We have just said that the fever was subject to modifications, and on this point there can be no doubt whatever. What we mean is, that the fever known as typhus varies, in important points, and at certain periods; and we appeal to the records of former epidemics for proof of this. The great epidemic of 1817-18 had its own features stamped upon it, and we may say of it generally that it consisted mainly of what we now know as typhus; a very large number of the cases presenting petechiæ. Let us further observe that this same epidemic followed in the wake of famine, as so many others are known to have done. We notice the existence of famine as a point of consequence at this period, because when we come down to 1847-48, when another great epidemic prevailed, famine also prevailed. But now writers, and our author amongst the number, call the latter "the famine or relapsing fever;" thus connecting the character of this epidemic with the famine. That this is an erroneous way of looking at the subject we cannot doubt; for we repeat that famine was an attendant on all the great epidemics of our country; and yet each epidemic may almost be said to have presented its own peculiarities, and most assuredly these were not all epidemics of relapsing fever. Hence, to connect famine with relapsing fever we take to be a mistake. There is still another point in connexion with the epidemic of 1847-48 which seems to us to call for notice. Our author speaks of it all through as if it were quite distinct from a typhus epidemic. Now this does not agree with our own experience. It is quite true that relapsing fever prevailed then extensively; but it is also true that the second part of the attack, that is the relapse, very commonly presented petechiæ. To suppose that these two attacks were due to distinct fevers is not tenable. The spots frequently appeared before the patients had left their beds. Hence, we conclude, and we think our reasons are of the very strongest, that the typhus poison was there, even though the fever was of the relapsing type.

(a) "A Treatise on the Continued Fevers of Great Britain." By Charles Murchison, M.D., LL.D., F.R.S., Fellow of the Royal College of Physicians; Physician and Lecturer on the Principles and Practice of Medicine, St. Thomas's Hospital, &c., &c. Second edition, pp. 729. London: Longmans, Green, and Co. 1873.

But there still remains another point, in direct connection too with the great epidemic of 1847-48, which calls for notice here. We mean that because famine prevailed extensively in Ireland, therefore the fever had its origin with us. Hence the terms "famine fever," "Irish fever," and other similar expressions, were of common—indeed, we might say of constant occurrence; and all the Scotch and English newspapers spoke of Ireland being the source of the epidemic. Now this is and was a vulgar error, and originated in the idea that famine and fever go hand in hand, than which there cannot be a greater mistake; and in the present instance our statement is confirmed by the fact that for weeks and even months before the epidemic appeared in Ireland, fever had been largely on the increase in England; for proof of which we appeal to the pages of both the *Lancet* and *Medical Times and Gazette*. Nor was this the first occasion on which the same thing occurred. The fact is that famine is not a direct cause of fever, as is so commonly held. The epidemic influence, whatever it be, is a something totally different, and all that famine will do is to add fuel to the fire, which latter, has, however, already begun. Famine is a predisposing cause, as distinguished from a direct cause. But we do not for a moment assert that England originated the epidemic. It had come further, from the East; and we would here state a fact which has come under our notice, but which we believe is not generally known, that all the great epidemics which have passed round the globe, have travelled in the one direction; and that is from east to west, or south-east, to north-west. The course the cholera has so often taken is a good example of what we mean; and so when in 1832 this latter disease reached England before it came to Ireland we knew it was but following some great general law, which seems to regulate the progress of epidemics, and the very same thing occurred in the epidemic fever of 1847-48. We need scarcely observe how much these facts must modify, if, indeed, they do not entirely alter, our views of contagion, or quarantine. But inviting as these subjects are, we cannot enter into them further here. The result, then, of the preceding observations is, that famine is not the direct cause of relapsing fever, and to connect them in the way our author has done is a mistake. Famine has been an attendant on nearly all our great epidemics, but these have varied much the one from the other. We must, however, leave these general remarks, and notice a few of the special points, more particularly in connection with the treatment of typhus, which have struck us in reading that part of the volume.

(To be continued.)

It has been resolved by the sanitary authorities of Brentford to ask for an immediate Government inquiry into the causes of the prevalence of scarlet-fever in the town. The local authorities are of opinion that the evil arises from the Ealing Sewage Works.

EUROPEAN CHILD-LIFE IN BENGAL (a).

This little *brochure* is intended to aid in showing how far (to put it in a few words) the constitution of the Englishman is suited to the climate of India, in a colonising point of view.

Dr. Fayrer begins by giving a "Statement showing the mortality per 1,000 of average strength among European troops in the three Presidencies, during 1871, compared with that of each year since 1858." From this it appears that the mortality has decreased from a total (in Bengal) of 111·07 in 1858, to 17·83 in 1871. At first sight it might seem that the health of the British soldier was rapidly becoming so good that the climate of India might soon be regarded as more favourable to the life of John Bull than even England. This, however, is not the case yet, and the causes for the above marked diminution in mortality must be sought for elsewhere than simply in the climate of India, or the improved adaptation of the Englishman to that climate. A few of these may be noticed. 1. The year 1858 was that in which the Indian mutiny was still giving much serious occupation for our troops, and the number of deaths in hospital from wounds received in action, sunstroke, and other diseases contracted by exposure to the sun, and the many hardships incidental to field service, must necessarily have raised the mortality for that year far above a fair average. 2. In 1858 there was no security for the British soldier when travelling by himself in India, so that he could not leave the spot where disease was contracted, and derive the benefit so frequently experienced by a trip to one of the many sanitaria now, and even then under ordinary circumstances, available for his benefit. 3. The barracks, compared with those of the present day, were in many instances mere sheds, and utterly unsuited for the accommodation of so many men in almost any part of the world—hotbeds of disease. Lastly, in 1858 there was little or perhaps no invaliding of the sick or disabled soldiers to England.

In 1871 the reverse of all this was the case. There was no mutiny or unusual risk in field service; the country was perfectly tranquil, and sanitaria could be freely resorted to; palatial structures had been erected which provide better shelter for the soldier than often falls to the lot of his officer, and magnificent vessels, providing every requisite that can be thought of for invalids at sea, are supplied by Government for the conveyance of soldiers to Europe for change of climate, whenever thought necessary for the benefit of a man; and thus rendering it no longer necessary that he should, as a rule, have to delay his trip for a prolonged period till some favourable opportunity offers, which, as is well known, too often did not in former days arise before death had closed the man's sufferings and hopes. The comparison from tables drawn up under such widely different circumstances can scarcely be regarded as of much value. It would, perhaps, for practical purposes, have been better to have noted the fluctuations between 1861, when the mutiny and most of its effects had subsided, and 1871. This, exclusive of cholera, would have given a better idea of the real rate of *mortality* among the British troops *in India*—but by no means that of the English residents in the country, or the number of soldiers invalided and sent to Europe, but who, under similar ailments, would have died in 1858, or before the present arrangements for facilitating their exit from the country were completed.

If, as proposed, we take the total deaths exclusive of cholera, as given in Dr. Fayrer's table from 1861 to 1871, we shall find that the mortality ranges between 26·43 in 1869, when the highest rate is noted, and 17·12 per 1,000 in 1871, the lowest; the general annual rate being tolerably evenly divided between these two points, but yet so variable as not to show that any steady or permanent decrease can reasonably be expected. In fact, as stated above, the highest rate in the decade was in 1869.

(a) "European Child-Life in Bengal." By Dr. Fayrer, of the Benga Medical Service.

But even allowing that the mortality may be still further diminished year by year, the "statement" will not give us much assistance in forming any conclusion as to the probability of the Anglo-Saxon being able to colonise India, for, as is well known, no living being on earth is better cared for as regards all the requisites of health, than the British soldier in India, and any favourable inferences drawn from the improved condition of his life in that country would be fallacious in the extreme (as regards the question in point), and it would perhaps have been better to have omitted the "statement" altogether from the consideration of the subject.

Dr. Fayrer next shows the result of continued residence in India, as regards some European children brought up altogether in that country at the European Female Orphan Asylum at Calcutta. The condition of the children at this establishment as regards both their moral and physical training reflects the highest credit upon all who superintend, or are officially connected with it; and the reports which are quoted clearly show, as in the case of the soldiers, what may be accomplished by constant care and a sufficiency of means to provide for all demands. But it is not in this asylum any more than in the barracks that we must seek for a solution of the problem, for the deaths among the orphans appear to be only about 11·5 per 1,000, while among other European children on the plains and hills of India, the mortality, according to Dr. Townshend, was for the ten years, 1860-69, 94·90 per 1,000.

This high rate of mortality, it should be borne in mind, occurred among the children of European soldiers, who, though they with their mothers do not enjoy all the advantages that the men have, are, nevertheless, better provided for both in health and sickness than others of the same station in life among colonists, properly so-called, could hope to be for many years to come. They, however, offer a far better means of judging as to the probable result of an attempt to colonise India than that afforded by the children reared in the Calcutta Orphan Asylum, or at any of the branches of the Lawrence School. In the latter the sons of European soldiers have the advantage of being brought up at establishments situated at Abor and other hill stations, where the climate is probably more favourable to their constitutions than even that of Europe.

At the Abor Lawrence School the mortality is said to have been at the rate of 8·04 per 1,000, a most favourable result, and one which, humanly speaking, says much for the care taken of its inmates, and promises well for the accomplishment of the hopes of its benevolent founder.

Still, this does not give a fair specimen of the health which may be expected among colonists. For this we must seek for reliable statistics among other classes, such as mechanics on the railway lines and at the numerous manufactories which are yearly springing into existence.

At present there are no known records from which the mortality among the adults of these classes could, without great difficulty, be ascertained; and as regards those who die in infancy and childhood, the search may be pronounced hopeless. No opinion can, therefore, be formed from figures, but a long and intimate professional acquaintance with them in various parts of India enables the writer of these remarks to state with much confidence that at present there is little prospect of British emigrants being able to colonise India, except as regards some of its more favoured portions.

These remarks apply only to the physical side of the question; but as regards the moral portion of the subject, the case is even more hopeless.

The natives of India must be raised to far higher views of morality than they now entertain before the atmosphere of their society is made fit to be inhaled by children of any class.

All who have resided in India for any time must be well acquainted with the fact that even babes who can scarcely compose articulate sentences often make use of most grossly obscene terms when addressing those about them; and though some parents may and do prevent this, it is only effected by such watchfulness as few have leisure to devote to their children. As they grow up to girlhood or boyhood the children soon become acquainted with far more than they ought to know, and, unless constantly watched, lost to all proper feeling; in fact, just as their bodies become, as a rule, weedy and debilitated unless they are removed to Europe, or, at any rate, to some hill station, so their morals become frightfully deteriorated, and sink to the low standard of the natives around them, whose society they too often prefer to that of Europeans.

Much might be said upon this subject in support of the above views, but space will not allow of it.

Dr. Fayrer's interesting little pamphlet will, it is to be hoped, do good by bringing into more prominent notice a most excellent institution, hitherto but little heard of in England; but as a contribution towards a solution of the problem, "Can India be colonised by the Anglo-Saxon?" it gives, for the reasons above assigned, but little aid. The importance of the subject is undeniably great; it is, in fact, one of the most important questions of the day, but one which will not receive a really satisfactory solution till some more perfect system of registration of births and deaths is adopted, embracing and showing at a glance the results as regards life to the numerous but scattered families which at present are residing or may hereafter be located in India, but including only those who are *not under Government protection as regards board, clothing, and lodging.*

Until we obtain returns drawn up by some one who, from local experience, may be able to add trustworthy opinions upon the figures before him, we can only fall back upon the view very generally entertained by Medical and other gentlemen long resident in India—viz., that that country is *not* at present fitted for colonisation by the Anglo-Saxon, nor the Anglo-Saxon for colonising India, and that these conditions will probably remain so until the face of the country is materially changed, and with that, the climate.

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A MANUAL OF PATHOLOGICAL HISTOLOGY (*a*).

The Sydenham Society has acted wisely in selecting for publication a manual of morbid histology, as it is a subject upon which recent additions have been made to our knowledge, especially by the Germans, and no work was more worthy of reproduction than that of the celebrated Bonn professor. The woodcuts are numerous and are very sharp and well printed. The first half of vol. i. is occupied with general morbid histology, including the examination of morbid growths; and those which resemble the normal tissues are grouped under the convenient name of "Histioid tumours." They are subdivided into Sarcomata, Lipomata, Enchondromata, Myxomata, Osteomata, Myomata, and Neuromata, accordingly as they resemble cellular structures, fat, cartilage, mucous tissue, bone, muscular fibre, and nerve tissue. It must be acknowledged that the treatment of some subjects is very meagre; for instance, half a page only is devoted to the account of neuromata, and no mention is made of the masterly work of Prof. R. W. Smith on these interesting tumours. The division on the morbid anatomy of the skin is one of the fullest and most important in the work, and the illustrations are particularly faithful. We quote the description given of the wheal:—

> "The wheal is an acute inflammatory œdema of the papillary body. The exudation is thinner and more serous than in the case of the papule; hence, too, the rash is so very fleeting that it may be increased by scratching, while it quickly fades without any trace if left to itself. The seat of the infiltration has been already indicated. In the higher degree of pomphosis the papillary body is swollen to such an extent that the flow of blood through it is completely arrested. The blood which is meant to supply the parts is retained at its periphery, where it accumulates. The red areola of the white pomphus is therefore due to collateral hyperæmia resulting

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(*a*) "A Manual of Pathological Histology." By Eduard Rindfleisch. Translated by E. B. Baxter. London, 1873.

from the impermeability of the capillary net-works in the interior of the swollen region. Pomphosis, as a transient œdema of the papillary body, interferes less with the nutritive processes in the skin than any other exanthem. It is never followed by any more profound disorder, seldom even by branny desquamation of the cuticle. Among the external irritants best adapted to produce this eruption are the sting of the nettle and that of some insects; among internal ones certain articles of diet (strawberries) and the specific cause of nettle-fever."

Amongst the affections of the osseous system is enumerated "arthritis uratica," a condition which under the name of rheumatic arthritis has been so fully studied by Dublin pathologists. It may be interesting to quote Rindfleisch's description :—

"The presence of an excess of uric acid in the blood is the chemical expression of a constitutional disease of whose essential nature we are still ignorant, viz., gout; it leads to the abnormal precipitation of urates in various parts of the body, among others in the interior of the joints and in the parenchyma of the cartilages, bones, and membranes which enclose the joints. From a histological point of view, this infiltration of the solids of the body with uric acid is quite analogous to their infiltration with earthy salts, amyloid matter, oil or pigment; but as it only occurs in gout, I refrained from discussing it in the general part of this work. The form which the uric acid infiltration takes in cartilage is most worthy of notice. The cartilage cells are the chief depositories of the urates of soda and lime. They form the centres of the stellate bundles of crystals by which the tissue is permeated. I don't wish to say that the cells take any active part in the morbid process; the salts are first deposited where there is most room for them, in the cartilage cavities. In any case, however, the appearance of the infiltration under the microscope is highly characteristic. In the ligaments about the affected joint and in the medulla of the bones, the crystalline tufts are distributed without any reference to the texture of the parts. They form actual nodules as big as a pea and bigger, whose aspect leads us involuntarily to inquire how space can have been found for so bulky a deposit.

"The uric acid infiltration naturally irritates the affected parts both chemically and mechanically. It commonly gives rise to chronic congestion of the synovial membrane and the periarticular connective tissue, with intercurrent paroxysms of acute inflammatory œdema, and finally to true suppurations, which may either be superficial or more profound, leading to caries."

A copious bibliographical index completes the work, and in it the only subjects for which frequent reference is made to English authors are Inflammation and the Kidney. The German microscopists are industrious and original without doubt, but they are only too apt to ignore the work done by English and American observers.

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PROF. GEIKIE'S PHYSICAL GEOGRAPHY (a).

The useful set of books issued by Messrs. Macmillan and Co. is progressing rather slowly. We have the above, and what may be termed its sequel is promised shortly, namely, "Geology." Physical geography is a subject that should be taught to every child, male and female, and, therefore, the use of this particular primer (No. 4 in the series) will probably be even more extensive than any of the special sciences. We are, however, waiting anxiously for the long-promised "Introductory" primer by Prof. Huxley. The objects of the present issue and the Professor's well-known interest in the promulgation of science in our elementary schools, make us rather curious to see how, or from what standpoint the author will treat his subject. The term is broad enough to drive a great many hobby-horses under, but we have no doubt that Prof. Huxley will be equal to the occasion.

We think that a great number of *very advanced* children might get a considerable amount of profit from the perusal of Geikie's Physical Geography. An hour's pleasant reading will do it all, and if it is merely used as a reminder of the cosmographical arrangement it will be an hour well spent.

VETERINARY SURGERY (a).

The aim of this work of nearly 700 pages is to present to the reader a full exposition of the pathology of the diseases to which domestic animals generally, and the horse particularly, are subject, together with the principles which ought to regulate their management and treatment. Starting with three chapters on Inflammations, in which he enters very minutely upon the symptoms, pathology, and treatment of both the incipient and severe forms of the malady, the enormous extent of which among horses and other domestic animals only the practical veterinary surgeon has any conception of; the author proceeds in a scholarly, albeit in some instances rather verbose style of description, to the subject of veterinary surgery proper, in which one sees at a glance he is in his element. The chapters upon diseases of the joints are particularly interesting, and the student will derive much assistance from the excellent photo-lithographic and wood illustrations interspersed here and there throughout the text. Mr. Williams evidently is no disciple of Mr. Walker, who goes in for feeding in homœopathic doses and hard work upon three shillings a week; but, on the contrary, believes as much in good feeding as in good breeding, as the best preventives of disease. Mr. Walker, on the other hand, maintains that veterinary surgeons, as a rule, know little or nothing of the temperature of the blood in animals, that corn is a mistake, and overloading the stomach with strong food inevitably produces disease and shortens life.

No one will deny that the latter gentleman has much on his side, but we are decidedly of opinion that in his zeal for the noble animal he errs by over-caution, and would create as many diseases by deficient nutrition as the present school does by excessive feeding.

The work before us proves at least that there is one veterinary surgeon whose pathology of the blood and of diseases in general is of no mean order, whilst his surgical treatment appears to be none the less skilful. Mr. Williams has not been slow in availing himself of the assistance of the best known authorities, and has stamped his book throughout with a master hand, which the student in veterinary surgery will do well to study.

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Medical News.

The next meeting of the Pharmaceutical Society of Great Britain, 17 Bloomsbury Square, London, will be held on Wednesday evening. The Sessional Prizes and Certificates will be distributed at this meeting. An address to the students will be delivered by Mr. G. W. Sanford, of London.

Opening of a New Hospital.—On Saturday His Grace the Archbishop of Canterbury opened, with considerable *éclat*, a hospital at Croydon, which has cost over £10,000, and is capable of meeting more than the ordinary requirements of this large constituency, now numbering over 60,000 persons. The building is of the most approved construction, excellently and salubriously situated, with which both the architect, Mr. Berney, the Medical staff, and the town have reason to be proud. The large sum needed to defray the entire cost has not yet been raised, but the subscriptions so far are very liberal, added to which about £300 was subscribed at the opening, after an eloquent appeal by the Archbishop.

The Cry of Allopath.—Let not the people be misled by the cry of allopath, or other similar device; for this term means an impression contrary to the disease, and nothing more. And, as already stated, all the "paths," with one exception mentioned, are allopaths. If, for instance, a patient is too hot, the hydropath cools him by the external and internal use of water of a lower temperature than the body. If the patient is too cold, his hydropathic attendant warms him by water warmer than the body, or by the reactive action of cold water. If the stomach and bowels are filled with offending matters, they are washed out with tepid or cold water. And so the

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[a] "Science Primers—Prof. Geikie's Physical Geography." Messrs. Macmillan and Co. 1878.

(a) The Principles and Practice of Veterinary Surgery. By William Williams, M.R.C.V.S., F.R.S.E. Edinburgh: Maclachlan and Stewart.

eclectics, the electropaths, and all others who flippantly speak of regular physicians as allopaths, either do not know the meaning of the term themselves, or attempt to terrify the uninformed with an ugly sounding name like the man who mortally insulted another by calling him a "quadrangular parallelogram." The design of this cry of allopath is to play on the ignorance and prejudices of the people, and to make the impression that those who raise it are *the* physicians, while all others, who constitute, by the way, almost the entire Medical world, are murderous sectaries. Again, we repeat it, be not thus deceived, but seek Medical knowledge from those who study and practice medicine as a broad, comprehensive science, who repudiate all exclusive systems, and who are willing to appropriate the good from any and every source.—*Herald of Health.*

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A REVOLUTION IN IRISH CORONERS' COURTS.

The Irish Coroners' Courts have, within the last week, sustained a very important curtailment of their importance and of the extent of their functions. Heretofore, as our readers are aware, it has been the usage, in cases where it is suspected that death is the result of criminal violence, for the suspected person, if in the custody of the police, to be produced at the inquest, and the inquiry has embraced not only the cause of death, but has been a preliminary trial of the accused person; evidence being taken to inculpate him, and a verdict being frequently found expressly declaring him guilty of the death. The authorities at Dublin Castle, acting, we presume, under the advice of the Law Officers of the Crown, have issued instructions to the police not in future to produce their prisoners at any inquest. These orders have been recently carried into effect both in Dublin and Cork, and the coroners have, accordingly, found themselves obliged, if they took inculpatory evidence, to take it in the absence of the accused.

We are not in the position to determine whether it is or is not the duty of the coroner to inquire into the innocence or guilt of a suspected person. It appears that in olden times Coroners' Courts were charged with that function, for we are informed by the *Freeman's Journal* that the duty of taking inquests is, according to Jervis, still "regulated and defined by the famous statute of Edward IV., *Coronatoris de Officio.*" This statute lays down that it is to be inquired by the coroner "who were and in what manner culpable," and that "whoever be found culpable" be "taken and delivered to the sheriff, and committed to jail." The depositions taken before the coroner are given to the Crown officials, they are briefed to the Crown counsel, and used at the trial, and an accused person may be put on his trial on the inquisition of a coroner alone, without a bill being found against him by a Grand Jury.

Whatever may have been the practice or intention in the reign of Edward IV., we are strongly of opinion that the Government have not a moment too soon put a restraint upon the proceedings of inquest juries.

The very best which could be said of the inquest system in Ireland is, that it is useless and innocuous, and we fear that in many recent instances coroners' inquests could not be credited even with this negative merit. It was not to be expected that a jury of butcher-boys and travelling tinkers could, on the burried evidence of a policeman or an hospital student, throw valuable light on causes of death, and, as a matter of fact, the performances of these tribunals have given origin to so many farcical episodes that "crowners' 'quests" have become a bye-word. But while the Coroner's Court never serves a really useful purpose, it frequently serves to impede justice and encourage undeserved suspicions against individuals, and we say again that any action of the Government which deprives it of such power should be hailed with the approval of all who connect the idea of justice with that of dignity, and wish to see criminal investigations carried on with solemnity and cautious consideration.

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NEWSPAPER TWOPENNY CONSULTATIONS.

We feel it necessary to call the attention of the physicians and surgeons of St. Thomas's Hospital to the fact that Mr. William H. Stone, the Senior Assistant-Physician and Lecturer on Physics in the Hospital, appears weekly in public as the retailer of gratuitous newspaper advice to patients whom he has never seen. That gentleman is the Medical adviser of the *English Mechanic*, a paper of very extensive circulation amongst the artisan class, and as servant-maids pour out their amorous woes into the capacious bosom of the the editor of the *Family Herald*, so the readers of the *English Mechanic* are entitled for their twopence to consult Mr. William H. Stone with reference to their ailments. The Senior Assistant-Physician of St. Thomas's Hospital, in the last issue of this paper, responds to consultations on "Sebaceous tumours of the lid," "Hay asthma," "epilepsy," "an impure stomach," and sundry such ailments. Considering that he never saw any one of his patients, and their descriptive capacities are not well developed, it is hardly to be expected that Mr. Stone should dispense much else than generalities, and circumstances certainly do not enable him to give much for the 2d. But he does his best, and his colleagues at St. Thomas's ought to appreciate the intention if not the performance.

Mr. Stone has already been reminded by the *Lancet* that such a line of practice is the reverse of dignified. We have to add that, in our opinion, his connexion in this capacity with the *English Mechanic* is not professionally reputable, or calculated to do credit to St. Thomas's or his colleagues in that institution.

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THE ROYAL NAVAL HOSPITAL AT PLYMOUTH.

The notice of the Royal Naval Hospital at Plymouth which is communicated to us to-day by Dr. James Stannus Hughes may be read with interest and advantage, not only by our usual readers, but by those who may possibly look forward to making the Navy their "berth" in future years. This hospital, with that at Haslar, is the Netley of the Naval Medical Department, and since it has become the place of study of Naval Surgeons, its surgical importance has greatly advanced. It is, indeed, hardly to be believed that, up to four years ago, the administration of a great hospital accommodating 600 patients was consigned to a captain and two lieutenants, and that it was only recently that the authorities became conscious that such a state of things was abnormal.

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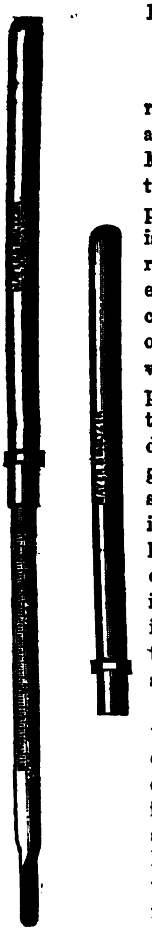
PATRONESSES OF QUACKERY.

Since the days of St. John Long, when duchesses entered the witness-box to depose to the marvellous effects of that impostor's liniment, there has always been an irresistible attraction for the ladies of the upper ten thousand in any delicate bit of quackery. Globules are *distingué*. There is none of the grossness or materialistic appearance which belongs to an apothecary's bottle, globules and dilutions being to medicine what the fragrance of an herb is to its Medical potency. It is interesting to be delicate in health and, under homœopathic guidance, that ladylike characteristic may be indulged without the discomforts of nasty bottles. Accordingly the *crême de la crême* are, at least, professing homœopaths, and we observe from the prospectus of a Homœopathic Bazaar that titled patronesses are neither scarce nor undistinguished. H.R.H. the Duchess of Cambridge leads off, supported by five other duchesses. Five marchionesses follow, among whom are especially notable the Marchioness of Westminster, and the Marquise de Caux (Madame Adelina Patti). Next we have ten countesses and nine viscountesses, the Countess Granville leading this division. Then we find about fifty "ladies" or "baronesses," including such names as Ebury, Elcho, Lawrence, Rothschild, Seymour, Havelock, Erskine, &c. The mere honourable and untitled ladies who bring up the rear are grand enough to shed lustre on any ordinary cause, including as they do such names as Mrs. Milner Gibson, Mrs. Knatchbull-Hugessen, and others whose husbands' names are linked with wealth, talent, or fashion.

Inventions.

MAYER AND MELTZER'S PROPELLING CLINICAL THERMOMETER.



A great many clinical thermometers have recently been brought before the Profession, and several have been noticed in our columns. Messrs. Mayer and Meltzer make one of their thermometers on the plan of a propelling pencil case, and a well finished instrument it is. It has also a raised rim which prevents it rolling off when laid upon the table. The engravings show the instrument when open and closed. In the latter position it will be observed that the bulb retreats completely within the case, so that it is thoroughly protected. A little way above the bulb the tube is contracted, so that the index does not descend below this point. It may be had graduated on the Fahrenheit or the Centigrade scales, and is a very convenient pocket instrument. Those who desire it may also have this thermometer graduated on two sides, one according to Fahrenheit, the other according to Centigrade. This is very convenient, inasmuch as it is then easy to set down the two, and thus make the reading intelligible to all persons.

The rapid extension of the use of the clinical thermometer renders the inconvenience of the existence of several scales more manifest than ever, and it becomes a question of greater interest whether scientific men should not agree to use only one. We suppose that Reaumur's scale may be looked upon as out of the question. The Centigrade is now used in many countries, and is familiar to scientific observers everywhere. It becomes the English Profession, therefore, to seriously consider whether they will not abandon the use of the Fahrenheit altogether. In the meantime we would advise those who are purchasing new clinical thermometers to select them with the two scales, and thus always have a ready reference in the pocket.

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We understand that a memorial window to Jenner will shortly be placed in the parish church at Berkeley, of which place the discoverer of vaccination was a native. The subjects of the window are Christ's miracles with regard to healing the sick. "Christ, the Great Physician," is the inscription, and there are nine groups, taken from the miracles recorded in the New Testament.

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Gleanings.

Rhythm of Respiratory Movements.

By Gustave Liebmann, M.D., of Baltimore, Md.

Prof. Vierordt, of Tubingen, was the first investigator who made use of the graphic demonstration of respiratory motions of human beings. The curves he obtained exhibit the absolute times of inspirations and expirations, and further the relative size and successive growth of the latter. The Professor urged the writer of this to experiment on animals, because of the possibility to follow the movements under optionally produced pathological conditions. The following is a *résumé* of the most striking facts and conclusions arrived at. ("Versuche über Rhythmie der Athembewegungen," Tubingen, 1856, by G. Liebmann).

I. *Method.*—A lever, closely following the respiratory movements, writes these down on a kymographion drum, whose revolutions in a given time are known. If the frequency is comparatively small, and if we succeed in obtaining wide curves, a fine brush produces lines sharp enough in proportion to the breadth of the respiratory curves. We can, therefore, determine—

1. The times of inspiration and expiration.
2. The relative size.
3. The mode of increase, decrease, and of decline of the curves.

On a dog we proceeded thus :—

The short arm of a vertically moving lever rested on that region of the animal whose respiratory movements were to be examined. The longer arm, supplied at its anterior end with the brush, wrote down the movements.

But if the latter were very frequent, then the above technical means were no longer applicable. The curves had to be registered then much finer. To reach this we made use of a human hair, which transcribed the motions on a blackened paper, by means of the sphygmograph. The necessary fixation of the animals was always provided for; most of them rested so nicely that the experiments were never interrupted.

It is obvious that these observations on animals are less open to criticism than those on human subjects, which, noticing that they are under observation, breathe more frequently and deeper.

In order to measure the *broader curves*, which were written down by the brush, I made use of two rules, which I placed perpendicularly to each other, doing which I got the abscissa (length of time) and the ordinate (size) of respiration expressed in millimeters.

To measure the *narrow curves* I used a micrometer, by which I could determine the abscissa (time length) down to one-tenth of a millimeter with the naked eye.

In this manner 826 curves have been measured, and I think that some questions concerning the rhythm of respiration are thus solved.

II. *Variations in the Duration of Respiratory Movements.*—If we put down the duration of the *shortest* respiration (inspiration and expiration with eventual pauses) = 100, we find with the dog the *longest respiration* to be an average = 178.

This figure comes near that obtained by Vierordt on human subjects.

The rabbit showed 217, the results varying more during the several experiments than with the dog.

With younger individuals the variations seem to be greater than with older ones.

Under ether and chloroform narcosis of the animals I found a lesser variation of the length of respirations than in their normal state.

After *section of the pneumogastric nerves* the duration varied less than normally, but the *number* of respirations fell considerably, although immediately after the operation the number increased for a few minutes.

If we brought on dyspnœa by closing up the mouth and nose of the animal the duration of respirations varied considerably and the latter increased in depth.

After we closed up the mouth and nose of the dog, whose vagi had been cut, the animal remained entirely quiet, and breathed when air was admitted again even less frequently than before. Although the animals after this operation were breathing laboriously, and had a cyanotic appearance, there is still the question, *whether they feel real dyspnœa*, for aside from the laborious breathing they seem not to suffer until the last day of their shortened life.

III. *Relations of Time of Inspiration to that of Expiration* (*Celerity of Breathing*).—Up to the time of Vierordt's experiments on human subjects there was the general opinion, and it is prevailing still, that the inspiration lasts longer than the expiration, and of course a long expiration was looked upon as a symptom of disease. Now the Professor's researches put down the figures thus :—

1. Average time of inspiration, = 100
2. „ „ expiration, = 140—240

On animals I found the following :—

On dog 1, inspiration....	= 100	Celerity
„ expiration.............	= 148	148
On dog 4, inspiration............	= 100	Celerity
,, expiration............	= 133	133
On rabbit 3, inspiration...........	= 100	Celerity
,, expiration..........	= 126	126

I must add here that the pause of breathing occurring sometimes right after the expiration and before the new inspiration was counted with the expiration. The term "celerity," which I use, is derived from Vierordt's nomenclature, and does not mean the length of respiration as a whole, no matter long or short, but the proportion of length of inspiration to that of expiration.

Now I found that the celerity goes hand in hand with the frequency of respiration. If, for instance, dog 1 was breathing more easily, the celerity increased (inspiration got stronger, expiration longer), whereas the rabbits, which breathe very frequently, showed a decrease of duration of expiration, and, of course, longer inspiration.

In *chloroform narcosis* I found a smaller celerity, that is, a *longer inspiration*. Dog 4, which showed normally a celerity of 133, when under the influence of chloroform, exhibited only 111 (expiration fell at the cost of inspiration), and showed 150 again at beginning recovery.

The section of the per vagum nerve produces singular effects.

If we count the long pauses to the expiration then we obtain celerities which are somewhat higher than the normal ones. But if we detract the long pauses which occur under these circumstances, and count only the real time of expiration, then the most abnormal celerity takes place. The time of inspiration to that of expiration is = 100 : 126.

This preponderance after section of the nerves was a known fact, but the rate of celerity, expressed in figures, was not settled before our experiments and measurement of curves, which refute the assumption that normally the time of inspiration is longer than that of expiration.

Just the reverse is correct. Normally, inspiration is shorter, expiration is longer, and only morbid conditions bring on a different rhythm.

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NOTICES TO CORRESPONDENTS.

Notice to Subscribers.—Gentlemen who have not paid their Subscriptions for the past year are respectfully reminded by the Publishers of the omission.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

Local Newspapers, &c.—When forwarding newspapers containing news or articles to which our attention is wished to be drawn, correspondents will oblige by marking the copy, as it is impossible for us to wade through all the country papers we receive.

University College, London.—We have been asked to state that Messrs. Edwin Hughes, Charles F. Budler, and James William Bond have obtained the entrance exhibitions of £30, £20, and £10 per annum, tenable for two years respectively.

The late Charles Dickens' Works.—A new and cheaper edition of the works of this gifted author is now in course of issue by the publishers, Messrs. Chapman and Hall, who have sent us a specimen volume containing betw een 400 and 500 pages quarto, with fifty-eight illustrations, the whole selling at the absurdly low price of three shillings. We can only express our surprise that such a volume can be published for the money. Of course Dickens' works need no review at our hands, but we think we may be doing some of our readers a service by telling them that they can now get these ever-interesting, ever-fresh productions of our great modern philosopher at a price which should ensure them a place upon every waiting-room table.

Assurance Fees.—All fees paid by Insurance Companies to Medical examiners are not after an approved or regular scale, as is generally supposed. It is true the rate does not differ much, but each company forms its own scale, and the examiner gets paid accordingly. Opinions have been expressed at various times by members of the Profession that there should be one uniform fee—viz., one guinea for each examination, no matter to what amount the insurer may invest; but at present there seems no prospect that an understanding will be come to on the point. We have been led to these remarks by receiving a lithographed letter from the Directors of the British Empire Mutual Life Assurance Company, who state that having had the question of Medical fees before them, they have resolved to alter their scale so as to include under the guinea fee the examination of proposals for £250 and upwards. For proposals under that amount the fee will be half a guinea as heretofore.

S. P. S.—Our Students' Number will give you every information.

Aqua Florum Omnium.—A very quaint, and at the same time most amusing recipe, which was evidently written as "a skit" upon the quackery of the last century, was brought to light by a paper called the *West Country Lantern*, last week, and as it appears to us quite as applicable in the present enlightened age of cure all "without the aid of doctors or medicine," we give our readers the benefit of it :—

> "'Water of All Flowers.'—The process adopted is remarkable for its simplicity and logical accuracy. 'Send a cow into a meadow full of flowers; when she has eaten all the flowers, gather the offal and distil it, and you have water of all flowers.' The Chinese adopt the counterpart of this recipe; they write a valuable prescription on rice paper, then moisten the paper and eat it, and thus get the full benefit of the prescription in the cure of their ailment."

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VACANCIES.

Halifax Infirmary. House-Surgeon. Increasing salary from £80 per annum, with board and residence. Address Dr. Alexander, Halifax.

Bristol Hospital for Sick Children. House-Surgeon. Salary £100 per annum, with residence. Address the Chairman of Committee.

Rural Sanitary Authorities of Okehampton, South Molton, &c., in the counties of Devon and Somerset. Medical Officer of Health. Salary £500 per annum. Address the Rev. W. H. Karslake, Meshaw.

Belford Union, Northumberland. District Medical Officer. Salary £25 per annum, exclusive of fees.

Gloucester County Lunatic Asylum. Junior Assistant Medical Officer. Salary £80 per annum, with board, residence, and washing. Applications to be addressed to the Chairman of Committee.

Kanturk Union, co. Cork. Apothecary for the Newmarket Dispensary. Salary £50 per annum. Applications, 5th October, to George Smith, Hon. Sec., Newmarket, Cork.

Sunderland Urban and Port Sanitary District. Medical Officer of Health. Salary £500 per annum for five years.

Cheltenham. Medical Officer of Health. Salary £300 per annum. Address Mr. E. T. Brydges, Public Offices, Cheltenham.

Brixton Dispensary. House-Surgeon. Salary £100 per annum, with residence. Address the Secretary.

Hartlepool Hospital. House-Surgeon and Secretary. Salary £80 per annum, with board, residence, and washing. Address the Secretary.

Royal Cornwall Infirmary. House-Surgeon and Secretary. Salary £120 per annum. Address Robert Tweedy, Esq., Truro.

Narberth Union, Wales. Medical Officer. Salary £45 per annum, with extra fees. Applications to the Clerk of the Union.

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APPOINTMENTS.

Brown, G., L.S.A.L., Gold Medallist of Charing-cross Hospital, Demonstrator of Anatomy at Westminster Hospital.

Cameron, H. C., M.D., Surgeon to the Glasgow Eye Infirmary.

Clark, W. C., M.R.C.S.E., House-Surgeon to the Royal South Hants Infirmary, Southampton.

Dreschfeld, J., M.D., L.R.C.P.L., Assistant-Physician to the Royal Infirmary, Manchester.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 8, 1873.

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NITROGEN COMPOUNDS IN RELATION TO WATER CONTAMINATION.

By Charles A. Cameron, Ph.D., M.D., L.K.Q.C.P.I.,

Professor of Hygiene, R.C.S.I., Analyst to the City of Dublin, &c.

In making an analysis of water for sanitary purposes, the following are the chief points to be determined:—1st. The total amount of solid matters contained in a gallon (70,000 grains), a litre, or in 100,000 parts of the water; 2nd. The amount of calcium sulphate (gypsum); 3rd. The amount of chlorine; 4th. The quantity of organic, or albuminoid nitrogen; 5th. The proportion of ammonia; 6th. The amount of nitrous acid; 7th. The quantity of nitric acid.

The dead organic matter found in water consists of animal and vegetable substances in a state of retrograde metamorphosis. The substances of vegetable origin are not, in general, dangerous impurities; for the most part they belong to the humic, or peaty group. Water containing peaty matter is often straw-coloured, and, in general, it is soft, *i.e.*, free from earthy salts. Large quantities of vegetable matter in a state of rapid decomposition of course render water unwholesome; but it is only in tropical climates that this form of water pollution is of frequent occurrence. The really dangerous kind of organic matter existing in water, is that derived from decomposing animal substances. This kind of matter speedily enters into a state of rapid fermentation, producing highly offensive compounds. Besides, when the animal matter is an ingredient of sewage there is a possibility that it may be associated with the virus of some such disease as enteric fever or Asiatic cholera.

The organic matter derived from animals is very much richer in nitrogen than the organic matter derived from vegetables; hence, when the combustible portion of the solid matter contained in water is rich in nitrogen, it is assumed to be derived chiefly from an animal source. When house sewage, and animal matters generally, enter water, their nitrogen exists, in general, in the form of albuminoids and urea, and other substances of an intermediate character, such as, for example, kreatin. Very soon the nitrogen, and a portion of the hydrogen of these substances, separate in the form of ammonia; and the ammonia is by oxidation converted into water and nitrous acid. Finally the nitrous acid is converted into nitric acid, and here the process of oxidation terminates.

Sewage contains from one to twenty grains of nitrogen per gallon. In pure water from lakes and rivers the amount of nitrogen (in the forms of albuminoid and ammonia) is often so low as 0·004. In some bad waters the nitrogen amounts to from 0·1 to one grain per gallon. I found more than the latter enormous proportion in water taken from a pump at the Militia Barracks, Ennis. Where the unoxidised nitrogen exceeds 0·03, the water containing it is usually considered to be somewhat polluted with sewage. The amount of albuminoid nitrogen is determined by distilling a portion of the water which had previously been mixed with caustic potash and potassium permanganate. These agents convert the nitrogen into ammonia, which, passing over with the distilled water, may be estimated in the latter. The ammonia is detected in the water by means of Nessler's solution, which is prepared in the following manner: 35 grams of potassium iodide are dissolved in 120 cubic centimetres of distilled water, and to this mixture there is added a cold and concentrated solution of mercuric chloride, until the mercuric iodide, which at first forms and then dissolves, by agitation, in the solution, at length produces a very small permanent precipitate; 100 grams of caustic potash are next dissolved in 200 cubic centimetres of water, and added to the solution already made, and the whole is then made up to a volume of 500 cubic centimetres by the addition of water. After standing for a short time the solution is transferred to a stoppered bottle.

Nessler's solution is so exceedingly delicate a test for ammonia that it indicates the presence of one part of that substance in 20,000,000 parts of water. If a specimen of water contains 0·03 grains of ammonia per gallon, it will acquire a yellow colour on the addition of Nessler's test. This colour is caused by the production of iodide of tetramercurammonium. With much ammonia Nessler's test strikes almost a brown colour. I, however, frequently examine waters so pure that Nessler's test produces in them no discoloration; but when water strikes a decided yellowish hue with this reagent, it is in all probability impure.

Some waters contain abundance of albuminoid nitrogen, ammonia, nitrous acid, and nitric acid. Nitrous acid may be tested by adding a few drops of pure sulphuric, hydrochloric, or even acetic acid, to a test tube of the water, and then adding successively a few drops of solution of iodide of potassium, and a rather large quantity of solution of starch. If nitrous acid be present a blue colour—produced by the presence of iodide of starch—will appear. When in water containing nitric acid (combined, of course) there are dissolved a few clean crystals of ferrous sulphate, and the solution allowed to come into contact with strong sulphuric acid, a deep brown coloration appears where the liquids meet. By comparing the intensity of colour produced in a water under examination by the Nessler test, with the hue caused by that reagent in solutions of ammonia of known strength, the exact quantity of ammonia in a water may be termed. For example, it is easy to dissolve 0·1 grain of ammonia (say in the form of sal-ammoniac, NH_4Cl) in a gallon of pure water, and compare the colour produced in it by Nessler's test, with the hue caused by the reagent in water under examination. In a similar manner, but only very roughly, the amounts of nitric acid and nitrous acid may be estimated.

There is no doubt that water containing much albuminoid nitrogen is dangerous for potable purposes, because it may actually contain animal poisons. In the great majority of cases, where there is much ammonia in water there is also much organic nitrogen. The presence of these bodies, and even of nitrous acid, shows that the decomposition of animal matter is still going on. In the case of water where the only nitrogen compound is the harmless combined nitric acid, it is still regarded with suspicion by the sanitarian. He thinks it possible that the living germs of disease in polluted water may survive the complete oxidation of the dead organic matter. When, therefore, a large amount of nitric acid is found in an otherwise pure water, it is regarded by many chemists as an evidence of "previous sewage contamination," and the water is considered unfit for use.

It is a curious fact that much larger amounts of nitrogen are found in waters in the form of nitric acid than in those of ammonia or organic matter; and I have no doubt that in limestone districts water which had never been contaminated with sewage contains very large quantities of nitric acid. I have rarely found in a water obviously contaminated with sewage more than half a grain of organic and ammoniacal nitrogen per gallon, whilst in waters far removed from all obvious sources of animal impurities I have often detected from two to fifteen grains of nitric acid per gallon. The water of two pumps which I am constantly testing for the last two years, never contains as much ammonia as will give the slightest coloration with Nessler's test, nor do they contain nitrous acid, and yet they include enormous quantities of nitric acid. I have not the slightest doubt as to the wholesome character of those waters, notwithstanding the large quantities of nitric acid contained in them. This point is worthy of careful consideration. Is the nitric acid found in well water always derived in great part from effete animal matter? In the case of soft waters, I have no doubt that the nitric acid present is derived from sewage. When we find a water containing only from four to ten grains of solid substances per gallon, we may regard the nitric acid present in it as evidence of "previous" sewage pollution. The case is different with hard waters—those most abundant in Ireland—which contain from 20 to 150 grains of calcium and magnesium salts per gallon. In the presence of lime, and even of limestone (calcic carbonate, more or less impure), the decomposition of organic matter proceeds rapidly; and its nitrogen is soon converted into nitric acid. The soil possesses the power of retaining ammonia, alkaline phosphates, and most of the other materials which contribute to the nutrition of plants; but nitrates pass readily out of the soil, and are usually found (and often in large quantity) in the drainage water. Plants usually contain, when dried, about two per cent. of nitrogen; therefore the portions of plants which decompose on or in the soil produce no inconsiderable amount of ammonia, or nitric acid. The well water—which is simply drainage water—in limestone districts is therefore very likely to contain nitric acid derived from decomposed vegetable matters, which the soil was not capable of retaining until appropriated by plants. We can also conceive that the nitric acid produced in the soil by the decay of manure—which is chiefly altered animal substances—may be carried into the wells, whilst the albuminoid nitrogen, ammonia, and other matters would be retained in the soil. I also frequently notice that water containing a large amount of nitric acid—but no other nitrogen compound—is almost completely free from chlorine. When water is unmistakably contaminated with sewage it invariably contains a large amount of chlorine—chiefly in the form of common salt. Water, however, may contain a large amount of chlorine, and yet be free from nitrogen in any form. The wells near the sea occasionally contain common salt; and in many parts of Ireland, and particularly in the city and county of Dublin, the well waters often include very large amounts of earthy chlorides. In a soft water remote from the sea the decided presence of chlorine and nitric acid should be considered as clear evidence of previous sewage pollution; and such water should be regarded as dangerous to health.

In conclusion, I think it would be well if sanitary chemists fully considered the question whether or not the presence of large quantities of nitric acid (all other nitrogen compounds being present in unimportant amounts) in hard waters is a sufficient cause to condemn them. In many parts of Ireland it appears to be impossible to obtain well water free from nitric acid; and in the great majority of these waters which have come under my notice I have detected but minute quantities of albuminoid nitrogen, ammonia, and nitrous acid.

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CASES OF DISORDERED INNERVATION FOLLOWING AFFECTIONS OF THE THROAT, SIMULATING DIPHTHERITIC PARALYSIS.

By H. MacNaughton Jones, M.D., M.Ch., F.R.C.S.I. and E.,
Surgeon Cork Ophthalmic and Aural Hospital, Special Department for Throat Diseases.

Mr. W. P., aged about fifty-five, consulted me on the 26th of February, for an affection of the throat accompanied by a disagreeable sensation in the roof of the mouth, dryness, loss of taste, and snuffling voice, which was distinctly nasal. He referred his chief trouble to the back of the throat and posterior nares. His previous history was, that he had had, a few weeks before, a severe sore throat, for which he had been treated, and that this unpleasant condition, now accompanied by a decided difficulty in speaking and slight hoarseness, gradually supervened. On examination I found the vocal cords healthy; congestion of the mucous membrane covering the arytenoids, and the characteristic throat of follicular laryngitis; the uvula slightly relaxed.

Treatment.—Inhalations of ol. pin. sylvestris and ammonia, benzoic acid, guaiacum, chlorate of potash lozenges; topical applications of perchloride of iron and chloride of zinc to the larynx and posterior nares; generous diet, &c. In about three weeks he discontinued attending, he was so much improved.

Mr. R. P., aged about fifty, brother of the last patient, came to me on April 19th, complaining of huskiness and slight loss of voice, which was decidedly of a nasal character; and most distressing to him. He had a difficulty in swallowing liquids, as the fluids returned through both nares occasionally, but, as a rule, through the right nostril. His general health not good. The previous history was that some four or five weeks previously he had had a very bad throat, and which had got better under appropriate treatment. He was satisfied that he suffered from exactly the same affection as his brother, but that he had, in addition, the difficulty of swallowing fluids, and their return through the nares. He came in a state of great alarm, as for the past few days the voice had become worse, and the other attendant symptoms increased. I found the vocal cords, as in his brother's instance, quite healthy, but the arytenoids and the whole mucous membrane of fauces and throat follicular. The uvula drawn completely up and to the left side, and the *right* palato glossus and pharyngeus muscles paralysed. This accounted for the return of the fluid more readily through the *right* nostril.

Treatment.—Strychnia internally 1-24th increased to 1-16th of a grain; lozenges; chloride of zinc, topically, with stimulating inhalations, as in the last case. I commenced immediately, and with Mackenzie's galvaniser I used Faradisation to the right side of fauces, and the affected muscles, and uvula daily, with the very best effect. I found this instrument (as in all cases of paralysis of the muscles of the larynx) act admirably, and beautifully suited for topical application. On the 6th of May he was much improved, could swallow fairly, nasal sound in speech gone. Ordered change of air. He has since completely recovered. These are interesting cases, inasmuch as there has been no history of any pure diphtheritic attack. In both, the disordered state came on some weeks after the throat affection had passed off, as it generally does in diphtheritic patients. Though the second case did not present itself to me for a few months subsequently to the first, yet there can be *no* doubt of the similarity of the two affections. The benefit of the local Faradisation was quite apparent, as also the permanent improvement effected by total change of air and rest. Both the patients were gentlemen engaged in a business requiring a constant strain on the mind and body, the latter of whom particularly had overtaxed his strength by work.

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TWO CASES OF PYÆMIA.

By Dr. E. N. Heath,
Baltinglass, co. Wicklow.

I was called to visit a person named John Munson, a native of the north of Ireland, in January, 1872. On inquiry I found that he was 48 years old, followed the vocation of a farmer, and had been a strong, able-bodied man. The position he was in on my visiting him was as follows. His body was arched so much that it was irksome to him to look upwards, his head and face being directed to the floor; his chest and waist turned towards his right side; his hands rested on his knees, and when he attempted to crawl along and move his right thigh he invariably supported the limb by placing both his hands underneath it; was greatly emaciated, and his skin and conjunctiva of the eyes of a saffron colour; his pulse ranged from 95 to 100, slightly intermittent.

History of the Case.—He complained of constant pain in the right lumbar region, which increased towards nightfall and banished all rest, causing him to remain in a sitting posture during the night, as when he attempted to take the recumbent posture his sufferings increased; spent half the night moving round; appetite nearly gone; animal food caused nausea, and, finally, was troubled with night sweats. He had been for the preceding twelve months suffering from a feeling of loss of power of motion coincident with pain in his right side, but the pain was not so severe as to prevent him from following his pursuits. On one occasion the jolting of his wagon caused so much suffering that he had to give up, and he ceased to work on that particular day. Had been going on in this manner until the symptoms became more urgent, and on the month preceding my seeing him suddenly lost the use of his right arm. A surgeon visited him and relieved him by venesection; had been attacked since, and not getting relief from his sufferings had looked on his case as hopeless.

Examination.—I easily perceived an obvious difference as to the relative size of the right and left lumbar regions; the left was sharply defined (the patient being emaciated) as to its osseous boundaries, whilst the right was full, prominent, and rounded off at the crista ilei. The swelling extended anteriorly from the right iliac region to the crest of the ileum downwards as low as Poupart's ligament and os pubis, and backwards along the lumbar vertebræ their whole length. Pressure caused pain over the whole surface but became more severe at one particular spot two and a-half inches from the third lumbar vertebra; when the patient coughed there was impulse pressure being made at the time. Being under the disadvantage of an experienced surgeon of repute not having taken any decided steps, and having pronounced an unfavourable issue as to the case (as I was informed), I cautiously deliberated as to the possibility of the tumour being of an aneurismal character, or soft cancer, abscess of the kidney, or abscess communicating with the colon; also the proximating of the great arteries,—I say, bearing in mind all these possibilities, I came to the conclusion the case was one of ilio lumbar abscess, but as to its commencement, where its nidus was, could come to no conclusion.

I passed a tentative needle upwards and inwards about two inches from the third lumbar vertebra, so deep as three inches, when I felt suddenly all resistance yield. On withdrawing the needle its groove was filled with purulent matter. I then passed a director guided by the needle, and along which I introduced a narrow knife, and then gushed, as from a squirt, pus of a milky appearance, which continued to flow for upwards of an hour in a continuous stream—I think very nearly three quarts or upwards. I did not wait for it to cease, but closed the opening with lint and applied a bandage on the following day. On withdrawal of the dressings out came another rush of purulent fluid; it had oozed through the dressings, so that the patient's clothes were saturated. The discharge never ceased from the time I left him. I noticed that on my second visit the discharge was different, being mixed with floculent milky masses, and occasionally dark semi-fluid lumps. I waited until the discharge nearly ceased. After an interval of half-an-hour or so, it commenced as fresh as ever.

Third Visit.—I examined the parts carefully, and found three distinct fistulous communications, one leading to the lumbar vertebræ, another towards the lowest rib; but on making pressure over the lower part of the abdomen along the crista ilei by far the greatest quantity of purulent matter issued, and indeed appeared to me the great source of the discharge. Applied pledgets of lint along the trunk of the sinuses, and then bandaged tightly. In three days from this time his figure gradually became more erect; was able to go to bed and sleep comfortably, began to gain flesh, could walk without supporting his right limb, cure progressed favourably, and he became a strong, healthy man, and is now attending to his farm. The constitutional treatment was tonic altogether. I could not come to any opinion as to the particular locality where this disease originated, as I could not trace it to any lung, kidney, or liver disease, as collections of purulent fluids from these viscera would make their way until they pointed to some direction.

I attended another case. The patient had been attacked with pulmorary inflammation, and suffered for a long time; had a severe cough with fetid expectoration, and finally a tumour appeared in the back, immediately under the short ribs. He had been under other medical care before I saw him, and when I did, he was, so to speak, bundled together. His head and feet nearly touched each other, there was an immense swelling filling the space between the lower ribs and ileum, and from thence along the long muscles of the back. I had no hesitation in this case, but at once made an opening into the tumour, and immediately issued at least four quarts of dark-coloured fetid fluid. In a short time the man rapidly recovered. I think that the position patients assume is a diagnostic symptom, which is produced by the patient taking the most easy posture, the flexor muscles evidently being in the preponderance.

ON THE TREATMENT OF CHOLERA.

By Dr. James M. Barry.

The prevalence of cholera in Europe at present may render this not an inopportune time to direct the attention of the Profession to a mode of treatment which has proved successful in India, and was brought under my notice when travelling in the East some three years since, by an officer in the Civil Service, conversing about cholera. He stated that on the occasion of an outbreak at "Dacca," having tried various remedies unsuccessfully, it was suggested to him to prescribe nitrate of silver. Several of the cases so treated recovered. Some time afterwards it fell to my lot to treat a case. I persevered for some time with the usual routine practice without alleviation of the symptoms. The vomiting becoming distressing and frequent. I recollected what I had heard about the nitrate of silver, and was gratified to find that the patient sensibly improved after taking grain doses every half hour. Four doses in all were administered, and the patient ultimately recovered.

Last year I mentioned the above mode of treatment to a physician in large practice at Calcutta. He informed me that he had used nitrate of silver in combination with opium and camphor extensively, and with the most gratifying results.

Argentis nitras.
Opii pulv.
Camphora, aa. gr. j.
Terebinth. chia, q. s.
Ft. pil. ij.

If again called on to treat cholera I mean to give this prescription a fair trial, and beg to recommend it for the consideration of my professional brethren who may have occasion to treat this dreaded and fatal disease.

Hospital Reports.

ROYAL MOORFIELDS OPHTHALMIC HOSPITAL.

(Reported by A. Vickery.)

On the 16th of September Mr. Critchett operated on an elderly woman, for cataract of the left eye, who had been some years ago operated on in the right eye for the same disease successfully. No anæsthetic was used, and the patient bore the pain unflinchingly.

The next case was one of congenital cataract, supposed to be accompanied with specific choroiditis, in a boy of about ten years. Mr. Critchett performed the operation for cataract on both eyes by Graefe's linear incision accompanied by iridectomy. In both cases he was obliged to withdraw the lenses by means of forceps, in consequence of the toughness of the capsule. The boy's father had died insane, and the mother had had several miscarriages. The patient's teeth were of the type described by Mr. Hutchinson, *i.e.*, the two central upper incisors were notched and round. Bichloride of methylene was used as an anæsthetic.

Mr. Lawson operated on a young man who had formerly lost his left eye from some accident which necessitated its being extirpated. There being some opacity on the right cornea, he had also performed iridectomy at a former period on the right eye, giving a very good result. Cataract, however, ensued, and he therefore proceeded to break up the cataract by means of a needle, instead of extracting it, atropine being afterwards dropped in.

Mr. Couper operated upon an elderly woman for cataract on the right eye. He had formerly operated on the left eye with good results. No anæsthetic was used. Mr. Couper operated by corneal incision. At the points of entry and exit the needle-knife of Graefe was parallel to the iris; but as the incision went on it ended by becoming perpendicular. Iridectomy was then performed. The capsule of the lens was incised, and the cataract made to pass by the aid of the scoop above, and the blunt end of the curette below. Mr. Couper remarked that in this operation the lense has to make a far greater turn than in the ordinary operation of Graefe.

The next patient operated on by Mr. Couper had cataract. Anhydrous ether was used (Robbins and Co.'s). The operation was precisely the same as the former, save that the man, æt. 45, could not do without an anæsthetic. The lens came out easily and was exceedingly soft in texture. Small portions of the capsule were afterwards removed by means of the back of the scoop.

Mr. Couper said the advantage of the present operation with iridectomy over the old flap operation is, that the latter, being in the junction of the cornea and sclerotic, was very apt to gape, when pressed on by spasmodic action of the lids, which is not so in the case of the present operation. He prefers accompanying his operation by iridectomy, because if this be done, a small portion of the iris very frequently is found to prolapse and cause complications in the after treatment of the case.

The Public Health.—The Registrar-General reported last week that in London 2,234 births and 1,177 deaths were registered. The 1,177 deaths included 2 from small-pox, 22 from measles, 11 from scarlet fever, 4 from diphtheria, 39 from whooping-cough, 39 from different forms of fever, and 85 from diarrhœa; thus to the seven principle diseases of the zymotic class 202 deaths were referred, against numbers declining from 585 to 232 in the seven preceding weeks. The deaths from these seven diseases were 123 below the corrected average number returned in the corresponding week of the last ten years. The fatal cases of measles and whooping-cough showed a slight excess, while those of the other diseases were considerably below the average. Of the 22 deaths from measles, 11 occurred in East London, including 6 in Shoreditch and 4 in Bethnal Green registration districts. The 2 deaths classed under small-pox were cases of chicken-pox in children aged two and three years respectively. The fatal cases of diarrhœa which in seven previous weeks had declined from 470 to 127, further decreased to 85 last week, and were slightly below the corrected average number in the corresponding week of the last ten years. The annual death rate from diarrhœa was equal to 1·3 per 1,000 in London, while in the seventeen other large English towns it averaged 3·5 per 1.000. To simple cholera only 3 deaths were referred last week, all being cases of children certified as choleraic diarrhœa. The deaths from different forms of fever were 39 against 26 and 34 in the two previous weeks; 2 were certified as typhus, 28 as enteric or typhoid, and 9 as simple continued fever. Three deaths from enteric or typhoid fever were recorded in Mile End Old Town Eastern, and 2 each in Poplar, St. John Horsleydown, Kennington First, and St. Paul Deptford registration sub-districts. Diseases of the respiratory organs and phthisis caused 321 deaths last week, against 301 and 296 in the two preceding weeks; the corrected average number in the corresponding week of the last ten years is 335.

Introductory Lecture

DELIVERED AT THE MEDICAL COLLEGE OF

THE LONDON HOSPITAL,

By Prosser James, M.D., M.R.C.P.,
Lecturer on Materia Medica and Therapeutics.

Twenty years ago to-day I took my seat for the first time as a student of the London Hospital, and listened to the introductory address delivered by Dr. Parker, whose eloquence I cannot hope to rival, and whose kindness I remember as clearly as his willingness to instruct all who were ready to learn.

That lecture was not delivered within these walls, but in the old school located on the other side of the hospital, and it was the last introductory lecture delivered in that building, which is now in process of demolition, and on the site of which will shortly be erected another extension of the hospital. Though not to be compared with this, that building gathered around it many memories that will linger long in the coming years. There for nearly seventy years was carried on the great work of Medical education, commenced by the first surgeon of the London Hospital, Mr. John Harrison, and placed on a firm foundation by his successors; foremost of whom were Sir William Blizzard and Dr. Maddocks. These two established here the first complete Medical school in connection with a hospital on the model of a university faculty.

When I entered the hospital, the governors had already resolved to erect a building adequate to the requirements of the time, and the following year the college in which we are this day assembled, was opened by an introductory address by my esteemed teacher, Dr. Little.

Since then this college has been greatly enlarged. A glance at our new museums and laboratories is sufficient to prove that we have marched with the times, that progress is our normal state.

The same fact may be gathered from the great building to which the college is an adjunct, for the hospital has grown too. In 1866 the third wing, the Alexandra, was added to the two which had been erected in 1831 and 1842 respectively; and at this very time the foundations are being laid of another wing, estimated to cost £100,000, of which nearly the whole sum has been promised. The remainder will not be wanting unless the citizens of London are about to forfeit their character for munificence, and leave one of their noblest charities insufficiently supported.

These successive enlargements of the means of study appear to me solid indications of the steady progress of our art, and convincing proofs that in that progress the London Hospital has not lagged behind. I have, therefore, thought it not inappropriate on this occasion, before an audience of London Hospital men, to take as my subject the progress of medicine in my own time; selecting most of my illustrations from those connected with the London Hospital or its College. In doing this, I have the further excuse that the time at my disposal admits of but few illustrations from many equally apposite, and the period embraced is one which can scarcely be matched in any other of like duration; while having commenced my curriculum in the old school and completed it in the new, I may be looked upon as a sort of connecting link between the past and present. This will be the more apparent when I tell you that before becoming a student here I had served an apprenticeship in the old-fashioned way, which, spite of all that is said to the contrary, possesses many advantages; especially if the master should be "a real old English gentleman," such as I had the privilege of serving in Mr. Huxtable, a London Hospital man, who had then been in practice for forty years, his College of Surgeons diploma dating 1813, but who, as a worthy alumnus of this hospital, had diligently kept *au courant* with what was done in his time, and who, now retired from the arduous duties of the Profession, which he discharged for more than half a century, still lives beloved by all who know him. He sent to this hospital his children, his grandchildren, and numerous pupils, of whom I was the last.

Whether we look at our art or to the sciences on which it is founded, I believe we have no reason to blush at the manner in which we of the present generation have carried on the work handed down to us by our predecessors. I know that it is not uncommon for those outside our ranks to sneer at our inability to cure

> "The thousand natural shocks that flesh is heir to;"

and to adduce the progress of the physical sciences by way of contrast with what they are pleased to call the stagnation of Medicine. I admit not the contrast, and those who talk thus entirely misrepresent the facts. Now and again in the roll of the centuries a genius may suddenly endow our art with some new resource, but we do not measure our progress by these giant strides; which, indeed, are not seldom claimed by the devotees of other sciences, and for this reason, Medicine is not of itself a science at all. Rather is it a science of the sciences, or more exactly the art of applying science. The art of healing, in the wide and true sense of the term, is the art of applying all knowledge to the relief of sickness and suffering. The primary duty of the doctor is to cure; when he cannot do that, to relieve. For this end he is to apply all sciences, all knowledge. No fact in nature but may some day or other suggest a remedy. No law in the wide universe but may some day indicate danger or inspire hope. Therefore we do not seek knowledge for its own sake alone, but for what it may lead to. Those who thus appreciate our position will understand how it is that no branch of learning seems to exist in which Medical men have not distinguished themselves.

It is perfectly true that some sciences are more intimately associated with our art than others. Chemistry, anatomy, physiology, pathology, form the foundations on which we build, and we need not go beyond these in our retrospect of recent progress.

CHEMISTRY.

The first, indeed, has not merely seemed to progress,—it has undergone a complete metamorphosis. Chemistry is to-day a new science. Its very nomenclature has been utterly changed in my time. Medical chemistry is of itself a distinct branch of the science, and so rapid is its progress that no small effort is required to enable us to keep pace with it, though many are eagerly watching its discoveries in order to apply them to the actual treatment of disease. It has taught us the composition of our tissues, and something of the manner in which they are repaired. It has given us some notion of the changes constantly produced by every function of life, and enabled us to comprehend many of our relations to the outer world; but, far better than this, it has dowered us with new remedies, taught us many of the laws on which disease depends, and placed in our hands antidotes to the most virulent morbific influences.

In connexion with chemistry may be mentioned a new method of research of surpassing delicacy. Spectrum analysis brings within our ken the infinitesimal, and actually enables us to carry our investigations into other worlds. It has already resolved the mystery of the sun's heat. It tells us something of our sister planets, and unveils some of the secrets of the fixed stars; and let me tell you, gentlemen, that recent as is the application of the spectrum to physical research, it has already been questioned in reference to Medical problems. As soon as the new method became practicably available, its relations to chemistry, pathology, and medical jurisprudence were publicly taught in this College by our Professor of Chemistry, and you may find an abstract of his early teaching on the subject in the third volume of the "London Hospital Reports." As one of Dr. Letheby's pupils, I may venture to add that it is not alone in chemistry that he has shown his prowess. To him we owe a very important physiological discovery, which was communicated by him to the Royal Society in 1851, and this College owes him a debt of gratitude for the beautiful preparations illustrating comparative anatomy which he has presented, all of which were the work of his own hands.

Spectrum analysis may be said to date from 1859, for it was then that Kirchoff and Bunsen rendered it practicable by contriving a complete apparatus with which they carried on their researches; but they were not the earliest workers at the subject. As so generally happens in all discoveries, others had preceded them, and more or less anticipated them. The late Professor Miller had in 1845 completely stated the theory on which so much is built. Before him, Fox Talbot, in 1826, had asserted his ability to distinguish lithia from strontia by means of spectrum analysis. Earlier still, namely, in 1815, Fraunhofer had magnified the spectrum, and thus more distinctly seen the dark lines which Wollaston had described in 1802; and the germ of all this may be traced back yet a century earlier, when Newton first broke up a beam of white light into its component colours by means of a prism, and called the little artificial rainbow he thus produced "the Solar Spectrum." Had his great mind not been fully occupied with so many other weighty problems, we may easily conceive that he would have completed spectrum analysis a century and a half before it was accomplished. Even as it is, after all the toil and patience of the many who have thought out the solution of the facts observed, no greater proof of our progress can be given than this,—that a three-sided bit of glass which, hanging in our chandeliers, shows us a pleasant play of colours, should enable us to solve the mysteries of other worlds.

ANATOMY AND PHYSIOLOGY.

If chemistry has thus advanced, and spectroscopy become a science in our time, anatomy and physiology have not been behind. In this College they have long been separated, as they deserve to be, for educational purposes; but in a hasty summary like this they may be taken together as constituting the science which treats of the structure and functions of our bodies. As such they form one of the main columns that support the temple of Medicine, or they may be called the very corner-stone of the building.

Great has been the progress made, and the London Hospital and its College has not been behind. Let me give you an illustration. Many of the most interesting problems relate to the form of various parts. We find certain parts fulfil certain functions. Why? Careless observers are often content to say no more. The man of true scientific mind desires to penetrate further; and this he may do either by reason or experiment. The true reasoner is the highest type of intellect. The experimenter, indeed, deserves our thanks for the facts he accumulates; but it is the reasoner who explains them. Harvey established his doctrine of the circulation of the blood by reason and experiment together; but many facts unknown to him have since been discovered, and they greatly enlarge our notion of the circulation. We may, indeed, describe the capillary or ultimate circulation as a modern discovery. The last contribution, however, to our knowledge of the circulation, —that to which I invite your attention, does not relate to this, but to the central organ—the heart. The openings through which the blood flows into, and out of, the cavities of the heart differ in size and shape. Why? The fact has been known from early times. The explanation might be supposed to accord with physical and mathematical laws. It was reserved for our senior physician, Dr. Herbert Davies, to prove that the several sizes and shapes are those best adapted to bring about the required result in the most perfect manner, and to furnish the formula for calculating one from the other, which may henceforth be termed Davies's Law; and this law stops not within the domain of physiology, but gives us a further insight into pathology, for his explanation of the condition of the parts in health enables us to comprehend the effects of changes that are observed in disease.

Physiology and pathology are so intimately connected, that illustrations might well be classed under either. The next I take will serve as a stepping-stone to pathology. It relates to the nervous system, our knowledge of which has lately made immense progress, the London Hospital being again to the fore. Aphasia is a condition upon which much light has been shed, and the physiology and pathology of the nervous system have in my time been completely remodelled. More than one London Hospital man has worked at this subject, but no single individual has accomplished more than one of our present physicians, Dr. Hughlings Jackson. It is indeed directly due to his clinical study of convulsions and other lesions that the greatest step has been taken towards the elucidation of the functions of the brain. He showed the way investigators should pursue. He predicted the discoveries that have just been announced as the result of the brilliant experiments carried out by Fritsch, Hitzig, and Ferrier, and which have completely realised his anticipations respecting the localisation of the functions of the brain. Regarding disease as an experiment made by nature, Dr. Jackson arrived at conclusions which Professor Ferrier's experiments have exactly confirmed, and which seem to show that the ideas involved in what is called phrenology have after all a certain scientific basis. The geography of the brain is now being mapped out, and had Gall and Spurzheim pursued the method of Jackson and Ferrier, they might have been great discoverers instead of the constructors of an inadequate hypothesis.

The mention of the brain suggests that the mind is itself the subject of the physician's anxious care, and that my former fellow-student and present colleague, Dr. Langdon Down, has well employed unusual opportunities of investigating congenital mental lesions.

Speaking of the nervous system, it may be mentioned that diseases have lately been referred to it which used to be otherwise classed; for example, certain diseases of the skin. Rheumatism, also, has lately been referred to a sort of cerebro-spinal meningitis, but that great London Hospital veteran, Dr. Billing, long ago called it a neuritis.

PATHOLOGY.

I pass now to pathology proper, by which I mean the science of disease. Pathology is, to abnormal structure and function, what anatomy and physiology are to normal; thus it embraces more than morbid anatomy and histology. It goes hand in hand with clinical knowledge, without which we could not, from mere changes of tissue, discovered after death, understand the phenomena of disease. When pathological processes take the place of physiological ones, disease results. In the restoration to health there is a return to physiological action, and if by any means we can promote the substitution of one process for the other, we are curing the patient. A man may be successful in a particular case by following a routine he has seen others follow, but no man can be a safe doctor who is ignorant of pathology, although it is equally true that pathological knowledge alone will not make a man a great physician. Great has been the progress made in pathology in my time, and in that progress the London Hospital has had a large share. The microscope has played so important a part in pathological researches that it will be convenient to group around that instrument my illustrations of the progress. Before my time the microscope had been applied to the investigation of diseases of the skin, of the mucous membrane, of the kidneys, and of other organs. By it the structure of the various tissues and the nature of the secretions and excretions had been made plain. In some instances it had rendered diagnosis exact, but it was not then in the hands of every practitioner, still less of every student.

When I entered the London Hospital the microscope was by no means ignored, for Dr. Carpenter included microscopic demonstrations in his course of physiology, and assuredly with so eminent a microscopist as our professor it may be supposed that no school was in advance of this. But yet how great progress has since been made.

To-day we can offer our students the most complete instruction in the use of the microscope; and the original work done in our laboratory is being applied to the elucidation of some of the most important Medical problems.

Looking back to the time of my entry into the Profession I recall one name that overshadowed the microscopic world. That name was Quekett, and even now, if anyone should ask what the Queketts, for there were two, did in histology, he would be likely to be answered in the one word—everything. From the Queketts a new era in microscopic work may be dated, and both of them were London Hospital men. Nor is our *alma mater* behindhand now; for one of the great questions of pathology at this time relates to recent investigations into the connection of Bright's disease with certain definite changes in the vascular system. In explanation of the facts observed a theory has lately been proposed by one of our staff—Dr. H. G. Sutton—in conjunction with Sir William Gull. It is true that their theory has been warmly contested, and may be said to be still on its trial, but whether ultimately accepted or not, a mass of facts has been accumulated which must prove serviceable to other searchers after truth. In reference to this, I believe I am correct in stating that all the original work on which the hypothesis is based, was performed within the walls of this college; and that nearly all the preparations were made in our laboratory. Thus we see that to this very day the London Hospital and its College maintains its reputation for microscopical research, and I take it that as London Hospital men you will feel an interest in one or two other landmarks of our progress in this department of pathology.

Look at inflammation. This process, always an absorbing study, has been investigated with renewed vigour during the last twenty years—especially the last five or six. Virchow's cellular pathology seemed to reign supreme until lately, notwithstanding many indications of its inadequacy. It was not till 1867 that it was really deposed, chiefly through the attention bestowed on Cohnheim's researches. It is here curious to note that to Cohnheim is not due the credit of priority in the investigations and discoveries that have so largely displaced Virchow's theory, and brought us nearer to the pathology of an earlier time. For twenty-eight years before, nearly all the microscopic appearances of inflammation had been described by Dr. William Addison, whose views I perused when yet a student, and which had been accepted by Dr. Williams, whose "Principles of Medicine" was one of my earliest text-books.

The subject of degenerations of various kinds is another which has made rapid progress, and for our knowledge of these processes we are indebted to the microscope.

Minute changes of structure in various organs precede or accompany a number of diseases in which, until lately, we were ignorant of their occurrence. The discovery explains many phenomena which were previously inexplicable. It is to the investigations of another London Hospital physician—Dr. Fenwick—following the lead of Dr. Handfield Jones, that we owe much of our knowledge of this subject.

Another illustration. Our knowledge of parasitic disease is being constantly enlarged by the microscope. Some of the recent discoveries respecting this subject are truly astounding. It was curious enough to find that the tape-worm passes through the most different stages of existence, taking up its abode in different organs or different animals during the strange stages of its peculiar life, and great credit is due to those who demonstrated that the vicissitudes of this parasite are the cause of such dissimilar diseases. This was only getting known at the beginning of my career, but of what new discoveries was it not the forerunner? Recent researches show that not only are the surfaces and the cavities of our bodies turned into the tenements of parasites, but that these minute organisms live in our very flesh and abound in our very life-blood.

A very fatal disease, previously probably confounded with fevers, has lately been proved to arise from parasites which gain access to the system in the flesh of animals taken as food. Once entered they soon find their way into the muscles of their victim. The trichina was, indeed, long since known to inhabit human muscles, but it was regarded as a sort of curiosity in the dissecting-room. It was first seen by Tiedemann in 1822. Owen described it more fully in 1835. A little later (1838) a London Hospital worthy, Mr. Curling, found some in the muscles of a man who had been run over, and he sent specimens to Dr. Cobbold, whose researches as to the entozoa have been so important. It was not till 1860 that Zenker proved that this parasite, instead of cretifying and degenerating, was more likely to free itself, and, migrating among the muscles, give rise to a fatal and painful disease now called trichinosis.

To another parasite, the echinoccus, which takes up its abode in any or all of the organs, has been traced the fatal endemic disease of Iceland, for which no cure has yet been discovered, and it is probable that the dysentery and chlorosis of Egypt, and the hæmaturia of Natal are due to a distoma making its home in the vitals of its victim.

But more astonishing than this, is the latest discovery in parasitism. We are now assured by a very able microscopist, Dr. Lewis, of the Army Medical Service, that nematoid worms may swarm in the blood of a man without, so far as we yet know, giving rise to disease at all.

On the other hand, vegetable parasites in the blood seem very pernicious. The recognition of the fact that some diseases of the surface and outlets of the body were but the manifestations of the presence of plants growing there, not only led to exact diagnosis, but enabled us to apply successful treatment. Can we hope for as much when plants are found in the blood?

The investigations of the last three or four years suggest that minute vegetable organisms find their way through wounds—possibly, also, occasionally through other channels—into our blood-vessels, or even into the interior of cells. Then they grow, and of course block up the vessel or cavity they occupy. Suppose they adhere to the valves of the heart, to what may they not eventually give rise? If torn from their attachments to the walls of the vessels, and whirled away in the torrent of the circulation, may they not somewhere become arrested and bring about embolism?

The pathology of tubercle has been much studied with the microscope. Indeed, tubercle is of such absorbing interest to all physicians, that we naturally employ every means at our disposal to elucidate the problems gathered around it. The overwhelming influence of Laennec is still apparent; when I began my career, his theory was widely regarded as axiomatic, although Reinhardt had already published his investigations, and maintained that no such entity as tubercle existed. Opinion is now divided, and many seem to take a middle view, as if in one case tubercle could be a specific product, while in another it could be only a form resulting from the structure of the part where it is seen. Only a little while ago, Villemin announced that he could produce tubercle in animals by inoculating them with the sputa of consumptives. Then many at once concluded that Laennec was right after all, and that Reinhardt must have been wrong. It was, however, very soon shown by English experimenters that rabbits, the animals employed by Villemin, were particularly liable to tubercle, and, moreover, that the inoculation of other material of a non-tubercular nature would give rise to tuberculosis. The first person to show this was Dr. Andrew Clark, a London Hospital physician, whose prior researches on phthisis had conferred upon him the highest distinction.

I cannot leave this subject without making an announcement that I deem of the first importance. It is well enough known that consumption may be arrested, but it has hitherto been laid down that one form of it, laryngeal phthisis, is rapidly and necessarily fatal. Cases are, indeed, frequently spoken of as galloping consumption of the throat. Now, in such cases it has been my privilege to witness the arrest of the disease. In one instance the lungs as well as the larynx were deeply affected, nevertheless the patient recovered and resumed employment as a public singer.

ADVANCE IN THE MEDICAL ART.

We come now to the consideration of the practical aim of our art; and here I assert there are striking signs of progress. A few illustrations may be conveniently grouped around certain instruments that help us to detect or cure disease.

Contrasting our present resources with those of my student days, nothing is more remarkable than the constant use to which we now put the thermometer. When I entered this college the clinical value of the instrument was unknown, though it is true that important observations had been made with it. Now every physician carries one in his waistcoat pocket. Clinical thermometry is often said to have originated with Traube in 1851, for in that year he published his important observations, but it was some time before it began to influence practice. Twenty years before then, however—namely, in the cholera epidemic at Newcastle-on-Tyne in 1831—a London Hospital physician, afterwards one of my teachers, Dr. Cobb, had employed the thermometer to measure the tendency to death, and he was assisted by Dr. Little and others. As, however, in so many other cases, all these observers had been anticipated. As early as 1754 Antonius de Haen had publicly taught in Vienna that the temperature of the body should be measured by a thermometer, and he showed not only that in fevers the heat was abnormally great when perceptible to the hand, but that even in the cold stage of intermittents, when the patient is shivering and his teeth chattering, the blood is already rising in temperature. When we remember how large a part increase of temperature plays in disease, how obvious it is to the physician, how constantly complained of by the patient, it is a matter of no small surprise that this heat should not have been measured at an earlier period; and this is the more remarkable when we consider how common it was, for other purposes, to use the thermometer, an instrument which was itself invented by Sanctorius, a physician in the sixteenth century. It was an every-day remark that the hand could not be trusted to regulate the temperature of a bath, and yet physicians who knew this went through their lives trusting to their hands to distinguish the temperature of their patients' bodies, and never thought of applying a thermometer. And this, too, although from the earliest times increased temperature was recognised as the most important factor of fever. Galen defined fever as "preternatural heat," and Hippocrates had previously named it "pyrexia." Modern research is bringing us back to the conception of fever thus handed down from the father of medicine.

I have shown that London Hospital men were pioneers in clinical thermometry. With the learned translator of Wunderlich, Dr. Bathurst Woodman, on our staff, the subject is not likely to be neglected now.

The thermometer, so to say, extends the sense of touch in the physician, just as the stethoscope assists the sense of hearing. Sounds and probes were used from early times to assist the sense of touch, and for ages the surgeon had an advantage over the physician in being able to bring this sense to bear upon the parts he treated.

Another instrument greatly enlarges the sense of touch. Every one knows the importance of feeling the pulse, and most people are aware that the finger of the experienced physician conveys much information in addition to the estimate of the frequency of the pulsations. This *tactus eruditus* is not easy to acquire nor to teach. During the last few years we have begun to feel the pulse by machinery, for M. Marey having devised an instrument for physiological work in reference to the circulation, physicians speedily discerned in it an additional means of investigating disease. The sphygmograph is not to supersede the physician's fingers, but it enables him to measure certain characteristics of the pulse. Thus the arterial tension which we used to estimate by the hardness or softness of the pulse is measured by the sphygmograph. So also is the resistance. Information of this kind is useful in the diagnosis of diseases of the heart and great vessels, and may often enable us to predict the result, or guide us in treatment. Moreover, like many other advances, it may not stop here. I would suggest, with all deference, that it may assist in the solution of such problems as that to which I have alluded in reference to Bright's disease. Such changes as Sir William Gull and Dr. Sutton describe in the arteries and capillaries must impair their action,—make them less pervious—that is, increase the arterial resistance to be overcome by the heart. We know how often increased thickness of the walls of the heart occurs in Bright's disease. Is the increased resistance measurable by the sphygmograph before the hypertrophy of the heart can be detected? That seems to me a problem worth investigating.

In our times the sense of sight has also been greatly extended. From the earliest times it could not but be natural to try to peer as far as possible within the outlets of the body. It was easy to look into the mouth, the throat, the nose, the ears; and with regard to the two last, what more natural than to use a probe or even a simple tube to dilate the cavity? Then would come the polishing of the instrument, and the speculum was completed. This occurred in early times, for 1,800 years ago specula were made that closely resembled those in use at the present day. In the museum at Naples you may see a great variety of surgical instruments that have been dug up from the ruins of Pompeii, and amongst them both catheters and specula.

In our own times we have devised instruments which, instead of merely directing the light, or making a passage for it, reflect it on the part we want to see.

The ophthalmoscope has been discovered in my time. Helmholtz published his first tract in 1851. The following year Reute applied a concave reflector—a great advance. Coccius and Anagnostikis in 1853 and 1854 still further improved the instrument, which from this time has been continually enlarging our knowledge. The use of the ophthalmoscope to distinguish the normal and abnormal states of the fundus of the eye is now constantly taught in all our schools. Need I say that here this branch of knowledge has never been behind? When I was a student, ophthalmology, as well as surgery, was taught by Mr. Critchett. He was aided by Mr. Wordsworth. Both have left us to give their entire public work to the Ophthalmic Hospital, but Messrs. Hutchinson, Couper, Waring Tay, and James Adams are on our staff as well as on that of Moorfields. Though the ophthalmoscope is thus new, and its invention generally attributed to Helmholz, who was the first to see, in the living eye, the optic nerve, and the vessels emerging from it, the discovery had been foreshadowed by a London Hospital man, Mr. Cumming, who first proved that the fundus of the eye could be made visible so far as to show its colour. Although Mr. Cumming did not see the optic nerve, he exploded the notion that the fundus was a dark surface, and thus prepared the way for a proper exploration of it, and even before then it was known that a red gleam was sometimes seen. This appearance was, however, rare, and regarded as a symptom of disease. Some thought it due to deficiency of pigment; others to a morbid change in the retina. It was called by Beer the "cat's-eye amaurosis," but no one seems to have studied it from an optical point of view.

Much as the ophthalmoscope has contributed to enlarge our knowledge of diseases of the eye it promises to assist us in other departments. Think of the intimate connection between the eye and the brain! The optic nerve comes to the surface direct from the centre of nerve-life. In examining the optic disc we are gazing into the window of the brain, and important information may thus be gained respecting its condition. Here we may watch the changes that occur in disease as well as those produced by other agencies. Some of my pupils at this hospital may remember examples of remedies which we studied in this way.

Reflected light is now also employed for the exploration of diseases of the ear.

Another new instrument for extending the range of vision is the laryngoscope. This instrument enables us to see distinctly the interior of the living larynx. It therefore brings the diseases of that organ within the range of vision. In diagnosis, it has changed conjecture into certainty. It is, moreover, available as a guide to treatment. By its aid we can watch the course of disease—we can apply local remedies—we can introduce various instruments into the larynx, and manipulate them when there.

When I commenced practice the laryngoscope was unknown. Soon afterwards, as early as 1856, I detected and applied caustic to an ulcer by means of a laryngeal mirror and a reflector, thereby curing a patient who had been discharged as incurable from several hospitals. I was not then aware that the living larynx had been seen before; but since then it has been shown that others had anticipated me in seeing the organ, though no one had before then used a laryngoscope for the purpose of treating disease. Garcia, the great professor of singing, had previously used a mirror, and reflected light to study the movements of the organ of voice, and in 1855 a description of what he saw appeared in the proceedings of the Royal Society. Thus a scientific man preceded physicians, and pointed out to them a new means of diagnosis, for a recent writer, Dr. Mandl, of Paris, tells us that Garcia urged him to apply his mirror to the investigation of disease; but even he was anticipated, for the late Dr. Babington had, in 1829, contrived a similar apparatus, which he called a glottiscope. This much, however, must be said, that he seems to have laid aside his instrument, while Garcia completed all he proposed. His paper became known to Türck, of Vienna, who tried to use the instrument on patients. He lent his mirror to Czermak, who greatly improved—we may say perfected—the apparatus, making it portable and convenient. From this time the progress of the art of laryngoscopy has been truly wonderful, and you know the zeal with which it has been pursued by another of my colleagues, Dr. Mackenzie. Nor is the use of the instrument confined to diseases of the larynx. It affords us information respecting general diseases, such as consumption, aneurism of the aorta, and other intra-thoracic tumours.

We come at length to the practical application of our knowledge in the treatment of disease; for a patient's pain is not eased by referring it to change of structure or perversion of function. Suffering humanity cries out for relief from its agony, and to afford this is the end and aim of our studies. Hence the high place we give to materia medica and therapeutics, for they embrace the whole Medical art. The words may be translated by the homely English terms, remedies, and how to use them. Fresh air, change of climate, bathing, exercise, gymnastics, rest, regulation of diet, whatever conduces to the restoration of health or the comfort of the patient, are properly embraced in materia medica, and the mode of availing ourselves of these or any other agencies comprises therapeutics. How erroneous, then, is the popular notion that medicine consists in prescribing drugs. Useful as these are, other things are more important, and therefore the sarcasm that "the doctor is a man who puts drugs of which he knows little into a body of which he knows less," falls powerless on the scientific follower of medicine. We have, indeed, discovered new drugs, but more than that, we have advanced in our knowledge of the effects of old ones. We have made progress, too, in our methods of employing other remedies, and have devised or discovered no small number of new ones. Look but a moment at what the surgical side of our Profession has done. New operations have been contrived to meet cases heretofore without remedy, or milder measures have been substituted for severer ones. Conservative surgery has grown to full dimensions, and is well exemplified in the hundreds of useful limbs that have been preserved. Antiseptic surgery, largely tried in this hospital, is a measure of these last days, and may yet be said to be on its trial. The simple process of skin-grafting promises to banish one opprobrium from surgery.

You will not expect me to go deeply into this branch of the subject, nor is it necessary on behalf of this hospital, which has always held so high a place as a surgical school. When I entered it the senior surgeon was Mr. Luke, a gentleman who became the President of the Royal College of Surgeons. To-day another of our consulting surgeons, Mr. Curling, fills that high office, and a third, Mr. John Adams, from whom I not only learned surgery in the wards, but whose lucid lectures lightened the study of anatomy, has but lately retired from the arduous duty of examiner. It would be a mere truism before this audience to say that the present staff maintains the high reputation of the school.

But I turn from this to those illustrations of progress in our art with which as a physician I am more familiar. The subcutaneous syringe, though invented by Dr. Alexander Wood a little before, did not come into use until Mr. Hunter took it up so warmly. The aspirator is a still more recent invention, and its use is constantly extending. Nitrous oxide has been revived, and other agents have been introduced with the view of finding a safe anæsthetic; while the application of the ether spray has furnished us with a mode of producing local anæsthesia.

Allied to these in some respects is another new drug—chloral hydrate—which has already proved a blessing to thousands of sufferers, and from which much is to be hoped as its properties become more completely understood. We have all often longed for a remedy that should be applicable when we dare not administer opium, and the new anodyne is just the thing. It seems to be as great an acquisition to the physician as chloroform was to the surgeon. It has been used in almost all conceivable cases. Just as Liebreich's discovery was announced, I was on the point of crossing the English channel, and provided myself with some of it to test it in sea-sickness. I tried it on myself and others who accompanied me with sufficient success to lead to further trials, and it was mentioned at the Medical Society of London. Long afterwards I found in Germany that two professors had a warm dispute as to the priority in the use of the drug for the same purpose.

The bromides also have come into use in this time. I remember well Sir C. Locock introducing the use of bromide of potassium as a sedative in certain special cases, and I watched its effect with considerable interest. Soon after it received a much wider application, and is at this moment one of the most interesting remedies to study. In my lectures I have related a series of experiments made with a view of determining its effect on the brain, so far as ophthalmoscopic exploration may be accepted as an index, and this appears to me a proper method of studying the effects. At the Medical Society of London, when speaking of iodides, I took occasion to show how other salts might be substituted with advantage for those formed by potassium with both bromine and iodine, and those observations seem to me still to be of value, inasmuch as they have since been put forward by foreign writers as original.

The salts of lithia have taken a high position among remedies, and will, I have reason to anticipate, be still more largely used.

Our knowledge of the alkaloids which form the active principles of certain plants is becoming constantly enlarged, and this ability to concentrate our remedies seems one of the greatest indications of progress.

In the management of fever the use of the thermometer has enabled us to act with precision, and to measure the effect of treatment. No greater shock to ancient prejudices could well have been given than the proposal to keep fever patients in cold baths for hours; but it has been done, and the improvement has been measured by the thermometer. By cold baths it is to be understood that the water is a little cooler than the body of the patient—not that the contrast is too violent or the shock great. Here it is singular to note that the system called hydropathy has after all a rational foundation, though the excess to which it has been carried by ignorant charlatans has been as injurious as it was unscientific. The rational use of cool water in febrile diseases has been fairly tried in the London Hospital, and it is to be hoped that the Profession will not abandon it to pretenders. I may add that where, as too often happens in private practice, there are many obstacles to the employment of prolonged baths, similar results may be obtained by assiduously and regularly sponging the surface.

Recent observations also go to prove that quinine possesses a considerable power of reducing the temperature in pyrexia, and the discovery enables us to see why it is sometimes so useful a remedy, and to measure its effect.

Another agent which recent research tends to prove possesses like properties is alcohol. In all its forms this has long been employed as a stimulant, and it will, perhaps, require further investigation to convince many that their sensations mislead them when they fancy it warms them. As to the medicinal use of alcohol, we have seen it go through a complete cycle of change—a circumstance that might well persuade us that it has not always been rationally employed, and that may also suggest doubts whether we even yet understand and appreciate its properties. Physiological experiment is probably leading us to the true method of employing it, and its power of reducing the temperature is an objective fact that may shortly receive its true interpretation.

The next remedy I cite is electricity. Assuredly we have lately made great strides in applying electrical influences to the cure of disease. The galvano-cautery is in many cases taking the place of the knife or of the hot iron. The silent, painless continuous current is made to effect what was vainly hoped for from the more obvious and painful shocks. We remove pain, get rid of effusions—nay, disperse solids by the galvanic current. No greater triumph of treatment can be mentioned than that involved in the removal of tumours by electrolysis. On the discovery of the great power thus placed in our hands, I applied it at once in cases of bronchocele of large size that had resisted all other treatment, and I am glad to be able to state that it was very successful. If, however, the first to try this method, I was not the first to record the result—in fact, while preparing to do so I was forestalled. I thereupon determined to try this method within the larynx. Difficult as is the operation, it has been completely successful; but again I was anticipated in recording the cases, for while waiting for more in order to confirm them before making them public, Professor Fieber, of Vienna, related several cures by this plan of treatment, whereupon I contented myself with publishing in the MEDICAL PRESS a translation of his contribution.

It was in the wards of the London Hospital that acute rheumatism was so successfully treated by means of blisters applied in the manner first proposed and thoroughly systematised by our senior physician, Dr. Herbert Davies.

Other illustrations of the progress of our art in this department might be named, but you will see them all in your work in the wards, and I have therefore only set down a few as they occurred to me. I need only add the class of disinfectants and antiseptics, and that only because they enable me to remark that they belong to Preventive Medicine, which I had not forgotten when I spoke of cure as the first duty of the doctor. No doubt prevention is better than cure for individuals, and for communities it is the main thing. The majority of us, however, are occupied with individual patients, though some of the Profession are devoting their energies to the State under recent efforts of the Legislature to carry out the measures Medical men have long advised.

CONCLUSION.

I have said enough to show that though sceptics may scoff because we cannot annihilate death, Medicine is marching at a rapid rate. When they tell us the Medical world stands still, we can reply with the assurance that Galileo felt—

"È pur si muove."

And now, gentlemen, why have I chosen this subject, and why have I said so much of the part played by the London Hospital. Why? But that I may remind you of your solemn obligations. Others have laboured, you "enter into their labours." If so much has been done by your predecessors, see that you hand down to those who come after you an unbroken history of worthy work.

But great as is the honour of being inscribed on the roll of those who have extended the art of healing, let not this be the sole, nor even the chief end of your ambition. I should be sorry for words of mine to stimulate too much the spirit of emulation, lest it should degenerate into envy. It is not given to every one to shine as a sun or as a star in the firmament of Medicine, but none should therefore refuse to light his little lamp and direct its rays on the path of the halt or the maimed, or let them cheer the gloom of the valley of the shadow of death. In its humblest sphere the Medical Profession affords abundant opportunities of employing the highest faculties, and all who enter it should feel that it is worthy of their life work. We do not accumulate knowledge to consume it on ourselves. Our daily duty and delight is to distribute—to apply it. The fulfilment of this duty is its own reward, inasmuch as it is more blessed to give than to receive. The Medical art is thus like charity itself—

"It is twice blessed;
It blesses him that gives, and him that takes."

Its one great aim is to preserve and restore life's most precious possession—health. Surely you can ask no higher employment than this—to assuage pain; call back

"Nature's sweet restorer, balmy sleep;"

to give sight to the blind, hearing to the deaf, voice to the dumb, to comfort the sick, to bind up the broken-hearted, to induce the wandering reason to return, to smooth the pillow of death.

"Glorious your aim, to ease the labouring heart,
To war with death, and stop his flying dart;
To trace the source whence the fierce contest grew,
And life's short lease on easier terms renew;
To calm the frenzy of the burning brain,
And heal the tortures of imploring pain;
Or, when more powerful ills all efforts brave,
To ease the victim no device can save,
And smooth the stormy passage to the grave."

Here is a career worthy of any one, and if you thus regard it I congratulate you on your choice of a vocation that has been sanctified by our Great Exemplar, who "went about doing good."

On the other hand, if you do not love it for its own sake, but have set your heart on honour in the sight of your fellows, that is easier gained elsewhere.

Again, if you regard the Profession as a mere means of making money, you mistake your calling. Medicine provides her votaries with honourable subsistence—seldom more. If you would make haste to be rich, try trade. Well has Reveillé Parise said:—"La médicine est la plus noble des professions, et la plus triste des métiers."

But before you enter on the practice of the Profession you have much to accomplish, and to this end I may congratulate you on your choice of your *alma mater*. In this college you have the fullest opportunity of grounding yourselves in those sciences on which Medicine is based; and in the wards of the hospital you can see how they are being applied to the relief of every form of human suffering. Here science and art go hand in hand.

Here you will see, that not only must knowledge be extensive, but that it must be exact, for it often has to deal with the issues of life and death. It must also be ready for use on every emergency. Unlike the lawyer, who can often take time to consult his authorities, the doctor is sometimes suddenly summoned to save human life.

When you think of all this, you may quail at the extent of what is expected of you—

"Ars longa, vita brevis——"

You may be tempted to say, *ars longa, curriculum breve*, for the time assigned to you for study is short enough. Be not, however, discouraged, for regular daily work will soon show you how much may be accomplished. You need not always look at what is before, but sometimes may cheer yourselves by glancing at what you have left behind. Then you will be encouraged, and feel the truth of the saying,

"Labor omnia vincit."

And finally gentlemen, amidst all your labours, never forget that, as your vocation is to be the stay of your suffering fellow-creatures, so knowledge and skill need to be supplemented by human sympathy. In the wards of the hospital the patients are not only sick but poor. They have, therefore, a double claim on your kindness. Let no thoughtless word or gesture of yours aggravate their affliction. Familiarity with pain should only make your touch or tone more tender. Add, then, to erudition and skill the gentleness that springs from the cultivation of the most refined feelings of your nature.

"The world's a room of sickness, where each heart
Knows its own anguish and unrest.
The truest wisdom, then, and noblest art,
Is his who skills of comfort best;
Whom by the softest step and gentlest tone,
Enfeebled spirits own,
And love to raise the languid eye,
When, like an angel's wing, they feel him flitting by."

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Abstracts of Lectures

DELIVERED AT THE

LONDON MEDICAL SCHOOLS.

GUY'S HOSPITAL,

INTRODUCTORY LECTURE BY MR. HINTON.

After referring to the resignation of his post by Dr. Owen Rees, of which he spoke most regretfully, the lecturer proceeded to dwell on the connexion between medicine and other sciences and branches of life, illustrating the connexion there was with those sciences even which were apparently the most remote. The mind and its workings were also a most important field of study for the physician, for he must be able to separate what is mental and what bodily in the ailments which come before him. In this way man is approached under a new aspect. In science, in art, in social order, and in moral life man lives on from age to age. Society is an organism. If the structure of the lower creatures claimed our study, and we felt that we could not expect to understand aright the human frame unless knowing also these less perfect forms, how can we withhold our study from that grander life arising thus before our eyes, and to the progress of which we and our efforts are tributary powers? Moreover, could one molecule of our frame and its diseases be known if the life were ignored which it served or marred? How, then, could these atom-minds and bodies of our fellows be known save by knowledge of the life they helped to constitute? Thus it is that inevitably the student of life has for his study the whole realm of nature. "The tales of our ancestors tell us of a cup offered to Thor to drink: it seemed but a fair goblet—a few gallons, enough perchance to drown a man—such as he had often quaffed, and he took it laughingly; but for all his drinking the cup became no emptier,—it was the sea he drank. And to you also, gentlemen, is offered a cup—a fair sized cup, just the knowledge of the human frame; a fair goblet for a thirsty soul. But drain it, drink your fill, exhaust your power,—you will find it as full as ever. It is the ocean you are drinking."

They would feel a pleasure, almost as of a victory gained, when conducted through researches by which the hard-drawn line between the organic and inorganic effaced itself before their eyes, and laws of physics illumined the recesses of life. This process he thought for his part would go on indefinitely, until all that seemed distinctive of life had been included under physical laws. But not, therefore, would life be resolved into physics; rather, physics would be revealed as life. Having disproved the fiction of a vital force endowed with powers other than those of universal force, a triumph worth achieving would have been obtained over ignorance and false impressions. It would have been demonstrated that there was no dead world. A distinction drawn through partial seeing had been the cause of the deception. Of this there are other instances.

The unity of motion in every place is clear to us; but to the Greeks, looking at motion as presented by the sense, it seemed diverse. The motions in the heavens, never ceasing, were "incorruptible;" the terrestrial ones, always ceasing, "corruptible." But we know that all motion is unceasing; and as all motion is incorruptible, so all nature is living. The reason it has not been so apprehended is, that in the organic world we are presented with wholes; in the inorganic with but fragments. Wherever the relations of force are seen in a complete form we tend to recognise life. Perhaps the organic world might be truthfully regarded as an organ put forth by nature, having as its office the storing up of force and its liberation for ulterior ends.

This storing up of force and its liberation is of constant occurrence throughout all nature, but when met with in the organic world it is called nutrition and function. Nor is this relation of force peculiar to the physical,—it runs through the intellectual and moral life. As such a view would add to the interest of their work, the lecturer said that he would try to present them with an outline, though necessarily a very brief one. If in studying any subject a false assumption be started with, there is only one way in which it can be corrected. The false assumption must be traced out in its consequences until through the weight of their unreasonableness they have to be let go, and a different thought accepted. The *reductio ad absurdum* of Euclid is an instance. An effort, a strain is put on the mind, and as it ceases the premiss is corrected. Force is stored up, and as it is set free a function comes which is the change in the fundamental thought. The discovery of the unity of force, the last great generalisation of science, came about in this way. The senses present to us a great many apparently different forces, and the results of examining nature on this assumption were traced out. The mind was surrounded with fictitious entities, imponderable fluids, and so on, without end. What a weight of supposition to bear! But it fell at last, and the strain and tension of the mind found relief in the thought of a simple constancy of action appearing under various forms. The identity of the raising of a weight with the nutrition of a muscle is recognised, and the fall with its contraction; but is there not an equally obvious parallel in the living process of the mind? The toilsome raising of the weight of false hypotheses, and its sudden downfall, effecting how plain a function.

The lecturer then quoted a passage from Shelley, showing that he had felt this relation in the mental life. Thus it is that knowledge comes by crises—sudden changes in thought gradually prepared for. In the moral life the same laws prevail. What was more striking in history than the false laws with which man had bound himself? As ignorance imposes falsity upon the thought, and makes even the powers of truth work error, so by a parallel necessity does lack of true goodness in the soul compel man to lay upon himself false laws, and make the very powers of good work an intenser evil. Nor arbitrarily is this done, nor wastefully, but through the same beneficence of life that rules in body and in mind to work the same end—by the toil of the nutrition to bring the gladness of the fruition. False laws, that make a tension in the life and set the soul at variance with itself, as they fall bring into the heart of man a true and better goodness, and even the darkness of superstition is preparation for the light.

Thus it was suggested that the studies of the physician placed him in a position which gave him a special advantage for every other study." Like an heir just come of age, the physician of the present day is distracted with the wealth of his inheritance. It is for you to enter on its full and unembarrassed use. To the whole world of nature and of man the human body is the key, unlocking all its treasures. The physician stands at the centre, and sees all roads diverge, all roads clear and straight to him, because he holds in his hand a map of every land. His eye is fixed on the pattern to which all things conform. Into the very substance of his thought have grown, by long and loving search, the laws which speed the progress of the human soul, and breathe into the dust of earth the breath of life."

Nor is this advantage one of theory alone, but eminently one of practice. The study of life must afford the best suggestions and the surest tests to every branch of human activity. This was illustrated in respect to society by one of the failures of medicine in the past—the excess to which blood-letting had been carried. The reason of the error was to be found in the apparent success which attended it. It was because that treatment did quiet the pulse, relieve pain, ease the breathing, cool the skin, remove the patient from a condition of intense distress and obvious danger to one of manifest relief, that men unsurpassed in intelligence and zeal for good persevered so long in methods which thwarted their own aim.

"But there is another living frame on which men also aspire to act the physician's part, the frame of the social organism; and is it not obvious how much our errors may teach men here? How strongly they tend to succumb to the very illusions which deluded us, and take no account of the living frame—victims, like us, of their own success, intent on meeting every evil by some direct force, as if this great life which man's heart and soul work out for themselves were a mere dead, mechanic thing. They do but follow in our steps, falling under the same temptation; but therefore should ours be the eyes to see for them." Finally, it was pointed out in how close a relation the physician stood to the moral life of man. As called upon to deal with his bodily necessities, he is the very revealer of the highest truths. "Of old there stood before a Man, on the one hand a law, enforced by the reputed wisdom and godliness of His age; this law on the one hand forbidding Him, and on the other a poor lame man's sorrow. The Man before whom the two claims came—God's, as all men said, and His fellows'—chose which He would heed;—and He gave us a new law. He cured the body; and mankind, never ungrateful, never unknowing of their friends, have called Him the Physician of the Soul. The needs of man interpret the laws of God.

"Thus, in the limitless extension of the knowledge which our art demands, we may see a proud meaning, a proud prophecy. In stretching out its hands on every side it does but establish channels through which into every department of life, even those which seem the most remote, it shall diffuse a vivifying and creative power."

The lecturer then concluded, after observing that the opening up of wider prospects after any advance should be no cause of discouragement. That harvest was no less rich which seemed to be absorbed in a larger seed time.

ST. THOMAS'S HOSPITAL.

INTRODUCTORY LECTURE BY DR. JOHN HARLEY.

In the course of his address the lecturer referred to the value of the apprenticeship system and the use of lectures in the following terms:—

Apprenticeship.

"It is becoming every year more apparent that the majority of the young men of the present day are not, as far as a practical knowledge of medicine and surgery is concerned, so well educated as were those who entered the Profession twenty years ago. In theoretical knowledge the former no doubt surpass the latter, but while men are now reluctantly pushed to know what, in Quadrumana, is the homologue of the elephant's tusk, to state the composition of Wavellite, or to describe the manufacture of steel, it seems to have been forgotten that ours is a practical profession, and that a patient prefers the surgeon who can apply the bandage comfortably and effectually to one who beguiles his awkwardness by a botanical dissertation on Gossypium, or a reference to the nature of Pyroxylin; and that 'testy sick men, when their deaths be near, no news but health from their physicians know.' The cause of this decline of practical knowledge is sufficiently obvious: a great means of practical education, the apprenticeship system, has been swept away, and its place left almost empty. The greater number of our recruits now come to our Medical schools fresh from school or college, and without a single standpoint to aid them in appreciating the work to which they are thus suddenly introduced. After passing the first examination, two years alone remain for study of medicine and surgery. In our large hospitals it is, of course, open to a diligent student to spend the whole of the two years as clinical clerk or dresser, but to do this is an exceptional event, and time and inclination allow the majority of such men to spend only a year in holding these appointments (and six months is all that the examining bodies require), the rest of the time being occupied with a general and very desultory observation of the hospital practice. Another defect in our present system is, that the first impression of the mode of dealing with our patients is derived from hospital practice. It will be disparaging neither to the staff of a Medical institution nor to its patients to say that it would be unsuitable to carry the necessarily curt and official ways of hospital work into private practice. Yet it is hard for a man to do otherwise when he influenced only by first impressions.

"The apprenticeship system obviated the imperfections I have indicated very completely. Drudge as the apprentice often may have been, a practical knowledge of minor surgery and the common diseases was forced upon him. He learnt drugs, their medicinal uses, actions, and, to some extent, their chemical characters as a matter of routine. He came in for a fair share of visiting and midwifery practice. Upon emergency he was called upon to diagnose and treat a fracture or dislocation, and as often as a capital operation occurred in his master's practice his assistance was required, and, being thus directly associated with a case, he took a daily interest in it, and learned both the treatment and its results. Thus, from year to year, he was gradually introduced to the kind of practice which he intended to follow, and he came up to the Medical school of his choice well grounded in professional work, and ready and able to appreciate and make the best use of the advantages offered him. No doubt the apprenticeship system, like others of our old institutions, had become custom-logged, and in some things unsuited to the requirements of the present age, but no one can say that it was incapable of being remodelled. Instead of doing this, our Medical legislators have thoughtlessly, and, in my opinion, most unwisely, swept it away. To me it is an astounding fact that the vast teaching resources of the private surgeries of this country should have been thus practically ignored—resources which, if properly directed and employed, would confer a greater benefit on the Profession and the public than the united efforts of all our Medical schools could possibly achieve. Something more than three months' practical pharmacy—which is practically a farce—and six months' clinical work must be given now, in lieu of the old apprenticeship system. I would propose the adoption of a modified apprenticeship, and the addition by-and-by of home-patient departments to our hospitals. By the former of these arrangements the Medical disciple would be articled at the age of sixteen to a Medical practitioner for a term of three years, during which, or before commencing his studies at a Medical School, he would be required to pass two preliminary examinations, the one in arts at the end of the first year of his articles, the other in chemistry, botany, and materia medica at the end of the third year; when, having eliminated these subjects from his curriculum, he would devote himself exclusively to the study of anatomy, physiology, medicine, surgery, and midwifery during another period of three years. By the second arrangement that portion of the city within a given radius of the hospital would be divided into districts, and each placed in charge of a member of the Medical staff appointed for the purpose. Patients too ill to visit the hospital, and precluded either by the nature of their illness or by various contingencies from admission into the wards, would be visited at their homes by students during the sixth and last year of their study, under the direction of the proper officers. By the adoption of one or other of these plans a more perfect education of the student would be effected, while the employment of the latter would confer a great boon on a number of poor sufferers, and make the administration of our hospitals more complete."

Lectures.

"Both your studies and examinations are becoming every year more practical, and we may look forward to the not very distant time when the lecturer shall have become the more useful demonstrator, and the student shall be referred to his handbook for theoretical views and systematic arrangements, the motto of both teacher and pupil being 'Facta præstantiona verbis.' The student is provided with admirable text-books on every subject of his study, and as they are usually the well-digested compilations of the lecturer himself, his lectures are at best but a repetition of the printed pages which he puts into the hands of his pupils. Oratory no doubt produces a more powerful effect than the most vigorous writing, but eloquence herself is tongue-tied when dry bones and a tanglement of nerves, blood vessels, and muscles are the only theme. Something may be said in favour of lectures on medicine, because fevers, ague, and madness cannot be isolated like a cancerous tumour or a broken bone, and put before the student; but chemical experiment and botanical facts are so completely within the reach of individual observation that lectures on these sciences may be made entirely subsidiary to demonstration. The same is in a measure true of physiology; now that we have a practical course a very few lectures would suffice. And here I must ask you to look not to the laboratory only for practical physiology, but to the wards and prescribing-room also. There you will find hosts of wonderful experiments done by Nature herself, and demonstrating truths which can never be determined by artificial imitations. And do not forget that the practical physiology I speak of, and the experimental physiology which appears to be so attractive just now, are very different things, for the one is natural and the other artificial."

UNIVERSITY COLLEGE HOSPITAL.

INTRODUCTORY LECTURE BY PROFESSOR ERICHSEN, F.R.S.

Professor Erichsen, remarked that in no department of science had the intellectual activity of the age wrought a greater change than in medicine. So rapid had been the progress and often so unexpected the changes, as almost to amount to a revolution. There were two distinct schools of surgery in this country—the practical and the scientific. He would trace the conditions he had alluded to in their relation to each. The practical school was rendered resplendent by the great names of the Heys, the Clines, the Coopers, and of Aston Key, Liston, Crampton, and Syme; and it had always been the most numerously represented in this country. He traced its progress during the last thirty-five years, and described fully the great development it had taken in its operative department. He attributed this to several causes—viz, the influence of the Scottish school represented by Liston, the great characteristics of this school being boldness in conception, rapidity, precision, and simplicity in the performance of operations. Another cause was the introduction of anæsthetics, which popularised operative surgery—made that the business of the many which had been the attribute of the few, and, lastly, to the great impulse given to all the mechanical arts and natural sciences at the time of which he was speaking. But there must be a final limit to the mere manual operative art of surgery. An art can only be carried to a certain defined or attainable limit. It may be varied and modified within this, but it cannot be carried beyond it. So in surgery there cannot always be fresh fields for conquest by the knife. He believed we had reached something like finality in the art of surgery, in its manipulative department. In fact, contemporaneously with the great development of the art of operative surgery, there was a corresponding and ever-growing tendency to restrict the use of the knife and to obtain the same results by milder means. He illustrated this by the modern treatment of many diseases, especially by that of stone and aneurism. The stream of surgical action was flowing in a different direction from that which the current had taken for so many years. The Professor then proceeded to discuss the progress and the prospects of the scientific school—that school founded by John Hunter, and rendered illustrious by the names of the Bells, Abernethy, Travers, and Brodie. He doubted whether there was really such a thing as surgical science. However, he contended that we spoke of the science of surgery in too concrete and definite a way. That it was merely a development of general biological and pathological science, that it consented to the application of knowledge derived from other branches of science to surgical ends. He illustrated this by examples from physics, in the application of electricity to the cure of aneurism, to the treatment of various deformities in the use of the galvanic écraseur. From exact science in the application of the laws of mathematics to ophthalmology. From natural science in the application of Pasteur's germ theory by Lister to antiseptic surgery. From anatomy, by the observations of Bigelow on the ileo-femoral ligamus or dislocation of the hip joint. But above all in the application of hygiene to surgery. Here was the great occasion for improvement and advance. The statistics of amputation showed a death-rate not only unsatisfactory, but discreditable. Surgeons had come to look on a mortality of one in 2·4 or three of all amputations as almost a natural rate. He showed the fallacy of this, and that such mortality arose from hospitalism—from preventable causes, and might be greatly diminished. The same held good with ovariotomy, which was three times more fatal in than out of hospitals. He concluded by urging the students, while they did not neglect manual dexterity, not to forget that mere dexterity did not constitute by itself true surgical skill, and, above all, to cultivate those sciences that may be made subservient to surgery and medicine generally.

KING'S COLLEGE.

INTRODUCTORY LECTURE BY PROFESSOR SHEPPARD.

The lecture at King's College was given by Dr. Edgar Sheppard, who welcomed the students and urged them to embrace the advantages offered by King's College, and promised them every help from the professorial staff. He begged them to let their work be steady, and free from those spasmodic influences which were not healthy in men, though said to be characteristic and unavoidable in the sex endowed with periodicity of function. They would then have a brilliant career within those walls, and a distinguished and useful career in the great world which was beyond them.

"This, then, having been accomplished, the real work begins—the practical application of all that you have taken so many years to acquire. But the wise, the earnest, the intelligent, will not cease to acquire; they will ever consider themselves to be in a state of pupilage. In a busy and active professional life they will, day by day, garnish fresh treasures into their storehouse. 'The more knowledge we get,' said a Bishop Jackson of an earlier time, 'the greater capacity we leave unsatisfied.' There is one matter which in the last place I submit to you, for though to me it has always been specially noticeable, I am not aware that I have ever heard it alluded to or illustrated. It is this. The difficulties of a start in the Medical Profession are much greater than in that of law or divinity, and this by reason of its complex and inexact nature, as also by the issues which it involves. 'It seems to me,' says a quaint Dutch writer, 'that the first fire of an Æsculapius must be of a deadly nature, when his later and calmer zeal may still prove so dangerous.' 'Aye, there's the rub'—that first fire. A young lawyer may make his first will without much anxiety or doubt; a young clergyman preaches his first sermon, and though, of course, he may be very nervous, he can't do much harm, and he may do some good. At all events he will excite sympathy. He did his best, he meant well, and such like. But there will be no sympathy for you if you poke out a man's eye, even after the most approved fashion, and with the best possible intentions. Even the best educated and most skilful of young practitioners must feel the tremendous responsibility of (say) his first case of typhoid fever, in an influential household; or (say) his first case of strangulated hernia at the hospital, to which, after much rivalry and contention, he has just been elected; or (say) his first unnatural presentation in midwifery, among the croaking gossips who swarm round their sisters in the agonies of abnormal parturition. There is always someone to think and say you have done wrong in a fatal case; and even those who think you have done right may be reluctant to say so. And more than this; our doubts and difficulties extend in some measure over our whole subsequent career. There are few men—I doubt if there can be any man—even of large judgment and experience, to whom the occasion must not arise for self-scrutiny and examination, as to whether their conduct of such and such a case has been all that it ought to have been. Life is so mysterious a thing, and its attendant circumstances and surroundings are so varied, that even when we are acting on the most approved scientific principles (known to be so mutable) we may well doubt whether we are as successful as we ought to be in the art of prolonging it. 'I think there are only two things,' said Coleridge, 'which can justify a surgeon in performing the Cæsarian operation: first, that he should possess infallible knowledge of his art; and, secondly, that he should be infallibly certain that he himself is infallible.'

What wisdom in the satire! Which of us is infallible? Which of us ever will be? No one, as I take it, until shall have come to him that 'inevitable' which it is our daily mission to postpone. No one until he shall have 'gotten the key of all mysteries which never is let down into the world, and begun the real life which errs and stumbles never more.'"

CHARING-CROSS HOSPITAL.

INTRODUCTORY LECTURE BY MR. BELLAMY.

Mr. Bellamy having welcomed the students, and referred to several subjects, urged upon the students the necessity of hard work in the wards; he advised them in the scientific course to *live* in the dissecting-room, so in their practical one he counselled them to *live* in the wards and *post-mortem* theatre, of course with a proper amount of recreation, upon which subject he made some remarks. Referring to the uselessness of "cram" in obtaining any insight into disease, Mr. Bellamy instanced a case he had been told of, of difficulty experienced by a "show" prizeman in medicine in recognizing a simple case of measles. He then went on to explain the several branches of the profession, such as surgeons, physicians, obstetricians, and general practitioners, and observed that circumstances alone could direct them as to which branch of the healing art they should individually choose. Of the consulting physician or surgeon he said that it demanded a man's possession of a hospital appointment, and, having obtained it, that he bide his time till he got consultations. "Biding his time" implied a large outlay of what capital he possessed, real or ideal, for the sake of keeping up appearances, without expecting any return for years; and "obtaining consultations" depended either upon singular ability, connections, or a subtle tact in powers of ingratiation. He then spoke of how the lives of the generality of those he addressed would be spent—namely, as general practitioners, and concluded by saying that "as such you will be expected to have everything at your fingers' ends, and be up to every emergency; no difficult case should daunt you. Thoroughly provisioned for your campaign through life by early culture, good examples, a thorough appreciation of the attributes of Christian gentlemen, and sound practical and workmanlike knowledge of your profession, you must leave no stone unturned lest there lie beneath it some latent energy, which is being directed against your powers of observation for detection of disease; you must fight your best and hardest, and nerve yourselves for your future attempts to grapple with death, and to delay his certain triumph. But do not, gentlemen, consider that professional accomplishments are to be 'the be all and the end all' of your attainments during these years of training; 'make use and fair advantage of your days,' and let it be said of each of you what Valentine said of his friend, Sir Proteus,—

> 'His years but young, but his experience old,'
> His head unmellowed, but his judgment ripe,
>
> * * * * *
>
> He is complete in feature and in mind,
> With all good grace, to grace a gentleman.'"
>
> *Two Gentlemen of Verona*, ii., 4.

WESTMINSTER HOSPITAL.

INTRODUCTORY LECTURE BY MR. GEORGE COWELL.

After welcoming past and present students, a short sketch was given of the history of the Hospital and School, and the question of preliminary education was then discussed. Just as we develop the body by the proper exercise of its various muscles, so must the mind be developed by early training of its reasoning powers. The only remedy for neglect of early education is indomitable perseverance, and John Hunter was mentioned as an example. The objects of a Medical school were to classify the work of the student, to guide him in the use of his reasoning powers, and to teach him to observe and think for himself. Success, self-respect, confidence, all depended upon good honest work. Each man must get up his work for himself, and if it was to be of any use to him he must digest and assimilate it himself.

After pointing out the best mode of doing this, the first-year's man was told that in the dissecting-room he should be at home—in the wards a stranger. "I wish," said Mr. Cowell, "I could say that he had no business in the wards at all. At present this can only be said when the student enters at a Medical School for the whole of the period of four years. Unfortunately, most students have disposed of one of their four years before coming to a Medical school, and as the Colleges of Physicians and Surgeons require three winter sessions' attendance in the wards, a counter attraction exists which too frequently allures the first-year's student from his proper work, and affords a ready excuse for neglecting what is to many the less interesting and more difficult part of Medical study. Much has been done of late years by the examining bodies to separate the study of the more purely scientific branches from those which are more practical. It is not many years since one examination in all the subjects, at the end of his curriculum, afforded the student the means of enrolling himself amongst the ranks of the Medical Profession. Now all this is changed. The subjects are divided between a primary and a pass examination. But the change will not be complete until the course of study is as widely separated as the examinations. I trust that the day is not very far distant when the college of natural science will be distinct from the Medical school. A few colleges in London would suffice for teaching anatomy, physiology, chemistry, zoology, botany, and natural philosophy, and then the hospital school proper would not be entered until the student had become more or less well grounded in the subjects I have named, and had passed his primary examination. How much more valuable would then be two years of hospital work; how much more fitted would the student be to understand and profit by all that he heard and saw in the wards and in the *post-mortem* room; with how much more interest and intelligence would he be able to follow lectures on medicine and surgery, and the other subjects it is necessary for him to study, than is possible now for the second-year's student, who has to spend his time rushing from the dissecting-room to the wards and from them to the lectures on medicine and surgery."

MIDDLESEX HOSPITAL.

INTRODUCTORY LECTURE BY MR. HENRY MORRIS, M.A.

Mr. Henry Morris, in referring to the indifference hitherto exhibited by the public with regard to the State functions of medicine, said this indifference no doubt was partly accounted for by the fact that in ancient times exclusive attention was given to politics, morals, and law, and in more Christian times and countries to these subjects and to theology. The blind and inveterate prejudice which considered the study of matter derogatory to man's dignity, and the superstition of religion which till quite recently had been the irreconcilable foe to the investigation of nature, had no doubt delayed the recognition of the good to the community at large which Medical men are able to effect. It required the Reformation to emancipate States and corporations from the fetters of the Church, and it was only by the same great revulsion of all the elements of intellectual life that the rights of those sciences of observation and experiment upon which modern medicine was founded were established in the Schools of Philosophy. State medicine or public health, though one of the very corner-stones of the social safety of mankind, was far from taking that position which even any tyro in political science would give it, modelling out a perfect political society. When hundreds—nay, thousands—of our fellow countrymen were annually destroyed by preventable diseases, no one could deny that the want of a properly-adjusted system of sanitary medicine was one of the greatest imperfections of our political community. Instead of working invisibly but efficiently, as an agency of prevention should work, we had lately seen it "humbly petitioning" a Minister of State that it might be administered by competent authorities; and now we saw it groaning under an Act of Parliament which had excited surprise, dissatisfaction, and indignation. The Medical officers of district schools, and the Medical health officers, were subject to the opinions of lay inspectors unacquainted with the cardinal principles of sanitary science. In an African settlement, where the drainage and water supply were recklessly neglected, and where small-pox and fever were rampant, not only was the sanitary inspector not a Medical man, but the administrator was a military man, who first erected an arrangement for accumulating stinking refuse of all kinds under the nostrils of the residents, and then complained that he found doctors the very bane of his existence. The kind of education best suited for those destined to recruit the ranks of medicine was next discussed. All candidates for a profession opening up social or intellectual distinction should be made to pass through a course of study, and a test which was general without being diffuse, and accurate without being special. Having outlined the preparation requisite, the three different methods of observation were described and illustrated, as well as the fallacies of each method. Addressing himself to those who would shortly be leaving the hospital for responsibilities of Medical practice, the lecturer said he urged them to raise the intellectual and sink the emotional side of their nature as much as possible. He did not mean that they were not to exercise sympathy and charity—two great weapons in the armoury of medicine. Sympathy was the idea of pain in others irrespective of pleasure or pain in ourselves, and it involved both the intellect and the will; while real, true charity was the intellectual recognition of the misery and want of others, combined with the exercise of the will for their removal. Nor must they allow their work either to harden their sensibilities, or lead them into infidelity, as it was falsely stated by some to surely do. The true pursuit of medicine ought to refine their feelings; and by showing them the limits of man's power over life and death, should increase their admiration and reverence of the great First Cause.

ST. GEORGE'S HOSPITAL.

INTRODUCTORY LECTURE BY MR. BRUDENELL CARTER.

Mr. Carter discussed Medical education in the sense of Paley's definition of education, as comprising every preparation made in our youth for the sequel of our lives. Among these preparations the storing up of knowledge occupied a high place; but the due and harmonious training of the faculties by which knowledge was to be applied was, he held, of even still greater importance. With regard to the love of truth, he warned his hearers that truthfulness was not something easy and natural, but that, in fact and in its widest sense, it was one of the last attainments of the disciplined and cultivated intellect. He said that children and the uneducated could no more adhere strictly to truth than ordinary persons could walk upon a tight-rope, and pointed out, even among the educated, the common preponderance of a desire to know what was said over a desire to know what was true. But nothing short of a desire to know what was true could furnish an adequate motive for the careful investigation of disease, or could overcome the temptation of floating easily along the current of the fashionable doctrine of the day. He then proceeded to consider the relation of the special departments of practice to the work of the hospital as a whole, telling his hearers that a man who practised any single branch of the Profession, without a sound knowledge of the whole, was not a specialist but a charlatan; and that, whatever might be their future aims, they would best qualify themselves for success by becoming general practitioners in the most comprehensive sense, and by leaving differentiation to be accomplished in the future. There was, however, one branch of special study that demanded their closest attention, and that was the study of the varieties of human temperament and character, so that they might learn to use the mind of each patient as an instrument for promoting the recovery of his body. The Apostle said of his own work, "Even as I please all men in all things, not seeking mine own profit, but the profit of many that they may be saved;" and Medical men must be actuated by the same spirit if they would heal the infirmities of their brethren. In the conclusion of his oration the speaker dwelt in terms of pride upon the high character of the Profession, and, calling to mind the words of Mr. Prescott Hewett on some former occasion—"It is not enough for a doctor to be honest; he must be chivalrous"—he urged the duty of the Medical man to place the gifts with which God had endowed him at the service of suffering humanity. Estimated on a money basis, it was said the Profession was "hardly worth following."

> "So think the vulgar. Life and time
> Ring all their joys in one dull chime—
> Of luxury and ease."

For his own part, he believed there was no enjoyment superior to the systematic and harmonious exercise of the faculties of the mind, no satisfaction greater than that afforded by the fulfilment of duty, and no lives happier than those of the great majority of the Profession.

ST. MARY'S HOSPITAL.

INTRODUCTORY LECTURE BY DR. SHEPHERD.

Dr. Shepherd took for his subject the relation of the Medical man to society. In opposition to the maxim laid down by Addison in the *Spectator*—"That when a nation abounds in physicians it grows thin of people," he insisted that the opposite ought to be the fact. "The type of our mind ought to react on the mind of the people. Our science ought to come home to the people. We are very much to blame if both in its physical and moral aspects the nation is not bettered by the existence in it of a well-educated body of Medical men; and the worth and force of our teaching will depend on the degree in which we take to heart the importance of this relation to the outside world." He showed what had been done by the professors for the prevention of diseases—especially epidemic ones—by teaching people to recognise and get rid of the causes of them; and how in this way science had grown out of and conquered an ignorant *δεισιδαιμονία*. He held that Medical men ought to be the best teachers. "A mere belief in authority is not the best guide of human knowledge. Careful observation and patient experiment can alone give us sure ground on which to tread, sure reasons on which to base a wider science." He quoted Hallam to show that this undue respect for authority had interfered with the revival of medicine at the beginning of the 16th century, and urged that Medical men must not be slaves to the idols of the den if they would be true teachers. He spoke of the necessity of a large general knowledge for the due and right understanding of any particular subject. The Geist of medicine is not, as Mephistopheles describes it, easy to seize upon; and the highest duty of Medical men is to be in more senses than Homer wrote it "men worth many others." Referring to the education of women for the profession he urged that the experiment should be fairly tried. The question was a social one, to be settled only by the result of experience and the public good. With regard to the hypothesis of evolution, in which he professed his firm belief, he was convinced that the opposition to it based on scientific grounds being left out of the question, the aversion to it so common in a large number of minds was caused by insufficient knowledge of the evidence; and especially by the horror, of which the *Edinburgh Review* denies the existence, that nature is aggrandised at the expense of man. In conclusion he insisted upon the necessity that the students should have some enthusiasm for their work; and that the lazy contentment with the needs of an examination and indifference to higher standards of knowledge should give way to a full development of their faculties and a due consciousness of their responsibility; that on these alone would depend their success as general practitioners, who ought to be the typical representatives of the art of medicine.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 8, 1873.

OCTOBER 1.

The opening day of the London Medical Schools has come and gone, and we are now in the midst of the Winter Session. All the hospitals are now in full work in their educational departments, and the societies will soon also be in session. The time-honoured custom of inaugurating the Session with an "Introductory Lecture" still holds its ground, and has been followed in all the schools except St. Bartholomew's.

We have now for several years, with only one exception, published *in extenso* the address at the London Hospital, and abstracts of or extracts from others. We follow our custom another year, and our readers can see the claims of that institution and its teachers set forth by this year's lecturer in our present number.

The *Times* has devoted a leader to the introductories, and complains of the vagueness of most of them, and the paucity of the advice offered to students. The criticism seems to us scarcely well founded; it would probably not have been made had the writer seen full reports of the lectures in place of the condensed epitome published in the *Times*. It is a common observation with many that such productions too often load the student with too much good advice, and therefore if there be any fair foundation for the *Times'* remark, it may indicate an approach to more satisfactory oratory. We all know that the student has little patience for an exposition of the whole of the moral law, or for a catalogue of the vices he must shun. He does not need to be told the details of his curriculum, nor does he expect to open his career with a profound essay on some disputed scientific question. He is, however, perfectly ready to accept sound advice as to his studies, and honest recognition of the claims of morality and religion. We think we may venture to congratulate the lecturers for 1873 on their choice of subjects, and on the successful manner in which they contrived to offer sound advice.

Our columns this week show that many good things were said—and said well. In some cases it may be admitted that irrelevant topics were introduced; but the force of this is far less when we remember the nature of the audiences. Outside critics are apt to forget that it is not freshmen who form the only audience. They, in fact, are not a fourth of it; the second, third, and fourth years' men outnumber them, and former students and friends come when practicable to renew old acquaintances, awaken again the memories and the interest of the past, and keep in their way the single Medical *fête* day of the year. When we add to these, parents and other relatives of pupils we have a sufficiently varied audience; but it must not be forgotten that the lecturer is also supported by all his colleagues who can be present.

As there is room for diversity of interest, so we need not wonder at the variety of topics introduced, some of which have, in fact, a special interest at the School where they were mentioned. Again, when we remember how many first-class men have done their best with "Introductories," and the natural desire to gratify the expectation for some little novelty, we think there is much reason to be satisfied at the little straining after the merely new and the really sound advice offered on the occasion.

If the advice given in the Introductories of 1873 be heartily followed, they will have done great good.

◆

CORONERS' LAW IN IRELAND AND ITS ABUSES.

The objection to the production of a prisoner before the Coroner's jury raised by the law officers of the Irish Government has been set aside since the date of our last issue, a writ of *habeas corpus ad testificandum* having been granted by the Judges on the application of the prisoner's counsel. It would appear, therefore, to be ruled that it is fair and just that the inculpated person should have the opportunity of hearing the inquest evidence, and giving evidence if called upon to do so. In this sense we think the granting of the writ of *habeas corpus* was right and reasonable, but we do not interpret that judgment as implying that the Coroner's inquiry has any legitimate authority to enter upon the question of the innocence or guilt of any person. We last week gave expression to the opinion that the very best which could be said of the inquest system in Ireland is, that it is useless and innocuous, and we fear that in many recent instances coroners' inquests could not be credited even with this negative merit. It was not to be expected that a jury of butcher-boys and travelling tinkers could, on the hurried evidence of a policeman or an hospital student, throw valuable light on causes of death, and, as a matter of fact, the performances of these tribunals have given origin to so many farcical episodes that "crowners' 'quests" have become a bye-word. But while the Coroner's Court never serves a really useful purpose, it frequently serves to impede justice and encourage undeserved suspicions against individuals; and we say again that any action of the Government which deprives it of such power should be hailed with the approval of all who connect the idea of justice with that of dignity, and wish to see criminal investigations carried on with solemnity and cautious consideration.

In its Medical aspects the Irish Coroner's system is such as to deprive its verdicts of any reliability whatever.

Numerous are the instances in which obscure and suspicious cases of sudden death are adjudicated upon at haphazard and without any proper scientific evidence, because the Coroner has no certainty that, if he calls in and pays a Medical expert, the fee will ever be refunded to him. Moreover, it is common for the Coroner to exclude from the investigation the evidence of the Medical man who had personal knowledge of the deceased and his or her health, and to summon instead a friend of his own who never saw the dead man until brought to view the corpse, and had no personal knowledge whatever as to the probabilities of the cause of his death.

The City of Dublin itself is, in this respect, a scandal to the Coroner's tribunal.

The Act of Parliament which provides that the Coroner shall call for the evidence of a Medical man "practising at or near the place" is systematically evaded, and the Medical expert evidence of the entire city is handed over to a couple of apothecaries, who, by economic arrangement, receive a lump sum for complying with the provisions of the Act. Being endowed with no special claim to medico-forensic skill, these gentlemen have no more knowledge of the circumstances of the death of any individual than any of our readers possess. Suppose a case of poisoning to occur in which the patient lingers, under Medical care, for a few days. When death occurs, the surgeon who has been in attendance, who has watched the symptoms, seen the poison, diagnosed the illness, and followed out its progress until the end, is usually entirely ignored, and the Coroner's special apothecary is summoned to investigate a case of which he knows nothing, and to tell the jury the cause of death, at which often he can only form a hazy guess.

While, under the cover of law, so gross a perversion of the intention of the Legislature is permitted, the Irish Coroner's system is, we repeat, worse than useless, and we hope the Government will follow up their intention to restrict its operation within proper bounds.

Notes on Current Topics.

Nelaton.

THE remains of this illustrious member of our Profession were interred last week in the cemetery of Père-la-Chaise, the pall being borne by representatives of all the learned bodies in France, and by Mr. Thomas B. Curling, F.R.S., President of the Royal College of Surgeons of England, as representative of the Profession in this country—a compliment which our French *confrères* were not slow to appreciate. The deceased, it appears, died in the possession of great wealth, having left property considerably over a quarter of a million sterling in value.

The Relation of Cholera to Contaminated Water.

THE *Indian Medical Gazette* recently published a very interesting report on the water supplied from the Calcutta hydrants during 1872, compiled by Dr. F. Macnamara. A column added to this report shows the number of deaths from cholera throughout the year. So long as the water remained pure, the death-rate from this disease continued low; but immediately the water supplied by the Calcutta municipal works became very impure—that is to say, from the end of September until the termination of the year—the death-rate from cholera ran up to a figure corresponding to what it used to be when many of the inhabitants consumed badly-filtered river and tank water. The truth appears to be that, from the middle of September, 1872, up to within a very recent date, the drinking water contained a dangerous amount of organic matter, which found its way into the water after the stream had passed through the Pulta filtering works.

Hospital Changes in Dublin.

WITHIN the past week changes have taken place in the hospital staff of Dublin, which, though not unexpected, are most important, and give occasion for much interest to the Profession. Dr. Robert Adams, Surgeon to the Queen in Ireland, and Dr. Robert Smith, Professor of Surgery in Dublin University, have resigned their offices as surgeons of the Richmond Hospital, which they have held to the honour of themselves and Irish surgery during the professional recollection of the younger generation of surgeons. The alarming condition of Dr. Smith's health (which we are distressed to hear is in no wise improved), and the advanced years of Mr. Adams, made these resignations a matter of anticipation, but they had not been looked for at the present moment. These surgeoncies in the largest Government hospital in Dublin will, no doubt, be hotly contested. Though we have heard mention of many competitors, we are not aware of actual declaration of candidature, as yet, by anyone except Dr. Kelly, of Jervis Street Hospital. The election is in the hands of the Board of Governors, consisting of the following gentlemen:—The Earl of Meath; Sir J. Ennis; Hans Hamilton Woods, Esq.; Robert Adams, M.D.; Sir Dominic Corrigan, M.D.; James Lambert, Esq., Hazelhatch; Charles Cobbe, Esq., Donabate; Alderman McSwiney; Colthurst Vesey, Esq., Lucan; Hon. Jenico Preston, Nobber, Meath; and Charles Martin, Esq., Fitzwilliam Street. The appointment must be confirmed by the Lord Lieutenant.

In the staff of Jervis Street Hospital, also, a change has taken place by the retirement of Dr. Thomas Walshe, and the succession of Dr. Kane, son of Sir Robert Kane, ex-President of Cork College. Dr. Walshe, we understand, is about to emigrate from Ireland.

Preliminary Medical Education.

MORE than one of the introductory lectures last week commented on this subject, and the question of apprenticeship was mooted in three or four cases. The remarks made by Dr. John Harley we have selected for publication, inasmuch as we think they will find an echo in the Profession. Few can doubt that much is lost to those who have no opportunity of seeing private practice before they begin for themselves. Every one will feel the truth of the statement that a period of pupillage is not all lost, and those who have entered the Profession by this portal are the first to acknowledge its value.

A Late Charge of Nuisance.

SOME remarks having been made in the *Lancet* respecting Dr. Tidy, the Medical Officer of Health for Islington, giving evidence in defence of some piggeries in Richmond, against which the Medical Officer for the district brought an action for nuisance, we think it only fair that the following facts should be known:—

1st. The piggeries were situated on a large estate of over four acres.

2nd. The only complainants were a gentleman, his wife, his cook, and his gardener.

3rd. All the other neighbours gave evidence that the piggeries were no nuisance.

4th. The piggeries were, according to the Medical Officer of Health's own statement, as perfect as it was possible for piggeries to be.

Although it seems at first sight most undesirable for one Medical man to give evidence in opposition to that of another, still, if people are to be summoned for doubtful cases of nuisance (as certainly this seems to be), it would be unfair to debar them from obtaining such evidence as is necessary for their defence.

Diploma Frauds.

THE knot of swindlers who pass by the name of the "American University of Philadelphia," to whom we recently called attention as operating on the British Diploma Market from the Island of Jersey, appear to have pushed their trade in sham degrees all over the world in spite of the cancelling of their charter by the American Legislature. In Cuba lately an investigation has taken place in respect to the character of a Medical diploma which had been presented to the Consul for his signature by residents of Cuba, it being required that he should certify to the existence of the college in order to give the diplomas legality either in Spain or Cuba. The suspicions of the Consul had been excited by the fact that five diplomas had been presented for his signature within a month, and at a time of the year when they are not usually given. The diplomas all bore upon their face the name of the "American University of Philadelphia." The Mayor placed the matter in the hands of the detectives, who found that the individual who held the diploma had gone out of the country. Four diplomas were obtained by residents of Cuba who could not speak the English language, three of whom had been in the country less than a month, and the fourth less than two months, but none of the persons who presented them at the Consulate office are now within reach.

The London Hospital.

THE fourth biennial festival of the London Hospital Medical College was celebrated after the introductory lecture on October 1, Dr. Herbert Davies, Senior Physician, in the chair. The usual toasts were diversified with music. The speakers were, besides the Chairman, Mr. W. J. Nixon, Dr. Daldy, Dr. Langdon Down, Mr. J. Hutchinson, Mr. D. De Berdt-Hovell, Dr. Andrew Clark, Dr. Little, Dr. Meymott Tidy, Dr. Prosser James, and the Rev. W. Rogers. The music was by Messrs. J. Lord, T. Pearson, F. Meen, J. Rudkin, and Mr. Fountain Meen.

The Devil as a Pastor, Doctor, and Temperance Lecturer.

BEFORE us, writes the editor of the *Pacific Medical Journal*, is the *Pastor and People*, "a monthly Christian newspaper," published in Boston, the editor being "assisted by clergymen of different religious denominations." A portion of the paper is headed "Guardian of Health," and contains a number of quack advertisements, one of which announces a cholera specific as a cure for Asiatic cholera, a cough syrup which is a sure and effectual remedy for all lung diseases, including pulmonary consumption, and a cinchona bitters as an appetiser. The editor, in another column, under the head of "Temperance Department," refers his readers to this particular advertisement, and informs them that the medicines so advertised are "spoken very favourably of by those who have used them," and are "compounded on scientific principles from recipes long established." Religion, health, and temperance, quotha! And this in the city of Boston, where it is supposed there is a God!

A Simple Formula.

WE read, says the *Pacific Medical Journal*, in one of our exchanges that "Virchow has reduced heterologous pathology into the simple formula of heteralopia, heterocronia, heterometria."

On Temperature in Phthisis.

IN an inaugural thesis published on the above subject by Dr. Bilhaut, the author puts down the following among conclusions: From the outset of the disease the temperature rises; towards the end of the disease there is often a marked decrease of temperature; diarrhœa and abundant hæmoptysis produce a fall of temperature; differences of temperature show the gravity of the disease; slow asphyxia and inanition induce a fall of temperature toward the approach of death; the tracings in cheesy pneumonia seem to be more regular as regards vesperal exacerbations and morning remissions than the tracings in tuberculosis; the complications of the disease modify the form of the tracings.

A Sensible Measure.

THE Lincoln Sanitary Board has set an example which others would do well to imitate. Some months since Lincoln became notorious for its defective sanitary condition, and as a natural consequence its bill of mortality rose alarmingly. In order to grapple with the danger, an authority was quickly constituted; each assisting the Medical officer in the removal of standing nuisances, defective sewerage, drainage, &c., until in a short space of time the city became as healthy as it was before the contrary. Nor has this authority relaxed its vigilance. A few cases of scarlet fever having recently occurred within the borough, and in view of cholera reports from other parts, placards have been printed and freely distributed, showing that the police and public officers of the city have received strict orders to enforce the provisions of the Sanitary Act, 1866, by which any person is liable to heavy penalties for not taking proper precautions against the spreading of infectious diseases by exposure of persons, clothing, bedding, articles, rooms, vehicles, or such other goods as may have been used by persons suffering from infectious diseases, without thorough disinfection. We congratulate the Board upon their promptitude, and would say to others "go thou and do likewise."

The London Temperance Hospital.

WE believe we are correct in stating that the hospital which was formally opened in London on Friday last is the first of the kind throughout the United Kingdom. The idea was projected a long time since by some members of the Profession, and a few leading names among the laity, and, encouraged by the Medical declarations respecting alcohol, the final arrangements were completed in May last, and the institution is now ready for the reception of patients. The Hospital, which contains twenty-five beds, is situated in Gower Street, in close proximity to University College, the Medical staff consisting of a House-Surgeon, two Visiting-Physicians, and one Surgeon.

A code of rules has been agreed upon, the leading principles of which are "the Medical and surgical treatment of the sick without having recourse to the ordinary administration of alcoholic compounds." The principle is to be so thoroughly carried out, that infusions and decoctions will be prescribed as far as practicable instead of tinctures. Patients are to be admitted gratuitously, on the recommendation of a governor; on payment, the amount to be fixed by the board of management; and on the provident principle—in consideration of subscriptions paid in advance by way of insurance, the rates and term to be fixed from time to time by the board of management.

Hydatid Cyst of the Liver.

DR. CLEMENT (*Presse Méd. Belge*) relates the case of a woman, æt. 30, well formed, and naturally of good health, having usually lived on vegetables, and having lived in damp lodgings, who remarked the first signs of the following malady supervene eight months after her third labour. When first seen by Dr. Clement she had the appearance of phthisis in the last stage. There existed in the epigastrium, umbilical region, and towards the hypochondria, a tumour hemispherical, elastic, dull on percussion, presenting an obscure fluctuation, and furnishing a sensation of vibration when sharply struck with the fingers.

A puncture made with the trocar at four centimetres beneath the sternum, gave issue to a liquid like whey. The jet having been suddenly interrupted, a stylet was introduced into the canula to the depth of sixteen centimetres without reaching the bottom of the cyst. As soon as this was withdrawn, the jet appeared again and stopped after the discharge of 300 grammes of liquid.

After this operation there was relief. There was slight febrile reaction and inflammation around the prick of the rocar. Seven days after the puncture there flowed by the small wound a purulent liquid; but this wound soon closed again, and the tumour regained its normal size, whilst the general symptoms reappeared.

About three weeks after the first puncture M. Clément, thinking that solid adhesions had been established between the surface of the cyst and the abdominal wall from traumatic inflammation, made a fresh incision with a large trocar. Thick pus issued forth in a large jet which was fetid and contained some hydatids. To make the evacuation more rapid, a tube of india-rubber was applied on the extremity of the canula, and with a syringe applied to the other extremity of the tube; he contrived to draw out three quarts of pus, in which swam many vesicles of hydatids, some of which were entire, and the others in shreds. Examined by the microscope, these vesicles presented the appearance of acephalocysts, but it was impossible to perceive the hooks characteristic of them. Camphorated spirits and water, equal parts, were then injected, and the patient in a year after was in perfect health.

The Water of Waterford.

Dr. Cameron, City Analyst for Dublin, has made a report on the water of the City of Waterford, in which he says that the best of the Waterford water is not fit for supplying a large town. The Vartry water, which supplies Dublin, contains only 4 grains of solid matter per gallon, whilst the water sent him from Waterford contains from 30 to 50 grains per gallon. A large quantity of *sewage* contaminates the Waterford waters. Heavy rains or floods carry effete matters into the sources of these waters.

Treatment of Metro-Peritonitis by the Application of Ricinated Collodion.

M. Belloc lately brought before the Medical Society of Lorne, a case of this severe affection treated by this means. The patient presented all the symptoms of danger, with distended abdomen, typical expression of face, pain, &c. Eight or ten successive layers of ricinated collodion were spread over the belly from the epigastrium to the pubis. In fifteen minutes the patient expressed great relief, and in twenty-four hours all pressing danger had passed away.

Death by Phosphorus Vapour.

A German pharmacian, in preparing a large quantity of strychnine and phosphor-paste to kill vermin, imprudently carried on the manufacture in a cellar, instead of in the open air. He had several fainting fits, and died exhausted in less than a week.

Death from Chloroform Inhalation.

Great Britain does not stand alone in the deathly chloroform roll. We have an instance in the *Cincinnati Clinical Journal*; an accident of this kind occurring in the office of Dr. Mussy. A young man, apparently in perfect health, wished to get a wound on the finger dressed. Chloroform was administered, and the patient died even before the influence was fully established.

This, we must suppose, was one of those unavoidable deaths, or death by idiosyncrasy, which is the alarming feature in chloroform administration.

We congratulate our contemporary, the *Lancet*, upon its maturity; the proprietors and staff of which celebrated its fiftieth birthday on Saturday last at the Freemason's Tavern.

In London the number of deaths registered during the past week were 1,177, being 254 below the average of the corresponding week of the last ten years. The annual death rate, which, during the two previous weeks had been equal to twenty-one and nineteen per thousand, further declined to eighteen per thousand.

The Lord Mayor, as Chairman of the Central London Sick Asylum Board, entertained the members of that board, and some of the officials of the St. Pancras and other parishes constituting the district, at dinner at the Mansion House on Tuesday evening.

Mr. Dawson Burns proves from official statistics that the people of the United Kingdom consumed last year 35,941,517 gallons of spirits, at a cost of £36,843,349; of malt liquors, 28,587,826 barrels; of wine, 16,765,465 gallons. The cost of the whole to the consumers was £119,542,842, an increase of eleven millions on the expenditure for alcohol on the returns of 1871.

Last year there were in England 1,455 coroners' inquests for suicide or self-murder—1,057 men and 398 women. According to official tables recently issued, there were last year 740 cases of attempted suicides, or one to 31,181 of the estimated population. In London there were 405 cases.

SOCIAL SCIENCE CONGRESS.

The 17th Annual Congress of the National Association for the Promotion of Social Science commenced at Norwich last Wednesday.

INAUGURAL ADDRESS.

Lord Houghton first made a plain statement of the legislative measures of the past year that affected the jurisprudence, the intellectual growth, and material welfare of the British nation.

SANITARY REFORM.

No practical progress, he feared, had been made on the vexed question of sanitary reform. There could be no better evidence of the exigencies and embarrassments of the present state of things than the story of the Bill which Mr. Powell and Sir Charles Adderley introduced during the last session. The loss of this measure was much to be regretted. It would have given to rural sanitary authorities the powers of making bye-laws and compulsory purchase, which were now only possessed by the urban authorities, and would have enabled the local government, by order, to supersede the sanitary authority in cases of non-performance or neglect.

THE LICENSING ACT.

The operation of the Licensing Act of Mr. Bruce (now Lord Aberdare) still excited considerable interest, and was the subject of some angry discussion. The Home Office issued circulars, desiring information respecting the effects of this legislation on the morality and peace of the different localities, and some of the answers had already been made public. They all agreed that the general tranquillity was improved, but there was little or no evidence of the diminution of intoxication. Indeed, the committals for drunkenness had on the whole increased, though this might be attributed to the increased vigilance of the police, and the unwillingness of the owners of public-houses to detain customers who might compromise their interests. They might therefore assume that the extent of this national calamity had not seriously been affected by any legislation.

THE PERMISSIVE BILL.

An extreme form of legislative interference was being asked for—viz., to empower the majority of a locality to suppress by force a whole category of ordinary trades and occupations, and in making their demand an election cry and test of political capacity. This enthusiasm of the friends of temperance had provoked an obstinate resistance on the other side. Just as the unflinching severity and stern ideal of Puritan life and manners was followed by the licentiousness of the days of Charles II., there was no doubt that the advocacy of the Permissive Bill had given cohesion and prominence to the publican interest. Might not something more be done by stricter attention to the improvement of manners and to the physical causes to which a large portion of our drunkenness was indisputably due? As the upper classes had improved in this respect, so they might anticipate an equal alteration if they would cultivate the tastes, improve the dwellings, enlighten the understandings, and elevate the sense of responsibility in the operative masses. Such simple means as frequent fountains of pure water and a ready supply of unintoxicating drinks deserved the attention not only of charitable individuals but of associations, and even of the State. But there seemed to be yet another direction to which he would lead their attention in this matter. A national love for strong drink was a characteristic of the nobler and more energetic populations of the world; it accompanied public and private enterprise, constancy of purpose, liberality of thought, and aptitude for war; it exhibited itself prominently in strong and nervous constitutions, and assumed in very many instances, the character of a curative agent. The action of alcohol was believed by many eminent physiologists to arrest metamorphosis of the tissues of the body, and to lessen the actual amount of carbonic acid discharged; yet just as medicine immoderately administered was poison, so the immoderate use of alcohol generated disease and tended to death. Institutions for the treatment of habitual intoxication, such as existed in the United States and Scotland, might advantageously be established in England. He hoped the efforts of the late Dr. Dalrymple would be crowned with success.

THE POOR-LAW IN ENGLAND.

The poor-law in England remained the only expression of the principle which was so distinctly asserted in the Jewish legislation—that the claim of the poor on the rich was not only a duty of religion, but in right of law. The practice of the rest of Europe came from the idea that the gift of alms was an act of Christian love. Throughout Roman Catholic Europe the habit of indiscriminate almsgiving, and the toleration, if not the admiration, of mendicancy had resulted from that train of thought. With us, on the contrary, the pauper, if he had the privilege, had also the responsibility of his legal *status*—he diminished his charitable relation just in proportion as he asserted his legal rights. In Switzerland, where the obligation of relief came nearest to that of England, no man could marry without the probable view of supporting a family, or remove into a neighbouring canton without offering a similar guarantee.

TRINITY COLLEGE, DUBLIN.

In the higher education, the opening of Trinity College, Dublin, without distinction of religion was the work of the enlightened members of that corporation and of that remarkable man who seemed to have derived additional intellectual faculty from the deprivation of the most valuable of our senses—Professor Fawcett.

THE UNIVERSITIES.

Our own two chief universities had already been subjected to considerable reforms, adapting their large revenues and magnificent edifices to the wants and requirements of our time. But there was a prospect of change, not of distribution, but of principle, in the allocation of property now vested in the separate colleges, which would appear by some to be the most serious educational revolution that had taken place in this country since the dissolution of the monasteries. It seemed that the question was now to be asked whether a man had a claim to any pecuniary reward whatever because he had condescended to take advantage of the great machinery of instruction that had been placed at his disposal, and had acquitted himself well in the pleasant incidence of a literary life, whether this education was not its own reward, or whether the body that conferred it upon him had not rather some claim on his future labours than he on its endowments. The result of a negative answer to his moral demand would be the application of the income of the colleges to the teaching powers either in each separate corporation in the university itself, or in other parts of the country. He did not think so sweeping a change could be effected without considerable resistance. Already the fear of wasting time in profitless study and the pressure in the race of personal gain have severely impaired the scholarly character of the clerical, legal, and Medical Professions; and when the prizes that our universities had offered, and which for so many had bridged over the first struggles and difficulties of practical life, were abolished, we might regret, when too late, the happy influences which they directly exercised over a wide range of the community.

SANITARY ADMINISTRATION.

In this department, presided over by Captain Galton, C.B. F.R.S., the following question was discussed at an early stage of the proceedings: "What are the most convenient administrative areas for sanitary purposes, and what are the best means of administering the sanitary laws?"

The first paper on this subject was read by Mr. Lewis Angell, engineer and surveyor to the West Ham Local Board, the President of the Association of Municipal and Sanitary Engineers. After reviewing some of the chief hindrances to sanitary reform, he suggested a variety of improvements in existing arrangements. He thought too much of our legislation was permissive instead of obligatory, and that the duties of local authorities were not sufficiently precise and binding, better means being wanting to compel negligent or evasive local authorities to discharge their duties. Regulations should be more strictly enforced in order that manufactories should purify their own refuse and consume their smoke. One defect in sanitary administration was insufficiency of staff, in addition to which the local officers were in many cases neither properly qualified nor sufficiently remunerated or protected from those local influences which arose from ignorance, prejudice, and interested clamour. The object of future legislation should be to promote greater simplicity, completeness, and certainty, as well as to secure greater efficiency in the administration of sanitary laws by granting more independence and protection to sanitary officers in the honest discharge of their duties. Concurrently with this there was required the moral influence of a higher tone of intelligence in the constitution of local authorities, as well as better appreciation of sanitary principles by the public, without which, as the Royal Commission had remarked, no legislation could be applied with success. There were indications that the elements of natural science would before long form part of the curriculum of school education, and it was especially necessary that sanitary science should be taught from the lowest grade board school to the college, because the subject affected alike the welfare of the prince and the peasant.

Dr. Alfred Carpenter next read a paper in which he urged that there should be appointed a minister of public health, and a new department, entirely distinct from the present Local Government Board.

THE MEDICAL EDUCATION OF WOMEN.

In the Education Department Miss Jex Blake read a paper "On the Medical Education of Women," advocating that women should be allowed to enter the Medical Profession on the same terms as men.

Lord Houghton expressed sympathy with the views of Miss Jex Blake, which were supported also by Sir C. Rawlinson, Dr. A. M. F. Morgan (Norwich), Mr. W. Gray, the Rev. S. Steinthal (Manchester), and others; and Miss Jex Blake having replied, the discussion terminated.

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Literature.

INSTRUCTIONS TO MIDWIVES (a).

This is a very useful practical brochure, of eighty-five small pages, just published in the city of Waterford,

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(a) "Instructions to Midwives." Waterford, 1873. Pp. 85.

evidently from the pen of a skilful and experienced accoucheur, embodying a considerable amount of valuable information, suited not only to the homely class for whose instruction it is written, but also well adapted for the guidance of Medical students and junior practitioners.

When we think of the deplorable ignorance that prevails amongst midwives, to whom the lives of women and their offspring (especially amongst the poor), in Nature's most trying hour, must of necessity be entrusted, we gladly welcome this little volume, calculated as it is to impart the much needed instruction. It is, in fact, an epitome or short summary of the practice of midwifery, as conducted without the aid of the physician. Much of the information which it conveys can only be practically realised by familiarity with the details of the lying-in chamber, of which students know but little, and, therefore, we commend its pages to the young obstetrician. Our space will not admit of more than a passing notice of some of its contents. The signs distinguishing the approach, commencement, and progress of labour, in its three stages, are fully described; the distinction between true and false pains is clearly explained, and a wise caution enjoined to avoid rupturing the membranes (so often injuriously practised by midwives), and not to permit, much less to direct the patient to strain or "bear down," during the first stage of labour; and also to avoid the abuse of stimulants—in a word, to bear in mind the danger of what is understood by the expressive alliterative, "Meddlesome Midwifery."

We confess that we have not met with any female practitioner to whom we could with safety entrust the administration of opium, on her own responsibility, which the writer advises the midwife to resort to in cases of labour lingering during the first stage; nor, in our experience, have we found midwives competent to use the catheter, which he recommends in their practice. Doubtless, if happily a superior order of women to the usual class were educated, such aids for the relief of the patient, in the absence of the physician, would be of much advantage.

The important subject of flooding, at the three periods of its occurrence (before the birth of the child, between the birth and delivery of the placenta, and after the delivery of the latter) is carefully explained, and the necessary directions given for its management; but we think that the author has much over-estimated the ability or province of the nurse in telling her to extract a retained adhering placenta—a very serious operation, our readers well know, requiring for its safe management the judgment and experience of the skilled practitioner.

Regarding the treatment of the apparently still-born infant, the writer recommends a practice which we have always found successful—to let about a teaspoonful of blood flow from the cut navel-string, before it is tied, if the face be livid; and, on the contrary, if pale, not to permit any blood whatever to be lost.

We can strongly recommend this excellent little treatise as a help to the young practitioner, to whom, we repeat, it will be found as useful as to midwives, for whose instruction the author has so praiseworthily, and, we doubt not, very profitably laboured.

WILSON'S ANATOMY (*a*).

We have much pleasure in bringing the new edition of the anatomical text-book of Messrs. Churchill's series before our readers at a time so appropriate as this. In the first place we have to state that the appearance of the book, is much improved. The publishers, too, have wisely sent it out with the edges cut, for which we heartily thank them, and hope they will do the same with future editions of all their valuable text-books. We have next to state that the number of wood-engravings has been augmented. Some have been borrowed from other works, but others have been expressly drawn for this.

We do not propose to write an analysis of the work but we may express our approval of the mode in which the editors have carried out their duty. Dr. Buchanan undertook to edit the work on condition of being allowed to associate with himself, Mr. Clark, his demonstrator. The two are therefore responsible, and we have as the result the teaching of the learned Professor of Anatomy at Anderson's University and of his demonstrator. We feel very much inclined to agree with the estimate of Dr. Buchanan of the points of the work he has edited. The merit that induced him to edit Wilson's *Vade-mecum* was probably the conviction he expresses, that "there is no text-book in our language which is better arranged, and none so handy and easy of reference."

With such an estimate of his work the editor has, of course, taken care to retain this important feature, and the consequence is that students and practitioners will find this book the useful compendium it has long been. There are, of course, alterations as well as corrections; but there has been no attempt, for the sake of change, to alter anything that was already well said. Those who need details of microscopic structure are of course referred to other works, but in this it fills a very useful function. There are now nearly 400 engravings. The index is very full, and there is what we do not remember in the edition we used in our curriculum—a capital glossary of anatomical terms.

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A Case of Nasal Calculus.

By Sub-Assistant Surgeon KASSY KINOUR MITTER.

In the morning of the 12th February, 1873, a girl, æt. about 5 years, was brought to the dispensary by her mother, who stated she had for a long time noticed something in the right nostril of the girl, which impeded her respiration to a slight extent, and which she was very anxious to have extracted.

On making an examination I saw a small oval body in the right nostril, which I thought to be a polypus. On touching it with a probe it was felt to be a hard substance. As the girl became very restless and commenced to cry, I put her under the influence of chloroform. On examining it more minutely, it was found to be a calcareous body firmly adherent to the mucous membrane of the right ala of the nose. It was extracted with a pair of small forceps after dragging it close to the orifice of the nostril by the end of a probe bent in the shape of a hook. It was followed by a gush of bleeding, which was stopped by injection with a strong solution of alum.

The body extracted was found to be a small oval calculus with a distinct hour-glass contraction in the middle.

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Medical News.

A Fever Den in St. Sepulchre's.—Yesterday Dr. Lankester, the Coroner for Central Middlesex, held an inquest at the White Bear, St. John-street, St. Sepulchre, touching the death of John Kemp, the illegitimate child of Elizabeth Kemp, an unmarried woman, living at Mitre-court. Deceased, who was six weeks old, was on Friday morning last taken ill, and in the evening the mother took it to Dr. Franklin, who told her that the deceased was dying. She took it again the next morning to Dr. Franklin, but it died in his surgery. Dr. Franklin having given evidence, the Jury returned a verdict that the deceased died from atrophy, accelerated by the unsanitary condition of the court and house in which he lived, such death being from natural causes; and the said Jury further say that they are of opinion that the court in which the deceased child died is in a most unsanitary condition, and that the sanitary authorities of the district ought to take immediate steps to remedy the same. The Coroner promised to forward the intimation to the Vestry of St. Sepulchre.

The Adulteration of Food Act.—Dr. Tidy, Medical officer and analyst for the parish of Islington, in a report made to the vestry, states the manner in which he has carried out the provisions of the Adulteration of Food Act, and "protests against irregularities in the working of the Act, which in some places, unfortunately, seem to be the rule. To purchase articles irregularly, to find them adulterated, and then to tell the tradesmen, which the Act does not sanction, rather than to summons him, is merely playing with an important Act of

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(*a*) "The Anatomist's Vade-mecum: a System of Human Anatomy." By Erasmus Wilson, F.R.S. Ninth edition. Edited by George Burchanan, A.M., M.D., Surgeon Glasgow Royal Infirmary, &c., assisted by Henry E. Clark, M.R.C.S. London: J. and A. Churchill. 1873.

Parliament; it is treating it as a creature of circumstances, to be toyed with after one's own liking, and it can only end in bringing disgrace on chemical analysis and on the law which employs science for its help, to punish the guilty and let go the innocent. To prevent the Act being a means of persecuting the dealer, and of interfering with just trading on the one hand, or allowing our certificates to be the means of trade advertisements on the other, should be a matter of constant concern, while at the same time we should allow no false feeling to prevent our putting a stop to what has been too long an enormous source of addition to the money bags of the fraudulent dealer, and so, necessarily, a cheat on the poor, and a curse to us all."

Quarantine Notices.—The Marine Department of the Board of Trade has received the following communications through the Foreign Office:—A despatch from Her Majesty's Consul at Havre, forwarding the copy of a circular from the Minister of agriculture and commerce to the health officers at the different ports directing that, in consequence of the general sanitary state, vessels arriving from Great Britain must be provided with bills of health; and that captains of vessels should be careful to have these documents certified by a French consular officer, as in default of such certificate they will be subjected to three days' quarantine. A despatch from Her Majesty's consul at Barcelona, reporting that vessels arriving there from London are subjected to a quarantine of five days' observation, and those from other British ports to a quarantine of three days' observation. Also that arrivals from Marseilles are subjected to five days, from Cette and Portvendres to three days, from Sardinia to three days, and those from Italian ports with clean bills of health to five days' quarantine of observation. A despatch from Her Majesty's Consul at Bordeaux, reporting that several British vessels from England have been detained in quarantine at Pauillac, the boarding station at that port, on account of the absence or irregularity of the required bill of health. He adds that the quarantine officers have been recently ordered to resume the execution of the old regulations, and to detain all vessels from England without clean bills of health certified by the proper French consular authority.

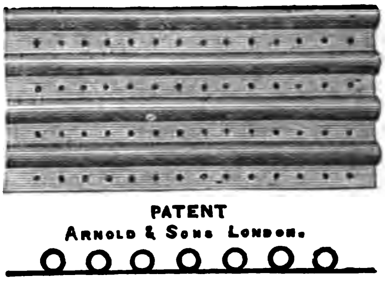
Noxious Businesses.—With the view of placing a restraint upon the unlicensed extension of "noxious businesses," a parliamentary return of all persons licensed to carry on the trade of slaughterers of cattle, sheep, &c., within the limits of the metropolitan district was called for in May last, and has been published. Besides the names of the persons so licensed, their addresses and the situation of their slaughter-houses are also given. In the Edmonton division of the metropolitan district the number of licensed slaughter-houses is 6; in the Finsbury division, which includes the parishes of St. Mary (Islington), of Clerkenwell, St. Luke, St. Sepulchre, and the Liberty of Glasshouse-yard, the number is 170; in the Kensington division, which includes Hammersmith, Fulham, Chelsea, and Kensington, the number is 124; in the Hanover Square division the number is 22; in the Holborn division, 36; in the Paddington division, 28; St. James's division, 7; St. Margaret's division, 23; St. Marylebone division, 75; St. Pancras division, 81; Strand division, 5; and in the Liberty of Her Majesty's Tower of London, 4. From the Uxbridge, Spelthorne, Brentford, Barnet, and Enfield divisions, *nil* returns have been received.

Bequests by the late Mr. Findlater, of Dublin.—The late Alexander Findlater has made the following bequests:—To the Hospital for Incurables, Donnybrook-road, £500; to the Stewart Institution, £500; to the Adelaide Hospital, Peter-street, £250; to the City of Dublin Hospital, Upper Baggot-street, £250; to the Coombe Lying-in Hospital, £250; to the Hospital of Sir Patrick Dunn, M.D., Grand Canal-street, £250; to the Fever Hospital and House of Recovery, Cork-street, £250; to the Mater Misericordiæ Hospital, £250; to the Meath Hospital and County Dublin Infirmary, £250; to Mercer's Hospital, William-street, £250; to Saint Vincent's Hospital and Dispensary, £250; to the Charitable Infirmary, Jervis-street, £250; to the Whitworth Hospital, Drumcondra, £250; to the National Institution and Molyneux Asylum for the Blind, £250; to the Convalescent Home, Stillorgan, £200; to the Old Men's Asylum, £200; to the Dublin Sailors' Home, Sir John Rogerson's-quay, £200; to the National Life-boat Institution, £200; and testator directed the further sum of £200 to be distributed by his executors and trustees to and amongst the necessitous poor of Kingstown and its neighbourhood.

Inventions.

ARNOLD'S WATERPROOF PADS.

These India-rubber sheets consist of parallel lines of tubing, arranged at a distance of three-eighths of an inch apart; the intermediate flutings are perforated by punched apertures equi-distant five-eighths of an inch from each other, so that equable pressure can be maintained on the splint without interfering with natural discharges. These sheets are said to be grateful to patients; may be cut to any required size, and are always clean and ready for use. Solidity can be readily given to the pad by inserting in the parallel tubes soft metal wires or common canes, and then a glue or starch bandage superimposed. Such a form of mechanism seems well fitted for treating simple fractures of the lower extremities in children. The diagram represents the sheet laid flat, and the lower line shows well a section of the parallel tubes of a splint.



Mr. Richard Davy writes, "I have made use of this waterproof pad in hospital practice, in a case of resection of the knee-joint, in simple fractured thigh, in morbus coxæ, &c. I hope that other surgeons will make trial of it; no complaint as yet has been made of its irritating the skin, or interfering with the progress of repair."

NOTICES TO CORRESPONDENTS.

Notice to Subscribers.—Gentlemen who have not paid their Subscriptions for the past year are respectfully reminded by the Publishers of the omission.

☞ **Correspondents** requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

Mr. Charles Lunn's paper on "The Philosophy of Voice" will be concluded in our next.

Mr. Heather Bigg is thanked for his communication.

Mr. A. E. Mason.—Try again!

Mr. L. A.—The communication is so strictly an advertisement that it can only appear in those columns set apart for such announcements. Our publisher will give you the price if you elect to have it inserted in this form.

Royal Medico-Chirurgical Society of London.—The first meeting of the Session will be held on Tuesday evening next, at half-past eight o'clock.

The Pathological will not hold their first meeting until the following Tuesday.

An Admirer of Nelaton.—Write to the publishers for a list of the works of this celebrated surgeon.

S. E. R.—The least that can be said is that the practice is anything but dignified, and reflects discredit upon the individual concerned. Take no action in the matter, it will bring its own punishment.

Courts-Martial.—Policemen are not the only officials who commit the serious blunder of not distinguishing between drunkenness and cerebral accident or disease. The *West County Lantern* of the 4th inst. contained some well-directed remarks upon the subject as it exists in courts-martial, in which the writer points out the frequency with which men of unimpeachable character are ignominiously kicked out of the service, when Medical evidence, had the authorities called it in, could have shown cerebral disorder to be the true and only cause of which the supposed offender had been called in question. If this be so, and we do not doubt it, the seriousness of the matter should attract the immediate attention of the War Office.

Dr. Alexander Lane.—The letter is scarcely suitable to our columns.

Aneurism of the Abdominal Aorta.—The continuation of Professor J. Stannus Hughes' paper, which was commenced in our columns on September 10th, will be given in our next, with illustrations. The case is altogether unique, and the subject being a member of our own Profession, gives it additional interest to our readers, whose attention we beg particularly to draw thereto.

Dr. J. J. Caldwell, Baltimore.—We shall be glad to peruse the article, and if suitable, to give it space in our columns. Your pamphlet has been duly received.

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BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

The Anatomist's Vade Mecum. By Erasmus Wilson, F.R.S. London: J. and A. Churchill.

University College Calendar for 1873-4.

St. George's Hospital Reports. Vol VI. 1871-2.

The Value of Certain Signs observed in Cases of Death from Suffocation. By David Page, M.D. Edinburgh: Blackwood and Sons.

Report of Cases treated by Electricity presented to the Medical Faculty of the State of Maryland. By Dr. J. J. Caldwell.

The Westminster Review. Messrs. Churchill's Catalogue of New Books. The Obstetrical Journal. Quarterly Journal of Mental Science. Science Gossip. Indian Medical Gazette. Boston Medical Journal. New York Medical Record. Guy's Hospital Gazette. Student's Journal. Monthly Microscopic Journal. The Clinic. Le Mouvement Médical. L'Union, &c.

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VACANCIES.

Metropolitan Board of Works. Medical Officer for the Eastern Division of the Fire Brigade. Remuneration at the rate of £1 per man per annum. (See advt.)

East London Hospital for Children. Resident Medical Officer. Salary £60, with board, lodging, and washing. (See advt.)

Victoria Hospital for Sick Children, Chelsea. House-Surgeon. Board and residence; no salary. Also a Pathologist. Honorarium for the post £21. Applications to Capt. Scoones, at the Hospital.

St. Peter's Hospital, London. House-Surgeon. Apply personally on Monday, the 20th inst.

Bideford Union. Medical Officer. Salary £80 per annum, with fees extra. Address the Clerk of the Union, Bideford, before the 20th inst.

West Ham Dispensary, Essex. Resident House-Surgeon. Salary £100 per annum, with the usual etceteras. Applications to Mr. Tonge, 2 St. John's Terrace, Stratford, E.

Andover Union. Medical Officer. Salary £65, fees extra. Apply to Thomas Lamb, Esq., Andover.

Rural Sanitary Authorities of Okehampton, South Molton, &c., in the counties of Devon and Somerset. Medical Officer of Health. Salary £500 per annum. Address the Rev. W. H. Karslake, Meshaw.

Bristol Hospital for Sick Children. House-Surgeon. Salary £100 per annum, with residence. Address the Chairman of Committee.

Gloucester County Lunatic Asylum. Junior Assistant Medical Officer. Salary £80 per annum, with board, residence, and washing. Applications to be addressed to the Chairman of Committee.

Royal Cornwall Infirmary. House-Surgeon and Secretary. Salary £120 per annum. Address Robert Tweedy, Esq., Truro.

Martley Union. Medical Officer of Health. Salary £100 per annum. Candidates must address Mr. Knott, Foregate Street, Worcester.

House of Industry Hospitals, Dublin. Two Visiting Surgeons.

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APPOINTMENTS.

Ashenden, C., M.R.C.S.E., Public Analyst for Hastings.

Atthill, R. C., L.R.C.P.Ed., Medical Officer and Public Vaccinator for District No. 7 of the Tendring Union.

Bethell, A., M.R.C.S.E., Medical Officer for District No. 4, and Public Vaccinator for District No. 2 of the Bridgnorth Union.

Brown, T. J. E., M.R.C.S.E., Medical Officer for the Llanbister District of the Knighton Union.

Carmichael, D., M.B., C.M., Medical Officer for the Parish of Portree, and the Southern Division of the Parish of Snizort, Inverness.

Clark, T. E., M.D., Physician to the Bristol General Hospital.

Cullinan, W., L.K.Q.C.P.I., L.R.C.S.I., Medical Officer for the Crusheen Dispensary District of the Ennis Union.

De la Motte, P. W., L.R.C.P.Ed., M.R.C.S.E., House-Surgeon to the East Suffolk Hospital, Ipswich.

Foot, A. W., M.D., Lecturer on the Practice of Medicine at the Ledwich School of Medicine, Dublin.

Fowler, T., L.K.Q.C.P.I., L.R.C.S.I., Medical Officer for the Parishes of Epping and North Weald Bassett, Epping Union.

Haggart, J., M.B., C.M., Assistant Medical Officer to the Inverness District Lunatic Asylum.

Jones, J., M.R.C.S.E., Medical Officer for the Llanrug District of the Carnarvon Union.

Kebbell, A., M.R.C.S.E., House-Surgeon to the York County Hospital.

Magrath, J., M.D., Assistant-Physician to the East London Hospital for Children and Dispensary for Women, Ratcliff Cross.

Philipson, George Hare, M.D. Cantab, M.D. Durh., M.R.C.P. Lond., President of the Northumberland Medical Society for 1873-74.

Preston, W., M.B., C.M., House-Surgeon to the Lancaster Infirmary and Dispensary.

Tuke, J. B., M.D., Morisonian Lecturer on Insanity at the College of Physicians, Edinburgh.

Walker, J. S., M.D., Medical Officer and Public Vaccinator for the Bucknall and Bagnall District of the Stoke-upon-Trent Union.

Woodburn, W. H., L.R.C.P.Ed., L.F.P. & S. Glas., Medical Officer for the Broughton West District of the Ulverston Union.

Wright, F., M.R.C.S.E., Clinical Assistant at the West Riding Lunatic Asylum, Wakefield.

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OPERATION DAYS AT THE LONDON HOSPITALS.

Wednesday, October 8.

Middlesex Hospital.—Operations, 1 p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
St. Bartholomew's Hospital.—Operations, 1½ p.m.
St. Thomas's Hospital.—Operations, 2 p.m.
St. Mary's Hospital.—Operations. 1¼ p.m.
King's College Hospital.—Operations, 2 p.m.
Great Northern Hospital.—Operations, 2 p.m.
University College Hospital.—Operations, 2 p.m.
St. George's Hospital.—Ophthalmic Operations, 1¼ p.m.
London Hospital.—Operations, 2 p.m.
Throat Hospital.—Demonstration, 2½ p.m.
Cancer Hospital.—Operations, 3 p.m.

Thursday, October 9.

St. George's Hospital.—Operations, 1 p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
University College Hospital.—Operations, 2 p.m.
Throat Hospital.—Demonstration, 2½ p.m.
Royal Orthopædic Hospital.—Operations, 2 p.m.
Central London Ophthalmic Hospital.—Operations, 2 p.m.

Friday, October 10.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Royal South London Ophthalmic Hospital.—Operations, 2 p.m.
Central London Ophthalmic Hospital.—Operations, 2 p.m

Saturday, October 11.

Hospital for Women, Soho square.—Operations, 9½ p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Royal Free Hospital.—Operations, 9 a.m. and 2 p.m.

Monday, October 13.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
St. Mark's Hospital.—Operations, 9 a.m. and 2 p.m.
Metropolitan Free Hospital.—Operations, 2 p.m.
St. Bartholomew's Hospital.—Operations, 1½ p.m.
King's College Hospital.—Operations, 1½ p.m.
Charing-cross Hospital.—Operations, 2 p.m.

Tuesday, October 14.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Guy's Hospital.—Operations, 1½ p.m.
Westminster Hospital.—Operations, 2 p.m.
Throat Hospital.—Demonstration, 2½ p.m.
National Orthopædic Hospital.—Operations, 2 p.m.
West London Hospital.—Operations, 2 p.m.

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Marriages.

Butlin—Balderson.—On the 27th ult., Henry Trentham Butlin, F.R.C.S., to Annie, eldest daughter of H. Balderson, Esq., of Corner Hall, Hemel Hempstead, Herts.

Gell—Davison.—On the 26th ult., at the British Legation, Darmstadt, Thos. Silvester Gell, M.D., of St. John's Lodge, Kensal Green, to Jessie Elizabeth, only daughter of F. Davison, Esq., of Fitzroy Square.

Lowe—Barnston.—On the 30th ult., at Kidsgrove Church, William H. Lowe, M.D., to Emma, second surviving daughter of the late R. H. Barnston, Esq., of Crewe Hill, Farndon, Cheshire.

Mackray—Henderson.—On the 1st inst., at Edinburgh, the Rev. A. N. Mackray, M.A., of St. Andrew's English Presbyterian Church, Torquay, to Anne Emily, daughter of the late W. Henderson, M.D., Professor of Pathology in the University of Edinburgh.

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Deaths.

Bishop.—On the 29th of Sept., at Strangeways, Marnhull, Dorsetshire, John Bishop, F.R.C.S.E., of Bernard Street, Russell Square, aged 75.

Fry.—On the 26th of Sept., Geo. Fry, M.R.C.S.E., of High Beech, Loughton, Essex, aged 53.

Highett.—On the 26th of Sept., James Highett, M.R.C.S.E., of Sandown, Isle of Wight.

Ledsam.—On the 2nd of Oct., at Esplanade, Scarborough, John Joseph Ledsam, Esq., M.D., in his 75th year.

Michell.—On the 30th of Sept., at Launceston, W. D. Michell, M.R.C.S., late of Delancy Street, Gloucester Gate, and of Old Cavendish street, London.

Eſtabliſhed 1848.

PROFESSIONAL AGENCY AND MEDICAL TRANSFER OFFICE,

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J. BAXTER LANGLEY, LL.D., M.R.C.S., F.L.S.,

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COMPETENT ASSISTANTS provided without expense to principals. No Gentlemen recommended whose antecedents have not been inquired into.

PRACTICES AND PARTNERSHIPS NOW OPEN for Negociation (in addition to those advertised in Dr. Langley's List (which is sent post free on application).

Y 802. ORIENTAL. The senior Partner in a Medical PRACTICE producing upwards of £3,000 a year, in an Eastern City, desires to introduce a successor to his half share. The connexion is well-established and perfectly transferable to a suitable gentleman, who should be married and accustomed to good society. There is a large European population, of which the English residents form the best class. Midwifery fees from £5 to £25. The whole practice is within a radius of two miles. The climate is healthy. The introduction could be arranged as desired from two months to two years. No gentleman need apply who cannot command £2,000. The highest references can be given and would be required.

Y 803. A Member of the Pharmaceutical Society having a large prescribing business desires to secure the co-operation of a qualified PARTNER, who can at once be introduced to a considerable out-door practice. The returns average about £1,000 a year, which could be at once increased if not doubled by a qualified gentleman. Premium £400.

Y 801. Well-established NUCLEUS in a small MIDLAND TOWN. Receipts £200 a year, with great scope for increase. Appointments yield £90 a year. Convenient cottage at low rent and all expenses small. Terms easy.

Y 800. In a pleasant Country Town on the SOUTH COAST, an old-established PRACTICE realising £600 a year, and very easily worked. Appointments £100. There is a large family residence with coach-house, stabling, gardens, green-house, &c. Rent £40. Two horses have been used, but one is sufficient to do the work. Part of the premium may be left on security.

Y 797. LONDON, N.E. Well-established PRACTICE in a populous district held by the present incumbent for more than ten years. Average receipts £900 a year. Appointments £50. A considerable part of the income is received in cash. Premium £800, to include stock and fixtures.

Y 724. PARTNERSHIP with succession on easy terms to a very old-established PRACTICE producing in actual receipts upwards of £1,000 a year. It is situate in the centre of a large and prosperous town containing about 25,000 inhabitants. Patients middle and upper class, except, those in the Clubs, which pay £250 a year, and could be transferred with certainty to a suitable gentlemen. The house is one of the best in the town, contains sixteen rooms with stabling, &c. Rent £50. Succession to the whole Practice could be secured at the end of two years.

Dr. LANGLEY'S QUARTERLY LIST for October, of Selected Practices and Partnerships for disposal, is now ready, post free on application.

EAST LONDON HOSPITAL for CHILDREN, and DISPENSARY for WOMEN, Ratcliff Cross, E.—The office of RESIDENT MEDICAL OFFICER to this Charity is now vacant, and applications are invited for the post. The Candidate must be unmarried and a fully-qualified Practitioner in Medicine and Surgery. There are 35 beds in the Hospital, and an average attendance of from 100 to 120 out-patients daily. The Salary is £60 per annum, with board, lodging, and washing.

Application to be sent to the Secretary at the Hospital on or before Thursday, the 9th inst., at 12 o'clock, who will supply a copy of the rules and any other information required.

ASHTON WARNER, Secretary.

METROPOLITAN BOARD OF WORKS.

APPOINTMENT OF A MEDICAL OFFICER FOR ONE OF THE DISTRICTS OF THE METROPOLITAN FIRE BRIGADE.

NOTICE is HEREBY GIVEN that the Metropolitan Board of Works will meet on Friday, the 24th of October inst., at the office of the Board in Spring Gardens, Charing Cross, and will, at One o'Clock, proceed to the appointment of a MEDICAL OFFICER for that portion of the Fire Brigade stationed in the Eastern District of the Metropolis, north of the Thames.

The district in question extends on the east and north sides to the limits of the Metropolitan area; and on the west side it is bounded by a line extending from a point at or near the New River, along the Green Lanes, Mildmay Park, Southgate Road, Bridport Place, New North Road, East Road, City Road, Finsbury Pavement, Moorgate Street, Prince's Street, and King William Street. Any further information required with regard to the boundaries may be obtained on application at the office of the Board, between the hours of 9 a.m. and 4 p.m.

The gentleman to be appointed must be a regularly-qualified Surgeon. He will be required to reside within his district, and, as a general rule, to give his personal attention to all cases brought under his notice, to attend the meetings of the Board or any Committee of the Board whenever required so to do, and to furnish such certificates and returns as may be found necessary. The remuneration of the Medical Officer will be at the rate of 20s. per annum for each man in the force within his district, such payment to include medicine, surgical appliances, and services of every kind. The present number of men in the district is 90, but this number may be increased or diminished at any time.

All applications must be in writing and accompanied by testimonials, and must be delivered at the office of the Board not later than 4 o'clock on Tuesday, the 21st of October, after which time no application will be received.

Applicants for the appointment must be in attendance at the office of the Board on Friday, the 24th of October, not later than 1 o'clock.

By order, J. E. WAKEFIELD,
Spring Gardens, Clerk of the Board.
1st October, 1873.

MEDICAL EDUCATION.—An Ophthalmic and Aural Hospital Surgeon in Dublin, is prepared to receive the Son of a Gentleman as a Pupil, who will reside with him, for whose Medical and Surgical studies he will arrange and superintend, and whose education, in his own special department, he will himself undertake.

The Pupil will have the advantage of extensive Hospital Practice in Eye and Ear Diseases and Operations.

Address R. S., Office of the Medical Press and Circular, Dublin.

THE STEWART INSTITUTION FOR IMBECILES, AND LUNATIC ASYLUM, LUCAN.

Patron:—H.R.H THE PRINCE OF WALES.

This Institution was founded in 1869, and has already attained a large measure of success. It is situated in a healthy locality, and is under the superintendence of a Resident Physician, with trained teachers, who endeavour by the most improved methods to develope the powers, mental and physical, of Imbeciles.

To the pupils who can receive such instruction useful trades are taught. In that of mat making, particularly, excellent progress has been made, and an inspection of the work is invited either at the Institution or at the office.

The Institution is the only one of its kind in Ireland, and is mainly supported by voluntary contributions.

Pupils are admitted free by election, or by payment of £35 per annum. A higher rate is payable for separate accommodation.

Contributions to the fund for the erection of the proposed extensive buildings at Palmerston are earnestly solicited.

Each donation of Five Guineas gives the donor a life-vote.

Annual Subscribers are entitled to one vote for each half guinea paid.

An Asylum for Lunatic Patients of the middle classes, under a well-organised administration, also forms part of the establishment.

Full particulars as to the working of both Institutions, terms, &c. can be had at the office,

40 MOLESWORTH STREET, DUBLIN,
W. O'NEILL, Secretary.

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Is the only guaranteed Pure Soluble Cocoa, better and cheaper than any other Cocoa, Cocoa Extract, or any other Chocolate.

The *British Medical Journal*, March 27, 1869, says :—"Van Houten's Cocoa is admirable. In flavour it is perfect, and it is so pure, well prepared, and rich in alkaloid," &c., &c. See also the *Lancet*, &c.

Sold in round Tins at 3s. 6d., 2s., and 1s. Sample Tins, *sufficient for a family, free of Charge*, through your Grocer or Chemist.

Sole Consignee, H. ESCHWEGE, 6 & 7 Coleman Street, London, E.C.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 15, 1873.

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A CASE OF ENORMOUS ANEURISMAL DILATATION OF THE ARCH OF THE AORTA ENGAGING THE FIRST PORTION OF THE ARTERY, OF LONG STANDING—SYMPTOMS OBSCURE—DEATH SUDDEN AND UNEXPECTED, FROM EMBOLISM OF THE AORTA AND LEFT VENTRICLE OF THE HEART.

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—— ——, æt. fifty-seven, who had served as an officer in the Guards in early life, but who of late years had filled an official appointment in Dublin, sent for me two years before his death in a great fright, in consequence of his having, for the first time, noticed, whilst in his bath that morning, a swelling under the left clavicle. On examination, I found that there was a pulsating tumour in that region, and that on the elevation of the left arm the tumour became changed in position, becoming more prominent in the axilla. The tumour had a peculiar elastic feel, was painful on handling, and was surrounded by numerous enlarged veins; the pulsation, which was of an up-and-down character, was synchronous with the heart's action. *When the arm was forcibly placed in the fully elevated position*, and maintained there, a bruit could be heard in the subclavicular region. The tumour was rather flat on its surface.

The patient, although occasionally complaining of dyspeptic symptoms, which always yielded to very mild treatment, was, notwithstanding he was descended from a very gouty family (his father, a sister, brother, and an aunt were said to have died of that affection), in what is usually called "good health."

On exploring his chest at that time, and subsequently in consultation with Drs. Robert Adams, Hatchell, and Banks, *on more than one occasion*, no evidence of disease within the thorax could be detected.

In a few weeks, however, after the detection of the subclavian tumour, he was seized with uneasiness in the præcordial region, scarcely amounting to what might be considered to comprise the symptoms of angina pectoris, and with orthopnœa for three or four nights, together with slight pains in and about the ball of his left great toe, for which I ordered him a warm pediluvium containing mustard, which had the effect of inducing a well-marked attack of fixed gout in his left foot, which was followed by a *complete subsidence of the orthopnœa, thoracic uneasiness, and pain in the subclavicular tumour*. The left foot in time became very much swollen and livid, and continued so, off and on, with shades of improvement and the reverse, until the day of his sudden death.

What was remarkable about the subclavian tumour (the true nature of which was very obscure during life) was, that whenever the gout in the foot decreased, the tumour increased in size and became very hot and painful.

After some months I sent —— to Buxton, where I placed him under the care of Dr. Shipton, with whom I subsequently saw the patient in consultation. During his visit to Buxton —— had one short attack of orthopnœa. He received much benefit from his sojourn at Buxton, the waters of which agreed remarkably well with him, so much so, that he not only improved in his general health, but his foot became less swollen and painful, and he was able to wear a bandage or ordinary leather boot on it, and to attend to his official duties for some weeks before his untimely death, which took place in the following manner:—

After a hearty breakfast (during which he had expressed himself to some members of his family as being in better health than he had been for a long time), he had ordered his carriage with a view of taking a drive through the Phœnix Park, and whilst reading a newspaper at the fireside he suddenly gave a loud cry, exclaiming that he was suffering under an excruciating pain in his chest, and felt very cold. He asked to be stretched on the hearth-rug before the fire, and directed that I should be sent for. I happened to drive up to the door at the moment, and was instantly at his side, when he cried out "Save me, save me; merciful God, what am I suffering!" He asked me to support his head, which I did. I sent his wife upstairs for some antispasmodic drops, which I knew were in the house, and for some mustard. In a second or two he became quite free from pain, and said he felt nearly well, but the next moment he was seized with a terrible convulsion, in which he expired in three or four seconds more, and before his wife had time to return to the room.

On making a *post-mortem* examination by the wishes of the family, in which I had the able assistance of Drs. Robert Adams and Awly Barron, the aorta was found enormously dilated, and diseased for about three inches from its origin, as shown by the accompanying wood-cut, executed by Mr. O'Hanlon, from a drawing by Connolly.

The lining membrane of the aorta was studded over with innumerable atheromatous deposits, and in a state of well-marked chronic inflammation, an excellent specimen, in fact, of gouty aortitis. The aortic valves were healthy, but the aortic opening was narrow and contracted. Both the aorta and left ventricle of the heart were completely filled with firm coagulated blood and fibrin, apparently of recent formation. The heart contained much fat.

With respect to the subclavicular tumour, it proved on examination to consist merely of a quantity of coarse lobular fat, surrounded by large tinged veins; but I must leave it to the reader to speculate on the reason why it should at times have caused so much inconvenience and distress to the patient, whilst at other times he was scarcely conscious of its presence. The up-and-down motion in the tumour was obviously communicated by the subclavian artery, which was in a normal state, whilst the bellows murmur, present when the arm was forcibly maintained in the fully elevated position, can be produced (as I have long since satisfied myself) by that position not only in clavicular tumours, irrespective of disease of the subclavian artery, but even in strong muscular people with large osseous development of the head of the humerus in the absence of anything abnormal in that region (a subject I am at present directing my attention to, assisted by one of the most distinguished anatomists in Dublin).

—— ——'s sudden death can, in my opinion, be satisfactorily accounted for by the weak fatty heart proving insufficient to overcome the embolic obstruction in the aorta; the convulsive attack which preceded death being the consequence of the sudden arrest of circulation of blood in the brain.

In a recent communication to the MEDICAL PRESS AND CIRCULAR (Sept. 10, 1873) I placed before its readers the details of a most interesting unique case of aneurism of the abdominal aorta simulating in many respects a malignant tumour, neuralgic symptoms being absent until three days prior to death, which took place from sudden effusion of blood into the abdominal cavity. The connexion of the subject with my present communication induces me to recapitulate it at length. In order that the anatomical relations of the parts shall be more readily comprehended, I append an illustration which defines them in the most accurate manner. (Fig. 1.)

History of the Case.—— ——, a distinguished member of the Medical Profession, who had just completed his 54th year, of spare habits and anæmic appearance, sent for me on Sunday morning, the 26th of May, 1867, three days prior to his death, and on my arrival, he complained of acute agonising pains in the lumbar and sacral regions, extending to the groins and thighs, from which he had been suffering for *the first time* from the previous evening. On asking him if he had ever noticed a tumour in his abdomen, he became very much excited, and annoyed at my inquiry, and in a very sharp and angry tone of voice demanded why I had put such a question to him. On my replying that the reason I had done so was, that I had known cases in which abdominal tumours were accompanied by pains of the character he was complaining of, he, after some hesitation, told me that he had a great secret to impart to me, which no earthly being was in possession of but himself; namely, that *for years past* he had a pulsating abdominal tumour; but he beseeched of me not to arrive at a hasty conclusion that it was an aneurism he was labouring under, as he should, in a few minutes, prove to my satisfaction that it was not a disease of so terrible a nature.

On turning down the bed-clothes I found a pulsating tumour a little below the umbilicus, which was extremely hard and irregular on its surface, and about the size of a large man's closed hand. The pulsation had *not* the sensation of expansion and contraction; that feeling as if it were alive and panting, so generally observed in aneurisms. Here the pulsation was more of that up-and-down movement rising at each impulse of the heart, so well marked in cases where a solid tumour lies on a large artery. Pressure on the artery above the tumour did not affect the bulk of the swelling. A loud bellows murmur was audible, synchronous with the first sound of the heart, when the ear was applied over the tumour.

He then proceeded to prove to me, as he said, that the tumour was *not* an aneurism, by placing himself all fours in the prone position in the bed, and drawing the tumour, as he asserted, off the aorta. He next asked me to examine the tumour again, which I did, and found that the pulsation and murmur, which were present in the supine position, could be no longer detected, but as soon as he resumed the supine posture, both the pulsation and murmur returned. The patient now exclaimed, in triumph, that he trusted I was satisfied that he was not labouring under an aneurism, and that I would give him the credit of having established a correct differential diagnosis in his own case, admitting, at the same time, that he was continually examining the tumour both by manual means as well as by the assistance of a long curved india-rubber stethoscope, which he had got constructed for the purpose.

After my first examination, —— —— told me that his own impression was, that the long abiding tumour in his abdomen consisted in a thickening of one of his small intestines, together with a lodgment of fæces, and he thought he was strengthened in that opinion by the fact that the tumour was invariably diminished in size, and the inconvenience attending its bulky presence was always relieved, by purgative medicines.

The anterior history of —— ——'s case was that ten years before he had placed himself under the care of two very eminent Medical men in Dublin, for what was then thought to be an affection of his stomach, accompanied by functional pulsation of the aorta.

For years —— ——'s appearance was that of a man labouring under malignant disease; he was wasted, discoloured, and had a wan, painful expression of countenance. His elder brother had died of *cancer of the face.*

—— —— was of a manly disposition, passionately fond of his profession, and he struggled against his delicacy of constitution by going on shooting parties in season, and enjoying horse exercise in town as often as business would admit; indeed, a fortnight before his death he was occupied during his leisure hours in breaking in a young vicious horse.

Treatment.—As the bowels were confined, an aperient enema was administered, and a large belladonna plaster was applied to the lumbar and sacral regions, and morphia was given to him in suitable doses at proper intervals. The foregoing treatment had the effect of relieving his sufferings for some hours, but towards morning the pains returned with increased violence.

27th.—He was seen this morning, at my request, by Dr. Stokes, who had been consulted some years previously, in conjunction with Sir Philip Crampton. The sedative treatment, combined with aperient pills, was continued, without, however, any relief, the pains returning at intervals with increased intensity. —— —— refused to submit to the endermic use of morphia, which was proposed to him by me at my *first visit* and subsequently.

28th. —— —— passed a most painful and restless night, and was visited with me by Dr. Hudson, in consequence

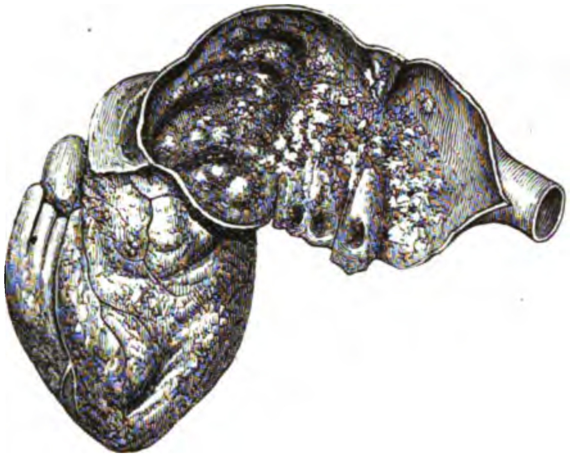

Fig. 1.

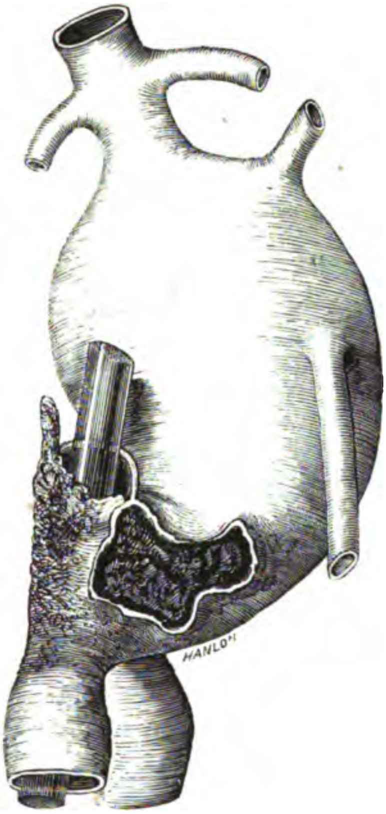

Fig. 2.

DR. JAMES STANNUS HUGHES' CASES OF INTERNAL ANEURISM.

of Dr. Stokes having been obliged to proceed the night before on business to London. After a careful examination, and after the patient had, by change of position and manipulation, again endeavoured to prove that his case was not that of aneurism, Dr. Hudson and I retired to the dining-room for the purpose of consultation, when we were hastily summoned back by the servant to the bedroom, where we found —— —— in a dying state, evidently from internal hæmorrhage, from his blanched, marble-like appearance and cold surface.

Post-mortem Examination.—The following were the appearances which presented themselves at the autopsy in the foregoing case, at which I was assisted by Dr. Ledwich, in the presence of Dr. Robert Adams, Dr. Reardon, and many of the hospital physicians and surgeons of Dublin :

The surface of the body, as well as that of the face, presented a yellowish, waxy, bloodless hue, the lower extremities were œdematous, as well as the areolar tissues of the scrotum.

On dividing the abdominal walls by a crucial incision, and reflecting the flaps, the depending portions of the abdominal cavity were found filled with dark semi-fluid and coagulated blood. Having sponged away the blood we came down on a very irregular nodulated and indurated tumour, which was firmly bound down to the vertebræ by several layers of condensed, organised lymph, some of which were obviously of very long formation. On making a very careful dissection of these adventitious deposits, a very large aneurism of the aorta at and above its bifurcation into the iliacs, partially involving the latter vessels, revealed itself, as shown in the accompanying woodcut executed by Mr. O'Hanlon. (Fig. 2.)

The anterior wall of the aneurism was very thin in several places, and had evidently given way at two points during the patient's rude efforts to prove to his Medical attendants that his disease was not aneurism.

On examining the aneurism itself, it was found full of layers of condensed, nodulated fibrine, some of which were obviously of old standing; they were very hard and irregular on the surface, and had communicated during life that sensation which would be conveyed to the fingers of the explorator by a deep-seated carcinomatous tumour, which, coupled with the appearance of the patient, and the fact that an immediate member of his family had died of cancer, might not only but naturally had induced some to believe, both long before and immediately previous to his demise, that he was the victim of malignant disease. The aneurism sprang from the anterior aspect of the aorta. Two of the lumbar vertebræ corresponding to the seat of the aneurism were in a very early stage of caries.

Remarks.—Although the difficulties in the diagnosis of abdominal aneurisms have been greatly lessened since the year 1830, when the late Dr. Thomas Beatty established to a great extent the correct diagnosis of that disease, by publishing his valuable observations on the subject in the *Dublin Hospital Reports*, yet we do, at times, encounter cases of that fortunately rare disease, in which the diagnosis is surrounded with difficulties, and of which the foregoing case is so remarkable an instance that I have deemed it worthy of being placed on record.

The *chief* points of interest in —— ——'s case may, in my opinion, be thus briefly summed up, viz. :—

1st. The length of time the disease had existed.

2nd. The complete absence, until within three days prior to death, of the pains of either a dull aching or excruciating neuralgic character, which so generally accompany abdominal aneurisms.

3rd. The character of the pulsation.

4th. The fact that pressure exercised on the cardiac side of the tumour had no appreciable effect on the latter.

5th. The absence of pulsation and murmur in the prone position, which can, in my mind, be acounted for by the fact that the aneurism sprang from the anterior wall of the artery.

6th. The unusually nodulated irregular outline of the dense layers of fibrine contained in the aneurism.

7th. The wonderful efforts nature had made to effect a cure, and by which life had been so remarkably prolonged.

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THE PHILOSOPHY OF VOICE.

By Charles Lunn.

(*Continued from page* 188.)

The following vertical section of the parts under consideration will show the relationship of the perpendicular to the horizontal force. The position of accurate sound is assumed, and the cut is at a right angle to the plane of the cords.

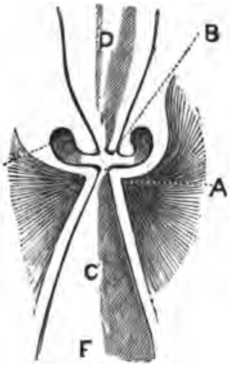

Fig. 3.

A.—True vocal cord.
B.—False cord.
C.—Angular approach from thorax.
D.—Outlet upward.
E.—Ventricle of Morgagni.

The science of physiology is indebted to Dr. Wyllie for a true solution of the phenomena which take place in the organ of voice. Before his observations were made upon the detached larynx there was no accepted theory respecting the use of the false cords, nor of those two chambers, the ventricles of Morgagni. Dr. Wyllie, however, by closer observance, has not only corrected Czermak where he has been obscure or false, but what is of greater importance to all public speakers and singers, has also discovered the ruling cause of accurate as contrasted with false vocal emission ; his observations and experiments are not only satisfactory to the student of physiology but are of great practical use to all users of the human voice. Where Czermak has erred there Garcia has naturally strayed also.

In explaining the mechanism that takes place during complete and hermetic closure, Czermak says he observed the following phenomena :—

1st. "The arytenoid cartilages intimately meet at their internal surfaces and processes, and bring the edges of the vocal cords into contact." 2nd. "The superior vocal cords approach the inferior so as to obliterate the ventricles of Morgagni ; at the same time they also meet in the median line." And S. Garcia, extracting from this, says "that during the emission of sound these last (the ventricles) scarcely retain a trace of their opening. We may say of these cavities that they only afford to the two pair of ligaments a space in which they may easily arrange themselves" (Medical Press and Circular, p. 466). But Dr. Wyllie goes to prove a far different action ; he says that his observations do not agree with those of Czermak when this latter asserts that the superior cords approach the inferior ones so as to *obliterate* the ventricles ; and Dr. Wyllie adds, "Any observation with the laryngoscope regarding the condition of these ventricles is extremely liable to fallacy, for their oblong orifices are situated in the lateral walls of the larynx and look inwards, so that observing them from above it is almost impossible to tell whether they are open or closed;" besides, it may be added, there are more direct ways of making observations upon the ventricles than the laryngoscope will accord, especially as such observations involve distortion. In all experiments the most important point seems to have been overlooked, namely, that there is beautiful as well as ugly vocal tone, that beautiful sound is the natural result of true adjustment of an instrument over which the orator has absolute control, while ugly sound is but a crippled result of solely a partial control; this, then, is the first attempt to accurately define wherein the difference lies between a true and false use of the human instrument of sound, the induction of error, and its corrective study.

The cavity of the larynx above the false cords and the cavity leading from the trachea to the true cords are wedge-shaped, each inverted to the other; when approximated "the upper surfaces of the true vocal ligaments present a broad flattened plane slightly hollowed out on each side, but on their tracheal aspect the mucous membrane is observed to fall away obliquely downwards and outwards, thus leaving an angle of considerable size, which forms the margin of each vocal ligament. The same obliquity is observed in the mucous membrane above the false cords, while their lower margins are defined by the ventricles of Morgagni, well-marked pouches which extend upwards behind them about half-an-inch. . . . Now, it is to be borne in mind that by closure of the glottis complete stoppage is effected, not only of inspiration, but also of expiration, the most powerful efforts at either being rendered quite ineffectual. This is, no doubt, in a sense due to the action of those intrinsic muscles of the larynx which close the rima, but the strength of these comparatively minute structures is surely in itself inadequate to resist the enormous power which the air may be made to exert upon the glottis from within, during a forcible attempt at expiration, as well as its pressure from without, when we try to inspire (a). From this consideration one is naturally led to suspect the existence in the glottis of some well-adapted valvular arrangements, suited to control both the entrance and exit of the air" (Wyllie). And in his experiments analogous to expiration he says that all attempts to stop the current of air by bringing the true cords into contact were futile, and "no manner of adjusting the cartilages could completely obstruct the passage of air," which, owing to the form of approach, wedged itself between the vocal ligaments and produced in its escape "a sound which more or less resembled the voice." In inverting the current of air he obtained perfect opposition to its transit by solely approximating the true cords, the air catching on their flat edges making them act just as the valve on a pair of bellows acts, the greater the force downwards the tighter the obstruction. On bringing together the false cords the closure was found to be complete; the simple coaptation of their free edges proved sufficient to obstruct entirely the full force of air from below. This arises from the air in the ventricles creating an influence upwards and forwards. "The conclusion to be derived from these experiments is obvious. There is within the larynx a double valve which is capable of controlling both the exit and entrance of air. The plan found so commonly throughout the body in such strictures, in the aortic and ileo-cæcal orifices, and in the course of the veins, holds good here likewise. In the upper half the resemblance is most obvious. Comparing it with the aortic valve we find the representatives of the sinuses of Valsalva in the well-marked ventricles of Morgagni, whilst the cusps are reproduced in the two folds of mucous membrane, whose free edges are known as the false cords." Dr. Wyllie corroborated his experiments by laryngoscopic examination, rightly used in his case, because the effect—complete closure—could be noted under all conditions; and he sums the whole thus:—

"1. When the glottis is simply closed and no effort is made either to take in breath or to expire, the false cords are separated by a very narrow interval, through which the edges of the true vocal ligaments may be seen in close apposition.

"2. When an effort is made to inspire the superior cords meet in the middle line, so as to leave only a very small triangular opening posteriorly, through which there still may be caught a glimmering of the pale surface of the true ligaments.

"3. When expiration is attempted the false cords are immediately coaptated throughout their whole length, and if the effort made be powerful the parts are observed 'to arch or curve outwards without allowing the air to escape' (Czermak). This swelling out of the mucous membrane at the upper part of the larynx can be due to nothing but the inflation of the ventricles of Morgagni beneath."

Thus much for the physiological aspect of the case; now for the physical. When the parts are at rest these chambers or ventricles are kept in equilibrium, (1) by means of the pressure of the air in them; (2), by the pressure of external muscles, &c. Now, to close up the orifice a change is made in the pressures. This at first diminishes the size of the chambers, and therefore condenses the air in them; the pressure of this air is consequently increased, and equilibrium no longer subsists; the increased pressure of air expands the chambers, and there being no resistance at the orifice, the sides of the chambers move, and the result is, that the orifice is closed; an additional force, of course, here makes its appearance, being a pressure on the chamber at this orifice, but this is counterbalanced by the continuous automatic force from below. This is proved by observations on the living subject when producing accurate musical sounds (a).

On placing the finger on the point of the pomum Adami, holding breath, and compressing the air by putting the expiratory muscles into increased activity, the larynx is felt to rise; this results from the air acting on the ventricles and on the wedged approach to them, and thereby forcibly carrying up the larynx along with it. The greater the pressure the tighter the closure, and the higher the larynx. By feeling sideways with the finger and thumb above the thyroid, and compressing air, the expansion of the ventricles will be most apparent. A successive use of this expansion during singing accounts for the great breadth of larynx which all true tonalists attain; for, by a proper use of the organ of voice, the two flat plates of the thyroid become forced out, and a much less acute angle of approach to the front is obtained; but this is anticipating.

Having seen the action of the instrument, we have to see its connection with attainable results. These are partly volitional, partly automatic. At the first cry of life, the whole principle of true musical sound by the voice is displayed; there is clearness, volume (allowing for the size of the infant), and intensity, and only continuity is wanted to transform such cry into musical sound. It is admitted that life cannot ensue without this cry, or an approximation to it; this, of course, is essentially automatic, and is brought about by reflex action of the spinal cord, so that it may safely be predicated that while people may be born cripples in other parts they cannot in the parts producing this; hence it follows that all false use, all bad sound, is induced, and can, therefore, be removed, if the parts be healthy. On the one hand, while reflex action causes the first inhalation, on the other, owing doubtless to the difference in temperature between the circulation of the blood and the temperature of the air introduced, additional reflex force is generated, and a complete closure of the false and true cords results. This automatic resistance against the rebound of the respiratory muscles drives the inhaled air into the most remote ramifications of the lungs, and thus furnishes the residual air which, as we know, is immovable, and remains even after death. If the opposing power were not perfect, we should have no safe guide to prove an independent life.

(a) Dr. Hutchinson gives as the result of experiments upon the dead subject 580 lbs. as the total pressure over the surface of the chest, reckoning an area of 206 cubic inches, and adds, that as during life much more air could be used, "there can be little doubt (judging from the rapid ratio in which the elastic force increases when the distention is approaching its limit) that the muscular power to overcome this, towards the close of a very deep inspiration, could not have been less than 1,000 lbs."

(a) The writer had the advantage of two years' voice training under Signor Cattaneo, of Milan, master of the celebrated Angiolina Bosio, and one of the last remnants of the old Italian School founded by Porpora. To the excellent direction of this master the writer not only attributes his power to define the difference between true and false productions but even the possession of present life.

Here, then, we find in the release of this obstruction brought about by sole approximation—there would be no lateral tension or relaxation, for these are volitional—the same application of the before-mentioned principle, air condensed and released, this being the basis of all philology. The sound produced would answer to Dr. Wyllie's station note, but in the infant would be considerably higher in pitch than the station note obtainable from the adult larynx. Then we add another simple explosive at 5 and 6 (Fig. 1), which explosive, instead of being confined to one impulsive disturbance of the air, has, owing to the nature of things, a power of being sustained, and this sound, resulting from an equal admixture of wind and reed, is the open vowel *a*. Now, the vowel sounds of speech are five only:

Italian—*i, e, a, o, u.*

The corresponding sounds in English would be *e*; and for the second *eh*, or the first part of the diphthongal sound given to our first vowel *a*; for the third, the broad *a*, as in *father*; for the fourth, the first part of our diphthongal *o*; and for the fifth *oo*, or the latter part of our *u*.

Professor Max Müller attributes the difference in vowels to the different form of the cavity above the organ of voice, and this, so far as whispered articulation is concerned, is true; but with full speech other influence is brought to bear, namely, a difference in the proportions of wind and reed. To produce *e* (English) the larynx is higher, and to produce *u* the larynx is lower, than it is for the central sound *ah*, so that we find for *e* more lateral tension of vocal cords, and less consumption of blast, while for *u* we find less lateral tension and *à fortiori* greater consumption of air, assuming equal pitch for each sound. The intermediate vowel sounds, of course, lean one way or the other. But all these vowel sounds are sometimes automatic, and are uttered under reflex action from a moan to a shriek, according as the direct nerve-current influences the immediate instrument of sound; thus we get language as the natural outgrowth of our construction. In this instrument of voice pitch can be made in two ways, by tension of cords or by increase of blast. This is readily proved; on pressing backwards at the point of the "Adam's apple," and uttering a sound, when the finger is released the sound elevates itself; on sustaining a sound and giving a blow on the chest, the sound momentarily rises in height. We shall now trace the fall of control involving the decline of tone, and then show the means of restoration and the consequent rise of vocal power. This involves definitions.

The object of speech is to say what we have to say in the shortest space of time, and it sacrifices everything to attain this one end; but the object of song is to say that which we have to say in the deepest and intensest mode (*a*); hence this latter appeals to man through all his powers of reception; the former owes its strength to profundity, the latter to amalgamated forces. Now oratory, that scarce-existing art, unites both speech and song; the orator is a more subtle composer than the musician, while he at the same time uses all the forces of the poet not only to enforce, but also to convince and to persuade, and joined to all these he becomes his own executant, thereby showing the masterful control of the singer over the instrument by which he displays his intellectual power. That oratory should have fallen is the natural result of ignorance in these matters, and that it will continue a rare and accidental thing is equally true, until the false theories of fanciful musicians be rejected and a truer basis supplied by scientific men substituted in their stead. Words are, as Mr. Carlyle says, but metaphors; they mean nothing in themselves, but stand for past perceptions, and only possess intrinsic merit according to their power to awaken or remould the relics of the past through which conceptions can be gained; but a beautiful sound of voice appeals direct to the emotions. As Mr. Bain very truthfully points out, the contrast between music and speech expresses exactly the same distinction among effects on the ear as a blaze of sunshine and the sight of a watch do among effects on the eye. One serves for the purpose of immediate enjoyment or emotion; the other is nothing in itself, and derives its value from our intellectual applications. One mode of appeal yields a large measure of distinctive character of emotion; in the other the emotional character is feeble, and its function is to supply the materials of the intelligence. We can briefly trace down the fall of vocal tone. Weakening at 1 we obtain *b*; at 2, *d*; at 3, *g*, hard. These, losing in power, require a substitute of sound upon which they can be superposed; hence partial approximation at 6 is introduced, and we thus get a series of complex obstructives. The principle is further developed; altering the channel of exit and closing at 1, we get *m*, closing at 2, *n*, and with further development we get the close aspirates, *f* at 1, *s* at 2, until we ultimately arrive at expiratory air forced out by volitional pressure and unimpeded in its exit. Hence the letter *h* is the exact polar contrary to true musical sound, and is made by the uttermost disjunction of the opposing forces A B, A B′ (Fig. 2). Physically, in speech, man blocks, crushes, splits, and slides, columns of air in motion. Now as the first principle of language is rapidity, so it follows that to gain this, continuity must be yielded; hence it follows that to extend a vocabulary according to the ever-increasing wants of civilisation, consonants are called into greater use and vowel sounds are dropped. Coleridge in his "Table Talk," supposes a language made entirely of consonants, and now we find such in daily use in our short-hand system, which is solely an extension of the rudimentary principle, rapidity.

In speech we find two forces at work, one of development, one of restitution. The scholar is ever seeking for new symbols to express things or states of consciousness, while the man of small intelligence or few demands makes his words subservient to his bodily convenience; the one adds and sharpens the consonants, the other slurs or drops them, and works on vowel tones; hence the voices of the lower orders are generally more sonorous than those of the upper. The more developed a nation the fewer inhabitants proportionately use their language absolutely aright, for the language shows the intellect of a nation at its best, and the higher a development the greater the culture required to attain it, and the fewer persons with innate capacities capable of grasping it. Thus, accepting sounds as symbols, we find a natural power differently applied, which while serving its purpose to the full does not secure man in its use from substantial error in other equally natural directions. This shows the prospective benevolence of an Almighty Power forming with increased civilisation new spheres of action in which man may find true work.

Then to sum up. We find with increasing want of words an increasing principle of action throwing the horizontal force which produced vocal sound out of parallel lines, and, as a necessary consequence of this, we find the perpendicular force weakened; hence, on the principle of natural compensation, we find additional and vicarious force brought from below which, owing to the wedge-shaped approach, aggravates the evil by forcing open the true opposing force. That the English language is an *h*-producing one, anyone reading the Psalms can readily

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(*a*) "And in their first learning of notes they shall be taught the great purpose of music, which is to say a thing deeply, in the strongest and clearest possible way." Ruskin, "Fors Clavigera."

see; and the converse: how many Englishmen dare utter loudly a word beginning with a vowel? If attempted, either it would not be done or an aspirate would precede the vowel; this is owing to weakness of the adductor muscles. Thus the idiosyncrasy of our people's speech is deadness, weakness, and general feebleness. All nations have their own national taint induced on the voice by spoken works, but it suffices to show the Anglican taint. The case stands thus: as breath is a condition of our life it always goes on independently of us, but as the utilisation of air in motion is volitional, so we have between absolute disjunction and complete approximation (the only possible means of true musical sound, as has been shown), all the varying degrees between the two positions, and the use of articulate speech conjoined with vocal utterance, disturbs the normal balance of the latter, which was to be proved.

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INDIAN MEDICAL NOTES.—No. VI.

(FROM OUR SPECIAL CORRESPONDENT.)

MEERUT, UPPER INDIA,
September, 1873.

DAILY LIFE.

TO-DAY there are case books recording personal work available for reference during the dreary leisure in the long hours of heat, if the energy could only be aroused to literary recreation. The inclination, however, is to be sweltering under the punkah, watching the lizards crawling up the lofty white-washed walls, or the birds hovering about the ceiling—else to drink iced brandy and soda until further orders; meanwhile, abusing the climate, finding fault with everybody, especially those enjoying an English existence at the Hills. To every European, the delicate woman, the weedy lad, the old soldier, or the hardworking civilian seated amongst litigious natives in his stifling court, the muggy, relaxing, oppressive month of September is trying in the extreme. Struggling to hospital after a night of fever, the Medical man finds it very difficult to earn his daily bread in a contented, cheerful frame of mind, at the same time fully aware of the extent of suffering his patients endure, demanding kind smiles, a woman's soft solicitude, and the glorious stimulant of hope. Perhaps on commencing work there may be trivial points rendering the temper touchy; for instance, the milk may be bad—fine the milkman; the cooking vessels improperly tinned—report the matter; have the contractor mulcted; the earth system negligently conducted—fine the sweeper; there may be Norfolk Howards in the beds—have the latter boiled. Examine the instruments on the look out for rust during the rains; see that all returns, books are being kept up to date; sign no receipts in a hurry, it is so easy to be let in; look at the drugs, specially the poisons, opium, chloroform, and quinine; compare expenditure with prescriptions. There may be some pressing letters to answer referring to stores, finance, or events forgotten; occasionally knotty statistical questions to be worked up. No arrears should ever accumulate in India of all places, where health is so uncertain and so many returns based on daily transactions periodically are unavoidably required. There's a great art, too, in the recording of cases, to write in a clear hand the prominent salient points condensed into small compass, with the works of Aitken, Murchison, and others ever at your elbow to compare opinions with. In the way of books never be without Taylor's "Jurisprudence," Gray's "Anatomy," a manual of Pathology, Bell's "Manual of Surgical Operations," a large book (Cooper's "Cyclopædia," in fact) of Surgery, Parker's "Hygiene," of course, Gordon's "Hygiene," also some anatomical plates. The works of Churchill, Barnes, Tilt, Druitt, and Erichsen are very popular, but we have to travel in very light marching order, and every move involves a sale. Said Sir Charles Napier, "What does an officer want? His tent, his bed, a canteen, a second pair of breeches, a second pair of shoes, half-a-dozen shirts, a second flannel waistcoat, a couple of towels, and a piece of soap." His regimentals are carried on his back, otherwise a Medical library would be a *sine quâ non* in addition to the flannel waistcoat and cake of soap. All this time lingering on the threshold of the morning's work. The next phase will be the consideration of the cases. Several men were detained last night suffering from fever, diarrhœa, or dysentery; more names appear on the report to-day; perhaps one or two women have diarrhœa, else children have convulsions, or a number have catarrhal ophthalmia depending on heat and glare, very amenable to treatment by strong nitrate of silver or alum collyria, according to circumstances. In the wards the first case is that of a large open bubo doing well under the dry earth treatment; the next, gonorrhœa, treated at first by warm injections, eventually succeeded by cold. An old chronic ulcer of the leg refuses to get well; the patient has tried Holloway's ointment, the faculty try skin-grafting; probably if a labouring man, whose income ceased in hospital, he would soon get well. Next comes a lawyer suffering from palpitation, induced, he states, by hard work and exposure; I say, by debauchery and smoking; but he is so cunning about his rights, so familiar with rules, regulations, circulars, page this, paragraph that, and the "Governor-General in Council," that one cannot be too careful. Long ago a scoundrel gave such trouble that the long-suffering Medical officer at last, in bitterness of spirit, expressed a wish that his tormenter would desert. The latter did so afterwards, on his trial pleading that he was ordered to levant. It is very difficult sometimes to control a tongue soured by dyspepsia or by climate, when a patient delights in retarding his or her own recovery. Another point is, that every officer, combatant or Medical, should be most careful, before reporting sanitary or other defects, that the facts are accurate, neither vague nor highly coloured—to remember the insuperable difficulties created by the sun, the climate, and the flat plains. Barracks cannot be constructed with the rapidity of Aladdin's palace; good beef, mutton, milk, and vegetables are at times impossible to obtain; and as regards the temperature of barracks, the long hours, the heavy sick list, the washed-out faces, an infinity depends on regimental domestic economy and management. The sum each soldier costs in India, calculating everything, must be enormous; the native servants, the tatties, punkahs, thermantidotes, ice, &c., in hospital no insignificant items. People in England have no idea of the care and the anxiety bestowed by those in power, the burden of work endured by commanding officers, the Royal Engineer, the Commissariat, and the Medical department; all endeavouring to keep the soldier healthy and efficient; always glad to receive sensible, feasible suggestions. It is wonderful what the brains and industry of some men can achieve.

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STUDENTS' COLUMN.

LECTURES ON HUMAN ANATOMY.

By WALTER RIVINGTON, M.S. Lond., F.R.C.S. Eng.,
Surgeon to the London Hospital and Lecturer on Anatomy at the London Hospital Medical College.

LECTURE VII.—(*Concluded.*)

SOME of the remarks already made in reference to the manner in which the structure of the Pelvis is fitted to break the force of concussions, apply to it also when considered as a centre for the origin and insertion of muscles, and the attachment of ligaments and fasciæ. The attentive student need not be reminded of the ridges destined for the reception of tendinous fibres and the smooth surfaces which attach the fibres of muscles. To him the crests of the Ilium and Pubes, thick and prominent, appear obviously adapted to secure the planes of muscle and fascia which bound the Cavity of the Abdomen, and the expanded anterior surface of the body of the Pubes, and the anterior surfaces of the conjoined rami of the Pubes and Ischium, with their rough margins, as obviously adapted for the origin of the Adductor Muscles of the Thigh, and attachment of the strong membranous fascia which encases them.

The wide plate of the Ala of the Ilium is exactly suited to afford an advantageous leverage to the flexors and extensors of the Hip Joint; the projections of the Spines of the Ilium, Ischium, and Pubes are all utilised for muscles and ligaments, whilst the greater prominences, such as the tuberosity of the Ischium, the posterior superior Spine of the Ilium, and the lower part of the Sacrum, give increased leverage to the muscles which maintain the trunk erect, or raise it from the stooping posture. As a structure for the origin and insertion of muscles, the Pelvis is formed in a manner extremely simple. It consists of a strong bony ring, from which processes jut upwards and downwards. Standing upwards are the Iliac Alæ, running downwards are the Sacrum and Coccyx, and the rami of the Pubes and Ischium. For greater security the five lower processes are tied together, either by bone or ligament.

The fabric thus formed is poised on the Heads of the Thigh Bones, and is capable of rolling on them in various directions by the action of the muscles attached to the processes. The amount of leverage afforded by the processes to the different muscles is proportioned to the work to be accomplished, and alters with the position of the Pelvis and Trunk relatively to the Thigh Bones. The muscles behind the Hip Joint, which raise the Trunk from the stooping posture, and keep it erect when raised, require the assistance of long lever arms, and these are supplied by the projections of the Sacrum and Tuberosities of the Ischia, and as the work of raising the Trunk is greater than that of keeping it erect, it will be observed that the processes stand out more in the one position than the other. In other words, the distance of the hinder processes from the plane of motion is much greater in the stooping than in the erect position, when the Pelvis and Trunk are nearly balanced on the Thigh Bones, and the tension of the ligaments almost suffices to retain it there without muscular effort. The muscles in front which bend the Pelvis and Trunk forwards, having comparatively little work to do, are attached to parts which project but slightly, "and the most prominent of them—the Os Pubis—projects less and less in proportion as the body is more and more bent. . . . The work of causing the Pelvis to revolve upon its Axis, so as to bring the Trunk from a stooping to an erect posture, is one of the severest efforts which our muscles are called upon to make, both in consequence of the great weight to be raised, and in consequence of the length of leverage measured by the distance of the head in front of the hips in which that weight is disposed when the body is much bent. The largest, strongest, and coarsest muscles in the body—the glutæi—are assigned to the task, and they are attached to the back of the Sacrum and the hinder parts of the Ilia—that is, to the parts of the Pelvis most favourable to their action" (*a*).

On the third office of the Pelvis, the protection of the Viscera contained in its cavity, there is no occasion to expatiate.

If you have followed what has been stated already about the provisions made for the transmission of the weight of the body and protection against concussions and shocks, you will see at once that the arched form of the Pelvis, its ribs and its buttresses, its strength and its elasticity, all contribute to this end. Weak points, of course, there are in the Pelvis, as well as in every other part of the Skeleton, but the weak points of the Pelvis can only be called weak in reference to the application of unwonted violence. Our frame is so made as to withstand successfully the blows and buffets, shocks and jars which may be looked for in the ordinary course of human life and intercourse, but from the graver accidents it is not and could not conveniently be shielded.

Very considerable force is required to fracture the Pelvis; indeed, the most common causes of fractures and dislocations of the Pelvis are falls from a height, and the passage of heavy weights across it. Its weak points are the Rami of the Pubes and Ischium, and the more exposed superior part of the Iliac Ala. The Crest of the Ilium, or the anterior superior Spinous process with adjacent portions of bone, may be broken off by a kick or a crush. A lad of 15, who has been recently under my care at the hospital, was squeezed between a truck and a platform. The accident caused very severe contusion, and a separation of the anterior part of the Ala, which was broken off and bent inwards. For some time he was very ill; an abscess formed in the Abdominal Wall, and extensive sloughing occurred in the upper and outer part of the right thigh, in consequence of the severity of the contusion. Ultimately he made a good recovery, but the separated fragment united at an angle with the body of the ala, and remained permanently depressed inwards.

Similar depression resulted in the case of another patient of mine—a man of 28—who was admitted into the hospital for a fracture of the Ala of the Ilium, caused by the passage of a waggon over the right side of his body. In these cases the muscles draw the fragments out of place, and as the surgeon has no means of retaining them in proper position, displacement is the inevitable effect. Fortunately the deformity is of little consequence, either in males or females. But there are other forms of fracture of the Pelvis which may cause, either through displacement or growth of bone at the seat of fracture, an amount of contraction of its Cavity which would be of the most serious detriment to the child-bearing woman. All fractures implicating the brim cavity or outlet of the Pelvis belong to this category, and, therefore, require very careful treatment. Not long ago I had under my care a girl three years of age, who had been run over by a waggon. On examination we found that the horizontal ramus of the Pubes and the conjoined rami of the Pubes and Ischium were rather freely moveable; but there was no crepitus to indicate a fracture through osseous substance. We could not ascertain with precision the exact nature of the injury, but I was inclined to regard it as a case in which both the Pubes and the Ischium were loosened at their acetabular extremities. A considerable thickening which remained at the site of the Ilio-Pectineal eminence when the child left the hospital, certainly favoured this view.

Our Museum contains several specimens illustrating the most ordinary kinds of fracture. Gbn. 1 shows united fractures of the Pubes and Ischium, the horizontal Ramus of the Pubes having been broken just inside the Acetabulum, the descending Ramus of the Pubes below the body, and the ascending Ramus of the Ischium close to its junction with the Pubes. Gbn. 2, 3, and 4 are specimens taken from patients at the hospital who had been run over and had died in consequence of their injuries. In Gbn. 2, the Pelvis of a child, there is fracture of the Pubes just internal to the Acetabulum, and of the Ischium on the inner side of the tuberosity, together with a loosening of the left Sacro-Iliac Sychondrosis. Gbn. 3, the Pelvis of a little girl of four years, shows numerous fractures and displacements. Both Pubic Bones are broken across both the horizontal and descending Rami; the Sacrum is broken vertically through its transverse processes on the right side, and transversely at the junction of the middle and lower thirds; the Pubic bones are separated widely at the Symphysis, and both Sacro-Iliac Synchondroses are loosened, so as to gape widely in front. Gbn. 4 is the Pelvis of an adult, and it exhibits fracture of the ascending Ramus of the Ischium on both sides, an oblique fracture through the body of the left Pubes, with separation of the Acetabular end of its horizontal Ramus, and a fracture of the horizontal Ramus of the right Pubes internal to the Acetabulum. It cannot fail to be noticed that in all these specimens there is fracture of the Rami of the Pubes and Ischium, and these, with the Iliac Crest, are precisely the parts most liable to fracture.

The Acetabulum may be broken in several ways. Portions of the Rim may be broken off, causing displacement of the Head of the Femur, and difficulty in retaining it in the Cavity after reduction. The Floor of the Acetabulum may be broken, and the rest of the Innominate Bone split up into several pieces by violent impact of the Head of the Femur. Instances have been recorded by Mr. Earle (*a*) and by Sir Astley Cooper (*b*). Mr. Travers (*c*) has related two cases which he considered to be examples of fissures of the Acetabulum without further fracture and without displacement. Mr. Moore, of the Middlesex Hospital, described to the

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(*a*) "The Human Skeleton," p. 411.

(*a*) "Medico-Chirurgical Transactions," Vol. xix.

(*b*) "Surgical Essays and Treatise on Fractures and Dislocations."

(*c*) "Further Observations in Surgery."

Medico-Chirurgical Society (*a*) in 1851, a specimen of fracture through the Acetabulum, which had undergone repairs. It was taken from the body of a man who had been crushed by a heavy piece of timber several years previously, and had recovered favourably. "The Pelvis was broken into several fragments, and in such a manner that its anterior portion was completely separated from the posterior." On the right side the line of fracture ran in front of the Acetabulum through the horizontal ramus of the Pubes; on the left side the Acetabulum was broken into three fragments, corresponding almost precisely with the segments of which the bone is composed in early life. The head of the Femur had been driven through the Acetabulum, between the fragments, and lay entirely within the Pelvis. On neither side of the Pelvis had bony union occurred. Mr. Moore's paper on the subject is very interesting, and contains some remarks on the secondary effects produced by the accident, which bear out the views which we have expressed in a preceding lecture on the Mechanism of the Pelvis.

Fracture of the Acetabulum, with displacement of the Head of the Femur into the Cavity of the Pelvis, would appear not to be very rare. Hamilton regards it as more common than simple fracture of the floor of the Acetabulum, and he adduces one or two cases in addition to those recorded by Sir Astley Cooper and Mr. Moore. An additional example in which the Head of the left Femur was driven through a starred fracture in the Acetabulum, has been related by Mr. Hutchinson, amongst other illustrations of Injuries to the Pelvis (*b*).

Displacements of the Innominate Bones at the Pubic Symphysis or at the Sacro-Iliac Synchondroses, may occur from various causes. Thus, Hamilton states that "Malgaigne has collected four cases of simple separations at the Symphysis Pubis occasioned by external violence; and in three of the four cases it was occasioned by pressing out the thighs with great force, the separation being directly due, therefore, to muscular action. Two of these patients succumbed to the accidents. The same author has brought together also seventeen cases of separation of this symphysis occurring in childbirth, of which only seven survived." I have seen two cases of this lesion, but both were complicated with injury to the urinary organs. In the first case the left Sacro-Iliac Synchondrosis was loosened, and the body of the left Pubes was displaced completely from the right and depressed below it. The urethra was torn across. In the second case there was a wide gap between the ends of the Pubic Bones, and the displacement was accompanied by a ruptured bladder. The latter lesion, however, was not caused by the separation of the bones. In both these cases the symphysial fibro-cartilage remained adherent to the left Pubes, agreeably, I believe, to the general rule in this displacement. Mr. Hutchinson has recorded several interesting cases of dislocation of the Os Innominatum (*c*). In one the whole of the right bone was detached and displaced backwards and outwards, and remained firmly fixed in its new position, and the urethra was torn across. Several other cases of a similar character occurred at the London Hospital in 1864, one Innominate Bone being dislocated and the urethra ruptured. In all these cases death ensued, but cases of simple fracture or displacement uncomplicated with injury to the urinary organs and other viscera, have resulted in recovery. Thus, Mr. Hutchinson adduces the case of a German, who recovered from a separation of the left Innominate Bone at the Sacro-Iliac Synchondrosis. There was displacement backwards for half an inch, which continued permanently. Sir Astley Cooper has recorded a case of separation of the Innominate Bones at the Pubic Symphysis which terminated favourably. There was a slight separation remaining when the patient left Guy's Hospital.

The chief interest of Pelvic Fractures and Displacements, centres in their connection with injuries to the Pelvic Viscera. Efficient as is the protection which the Pelvic Bones in their natural state afford to the organs within their cavity, they often become the means when fractured or displaced of inflicting serious wounds, and especially of rupturing the Bladder or Urethra.

Hence it is that in cases of injury to the Pelvis the first enquiry which the surgeon institutes is into the condition of the urinary organs, and his first act is to pass a catheter, which gives him the information he requires. If either the Bladder or the Urethra be ruptured, prompt measures alone can afford a patient the remotest chance of recovery. It is a poor prospect when urine is extravasated into the adjacent tissues—a poorer still when it is allowed to remain in its abnormal situation. The only hope of escape is immediate evacuation of the aberrant fluid, for wherever urine is poured out violent inflammation is lighted up, rapid destruction of tissue is produced, grave constitutional disturbance follows, and death almost inevitably is the early issue.

(*a*) See "Medico-Chirurgical Transactions." Vol. xxxiv., p. 108.

(*b*) "Rare Forms of Fracture and Dislocations," *Med. Times and Gazette.* 1866.

(*c*) *Loc. cit.*

BRITISH ASSOCIATION
FOR THE
ADVANCEMENT OF SCIENCE.

SECTION D.—BIOLOGY.

DEPARTMENT OF ANATOMY AND PHYSIOLOGY.

The Localisation of the Functions in the Brain, by Professor Ferrier.

All are agreed that it is with the brain that we feel, and think and will, but whether there are certain parts of the brain devoted to particular manifestations is a subject on which we have only imperfect speculations or data too insufficient for the formation of a scientific opinion. The general view is that the brain as a whole subserves mental operations, and that there are no parts specially devoted to any particular functions. This has been recently expressed by so high an authority as Professor Séquard. The idea rests chiefly on the numerous facts of disease with which we are acquainted. There are cases where extensive tracts of brain are destroyed by disease, or removed after a fracture, apparently with no result as regards the mind of the individual. Along with these facts we have others which are very curious, and which hardly seem to agree with this doctrine. One of these is that when a certain part of the brain is diseased, in aphasia, the individual is unable to express himself in words. Other curious phenomena have been well described by Dr. Hughlings Jackson, viz., that certain tumours or pathological lesions in particular parts of the brain give rise, by the irritation which they keep up, to epileptiform convulsions of the whole of one side, or of the arm or leg, or the muscles of the face; and from studying the way in which these convulsions show themselves he was able to localise very accurately the seat of the lesion.

The great difficulty in the study of the function of the brain has been in the want of a proper method. When we study the function of a nerve, we make our experiments in two ways. In the first place, we irritate the nerve by scratching or by electricity, or by chemical action, and observe the effect; and in the second place, we cut the nerve, and observe what is lost. In regard to the brain and nervous system, the method has been almost entirely, until recently, the method of section. It has been stated by physiologists that it is impossible to excite the brain into action by any stimulus that may be applied to it, even that of an electric current; they have, therefore, adopted the method of destroying parts of the brain. This method is liable to many fallacies. The brain is such a complex organ that to destroy one part is necessarily to destroy many other parts, and the phenomena are so complex that one cannot attribute their loss to the failure only of the parts which the physiologists have attempted to destroy.

About three years ago, two German physiologists, Fritsch and Hitzig, by passing galvanic currents through parts of the brains of dogs, obtained various movements of the limbs, such as adduction, flexion, and extension. They thus discovered an important method of research, but they did not pursue their experiments to the extent they might have done, and perhaps did not exactly appreciate the significance of the facts at which they had arrived.

I was led to the experiments which I shall have to explain by the effects of epilepsy and of chorea, which have been explained to depend upon irritation of parts of the brain. I endeavoured to imitate the effects of disease on the lower animals, and determined to adopt the plan of stimulating the parts of the brain by electricity, after the manner described by Fritsch and Hitzig.

I operated on nearly a hundred animals of all classes—fish, frogs, fowls, pigeons, rats, guinea pigs, rabbits, cats, dogs, jackalls, and monkeys. The plan was to remove the skull, and keep the animal in a state of comparative insensibility by chloroform. So little was the operation felt that I have known a monkey, with one side of the skull removed, awake out of the state induced by the chloroform, and proceed to catch fleas or eat bread and butter. When the animal was exhausted I sometimes gave it a little refreshment, which it took in the midst of the experiments.

First, as to the experiments on cats, I found that on applying the electrode to a portion of the superior external convolution the animal lifted its shoulder and paw (on the opposite side to that stimulated) as if about to walk forward; stimulating other parts of the same convolution, it brought the paw suddenly back, or put out its foot as if to grasp something, or brought forward its hind leg as if about to walk, or held back its head as if astonished, or turned it on one side as if looking at something, according to the particular part stimulated. The actions produced by stimulating the various parts of the middle external convolution were a drawing up of the side of the face, a backward movement of the whiskers, a turning of the head, and a contraction of the pupil respectively. A similar treatment of the lower external convolution produced certain movements of the angles of the mouth; the animal opened the mouth widely, moved its tongue, and uttered loud cries, or mewed in a lively way, sometimes starting up and lashing its tail as if in a furious rage. The stimulation of one part of this convolution caused the animal to screw up its nostrils on the same side; and, curiously enough, it is that part which gives off a nerve to the nostril of the same side.

Results much of the same character were produced by the stimulation of the corresponding or homologous parts of the rat, the rabbit, and the monkey. Acting upon the anterior part of the ascending frontal convolution the monkey was made to put forward its hand as if about to grasp. Stimulation of other portions acted upon the biceps, and produced a flexing of the fore-arm, or upon the zygomatic muscles. The part that appeared to be connected with the opening of the mouth and the movement of the tongue was homologous with the part affected in man in cases of aphasia. Stimulation of the middle temporo-sphenoidal convolution produced no results; but the lower temporo-sphenoidal, when acted upon, caused the monkey to shut its nostrils. No result was obtained in connection with the occipital lobes.

These experiments have an important bearing upon the diagnosis in certain kinds of cerebral disease, and the exact localisation of the parts affected. I was able to produce epileptic convulsions of all kinds in the animals experimented upon, as well as phenomena resembling those of chorea or St. Vitus's dance. The experiments are also important anatomically, as indicating points of great significance in reference to the homology of the brain in lower animals and in man, and likewise served to explain some curious forms of expression common to man and the lower animals. The common tendency, when any strong exertion is made with the right hand, to retract the angle of the mouth and open the mouth on the same side, had been stated by Oken, in his *Natur-geschichte*, to be due to the homology between the upper limbs and the upper jaw; the true explanation being that the movements of the fist and of the mouth are in such close relation to each other that when one is made to act powerfully the impression diffuses itself to the neighbouring part of the brain and the two act together.

The experiments have likewise a physiological significance. There is reason to believe that when the different parts of the brain are stimulated, ideas are excited in the animals experimented upon, but it is difficult to say what the ideas are. There is, no doubt, a close relation between certain muscular movements and certain ideas which may prove capable of explanation. This is supported by the phenomena of epileptic insanity. The most important guide on the psychological aspect of the question is the disease known as aphasia. The part of the brain which is the seat of the memory of words is that which governs the movements of the mouth and the tongue. In aphasia the disease is generally on the left side of the brain, in the posterior part of the inferior frontal convolution, and it is generally associated with paralysis of the right hand, and the reason might be supposed to be that the part of the brain affected is nearly related to the part governing the movements of the right hand.

It is essential to remember that the movements of the mouth are governed bi-laterally from each hemisphere. The brain is symmetrical, and I hold it to be a mistake to suppose that the faculty of speech is localised on the left side of the brain. The reason why an individual loses his speech when the left side of the brain is diseased is simply this. Most persons are right-handed, and therefore left-brained, the left side of the brain governing the right side of the body. Men naturally seize a thing with the right hand, they naturally therefore use rather the left side of the brain than the right, and when there is disease there, the individual feels like one who has suddenly lost the use of his right arm.

I may, finally, briefly allude to the results stimulating the different ganglia. Stimulation of the corpora striata causes the limbs to be flexed; the optic thalami produce no result: the corpora quadrigemina produce, when the anterior tubercles are acted upon, an intense dilatation of the pupil, and a tendency to draw back the head and extend the limbs as in opisthotonos; while the stimulation of the posterior tubercles leads to the production of all kinds of noises. By stimulating the cerebellum various movements of the eye-balls are produced.

In the discussion which ensued Dr. Geo. Harley alluded to the effect of mental emotion on the bodily functions, and the possibility of producing disease by simply acting on the nervous system. Referring to phrenology, he said it was one thing to localise function in the interior of the brain, and quite another to specify functions by manipulating the external cranium; and he quoted a saying of Flourens with reference to phrenology: "Les hommes qui la pratiquent sont des charlatans, et les hommes qui la croient sont des imbeciles."

Dr. Carpenter remarked that the great work of the brain is done in the cortical substance, and in Dr. Ferrier's experiments the first effect of the stimulus is upon that particular substance producing an intensification of the circulation through it; being in that respect different from the ordinary stimulation of a nerve which acts upon the fibrous substance of the medullary matter of the brain. He had long since expressed his disbelief in phrenology, which maintained that the animal functions were placed at the back of the head, and the intellectual at the front. Dr. Ferrier's experiments tended to show that the real seat of the intellectual functions was in the posterior part of the brain.

Dr. Brunton, however, alluded to the faculty of will and of self-restraint as distinguishing man from the lower animals, and said that this was probably situated in the *anterior* part of the brain. It was noticeable that criminals, who were deficient in that faculty, possessed only a small portion of brain in front of the head.

Prof. Burdon-Sanderson said that the stimulus in Dr. Ferrier's experiments was, contrary to Dr. Carpenter's supposition, exactly like the ordinary excitation of a nerve, and that the effect was produced in an extremely short space of time.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 15, 1873.

OFFICIAL REPORT OF THE HOSPITAL SUNDAY FUND.

THE Report of the Committee of Distribution of the Hospital Sunday Fund is at length issued, and although it contains little more than we are already acquainted with, it demands a word or two by way of comment, and from the circumstance that notice is given of a public meeting on Wednesday the 22nd inst., at the Mansion House, for the purpose of making preliminary arrangements for the ensuing year, electing a Committee of Distribution, &c.

The Report deals with the principles on which the fund was distributed, and gives the names of the several ministers who took part in the movement, and the sum collected in each church and chapel throughout the metropolitan district. The amount collected, £27,700 8s. 1d., was certainly larger than was generally expected by the promoters of a Hospital Sunday, in view of the fact that large numbers of the clergy had already made their arrangements for the year, and that very many altogether refused to co-operate,—were, in fact, wavering between the belief that it might injure their local charities, or meet with a cold response from congregations already overtaxed in the way of charities. By this time all doubts on this score are fairly removed, for the public cordially endorsed the movement, and determined henceforth that Hospital Sunday should take a permanent place among the religious observances of the year—become, in short, a red-letter day.

The Report very properly closes with an acknowledgment of the services rendered by the Lord Mayor, Sir Sidney Waterlow, to whose energy, zeal, and untiring attention a successful issue is in a great measure due. We must confess to a feeling of disappointment in finding no mention made of the valuable services rendered by the secretaries, especially the acting secretary, Mr. Ramsay, who in the first instance, supported by a handful of earnest men, worked almost day and night to secure what other workers had failed to secure, a metropolitan acceptance of Hospital Sunday. We expected also that the Distribution Committee would offer a satisfactory explanation of the grounds upon which the awards to the several charities were settled. Indeed, the Lord Mayor promised to furnish excellent reasons for handing over eleven-twelfths of the Fund, £24,571 13s. 4d., to the fifty-four hospitals, while the remaining twelfth, £2,184 18s. 4d., was thought to be a sufficient sum for the fifty-three dispensaries and other medical charities. Particular mention should likewise have been made of those institutions whose accounts were not only carefully kept and intelligibly placed before the committee, but so well husbanded as to show a balance on the right side, and consequently, in the opinion of the Committee, did not require assistance from the Fund on this occasion.

The views held by the Committee with regard to the value of dispensary work are, to a certain extent, erroneous. It is a pity some one among the body had not taken trouble to make himself better acquainted with the working of these institutions. It appears to be unknown to the Committee that hospitals are outgrowths of dispensaries, and that the latter perform a somewhat different but still a very important service to the public and the poor. The dispensary retains the exclusive services of a Resident Medical Officer for the purpose of visiting and attending the poor people unable to leave a sick bed—poor women in child-birth, and so forth,—and thus it confers an incalculable amount of benefit upon a large class of sufferers, while it is found to assist and promote parochial work in a variety of ways. Young Medical men undertake the hard work of such institutions for a very small amount of remuneration to get a footing and a start in life; and while in this way they are gaining experience, they share responsibility with a senior and well-established member of the Profession, whose services are nearly always gratuitously performed. With regard to the matter of payment to a public officer, we believe the time is not far distant when both dispensary and hospital Medical officers will no longer be expected to devote themselves to the public service without remuneration for labour and time expended. Whether it will be possible to convert our local dispensaries into "Provident and self-supporting Institutions," we are scarcely prepared to say; it will certainly not be brought about to the satisfaction of the Profession in the way proposed, not many months since, by a Committee formed for the purpose of reforming hospital abuses. The Hospital Sunday Fund Committee might, however, fairly claim to direct the contributions of the benevolent into a proper channel, and take care to see as little as possible finds its way to support sham dispensaries and hospitals, started and kept open for the benefit of executive officers, and not of the poor.

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PROFESSIONAL RELATIONS IN COURTS OF LAW.

It may be remembered that in a recent case at the Tralee Assizes, a patient sued Dr. Alton, late surgeon to the County Infirmary, for having, as alleged, failed to discover and reduce a dislocation of the shoulder, and after the hearing of voluminous evidence, it was concluded that the dislocation was caused by the manipulations of a bone-setter after the man had been with Dr. Alton, and consequently a verdict for the defendant was returned.

We, in discussing that case, one of extreme interest to all public Medical officers, felt it to be necessary to refer in severe terms to the position taken up by Drs. Crumpe and Lawlor, who appeared in the box as witnesses against Dr. Alton. Dr. Crumpe, the report informed us, was the first person to advise the patient to have recourse to law, actually carried the case about to five attornies, and when none of them would speculate upon it, agreed *himself* to pay the costs of prosecuting Dr. Alton. Dr. Lawlor, it appeared, on the request of Dr. Crumpe, gave a written guarantee that if the prosecution against Dr. Alton failed he would not charge the usual fee for evidence, but he subsequently withdrew that guarantee, appearing, nevertheless, as a witness for the prosecution.

In view of these facts we expressed our earnest censure at the proceedings of Drs. Crumpe and Lawlor in the following observations:—

"If it be the opinion of the Profession that it is a scandalous breach of propriety for a surgeon to advise evidence in an action against a professional brother, even under the influence of a subpœna and a retainer—and we believe the Profession is of one accord in this feeling—how shall the conduct of Medical men be characterised who not only urge upon the patient a recourse to law, but enter—heart and pocket—into the *rôle* of secret prosecutors? In our opinion, it has become the duty of the Profession to nip such proceedings in the bud, lest the day may come when we shall see a surgeon touting for opportunity for a legal onslaught upon his rival in practice and taking his seat beside the plaintiff's attorney at the trial.

"We cannot admit that Dr. Crumpe's age or eccentricities are any palliation of such conduct, and we trust we shall never again have the distressing occasion for a censure such as we have now been obliged to pass in this case."

Dr. Lawlor, conceiving that we have done him an injustice, has forwarded to us the following correspondence, which, in justice to him, we have satisfaction in publishing :—

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In the number of your paper of the 20th of August, you have in my opinion introduced my name in a most unwarrantable manner with reference to the case of Hayes *v.* Alton ; and this, it appears, you have done on very inadequate information, because, as I have reason to know, correct reports of the proceeding were actually suppressed, with what object and by whom it is needless to speculate. It is true I wrote the guarantee to which you refer, at the request of Dr. Crumpe, to the effect that if the case were tried in Dublin, I would not require the usual large fee paid to a medical man obliged to leave his home for the metropolis for an indefinite period ; but immediately on learning what might be the effect of this paper, and what use made of it, I instructed my solicitor to insist on its restoration, and to that circumstance I attribute the fact that the action was tried at home, and not in Dublin, and the consequent saving of money to the defendant. I took no part in the proceeding directly or indirectly, as appears by the letters of Mr. Neligan, the solicitor for the plaintiff, and of Messrs. Cronin Coltsman and Rae—the former the foreman, the latter a member of the jury who tried the case—giving the opinion of the learned Judge (Morris) who tried it, on my conduct, as well as the notes of the editor and reporter of the local paper, giving extracts from my evidence and the Judge's charge. You will excuse my saying these statements are more valuable to me than the editor's remark based on very wrong grounds.

Your obedient servant,
W. H. LAWLOR, M.D.

Glenflesk Castle,
August 30th, 1873.

DEAR SIR,—I am in receipt of your letter of yesterday's date. The jury of which I acted as foreman undoubtedly viewed with much regret the bringing of such a case into court.

I have no exact recollection of the actual words used by the Judge when commenting on your evidence, but I have no hesitation in stating he used no language calculated to throw the slightest disparagement upon your professional character.

I am, yours truly,
DANIEL CRONIN COLTSMAN.

Imperial Fire and Life Insurance Company.
Offices : Denny Street, Tralee,
September 25th, 1873.

DEAR SIR,—In reply to your letter I beg to say that I have read with great surprise an article in the MEDICAL PRESS of August 20th, 1873, on a mutilated report of the case of Hayes *v.* Alton, in one of our local papers, speaking of your evidence as "one of the Medical advisers of the prosecution."

As the solicitor for the plaintiff, I may be presumed to know something connected with that suit, and am in a position to give an unqualified contradiction to that statement. I frequently referred to you about it, and was invariably refused any information or access to the registers of the County Infirmary, and in consequence felt compelled on the part of the plaintiff to have you served with the necessary subpœna to produce them in court. Absence from home has prevented me from replying sooner.

Very truly yours,
W. THOS. NELIGAN.

W. Lawlor, Esq., M.D.,
Day Place.

Sept. 24th, 1873.

From the proprietor of the "Kerry Evening Post," Tralee, to Wm. H. Lawlor, Esq., M.D., Day Place.

In compliance with your request, I have referred to my notes of the case of Hayes *v.* Alton at the July Assizes, and find that you stated to Mr. O'Brien on your cross-examination "that you had no connection with the institution of the prosecution, and that your communications with the plaintiff on two occasions were purely professional." For that part of the Judge's observations on your evidence, he said "it was quite evident you had been trapped into signing the guarantee, and that you got out of it in a straightforward and gentlemanly manner." I would have given the charge at greater length, but the available space would not permit of it.

Truly yours,
ALEXR. RAYMOND, Ed. *K. E. Post.*

Keel, 5th Sept., 1873.

MY DEAR SIR,—I cannot at present bring to my recollection the exact words made use of by Judge Morris in his charge in the case of Hayes *v.* Alton, but he most distinctly stated that no censure whatsoever could attach to you for the part you acted, and that you gave your evidence in a most straightforward, gentlemanly manner.

Very faithfully yours,
EDWARD RAE.

We are not materially concerned for the entire accuracy of the report which we copied from the local paper. As regards Dr. Crumpe, the transaction hardly admits of being made better or worse by any phraseology in which it could have been narrated. As regards Dr. Lawlor, he is entitled to the credit of having retraced—as far as was possible—a false step, and thus manifested his consciousness that the position which he at first shared with Dr. Crumpe could not be occupied by any honourable man.

That Dr. Lawlor should originally have entered into such a compact is, however, evidence of a hostile feeling towards a member of his own profession, which feeling we cannot hesitate still to condemn. Why should Dr. Lawlor volunteer cheap evidence for the prosecution ? As we have remarked on a former occasion, it does not appear to us that professional etiquette calls upon any man to refuse his evidence no matter by whom it may be required, but there can certainly be no reason, either in duty or good feeling, why a medical man should accept, in case the attack on his professional brother were defeated, a less fee than he would consider himself entitled to in the event of a successful prosecution.

We are sorry that a consideration of the foregoing correspondence does not induce us to withdraw the expression of our regret and dissatisfaction at the course adopted by Drs. Crumpe and Lawlor, and we hope that the publicity and the discussion which the circumstances have evoked will have the effect of checking the discreditable readiness shown recently by some medical men to appear publicly as partisan witnesses against members of their own profession.

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Notes on Current Topics.

Alcohol.

THE ever-recurring subject of alcohol as a remedy has lately been several times referred to in our columns. Since the last contributions mentioned on the subject Dr. John Harley has expressed himself as follows in his lecture on the 1st inst. :—

"In our day alcohol has driven a number of remedies whose curative powers have been proved by the experience of ages, almost wholly out of the field. If a young girl show the delicacy which is not uncommon at a critical age, give her wine—she is weak, pale, and flabby—by all means let her have wine. Perhaps she suffers from neuralgia ; if so give her more wine. Does her mother experience the nervous disorder which accompanies a later critical period of life, wine is greatly needed ; she cannot eat, let her have a little brandy too ; she sleeps badly, a little hot spirit and water will amend this. The disease is, perhaps, an acute one—fever, it may be, or inflammation of the lung; brandy is the remedy, 'it supplies the place of food, and lowers the temperature;' give the patient a tablespoonful of brandy every hour. If the fever run high, double the dose; if there be much prostration, pour in brandy *ad libitum;* if the patient survive, a good allowance of wine or brandy will greatly accelerate the convalescence.

"Such was the general prescription of a late physician of eminence, so simple, so apt to the taste, such a refinement on filthy physic! No wonder the patient liked it and hardly knew how or when to do without it. This abuse of alcohol was unfortunately advocated at a time when the study of therapeutics, after long neglect, had reached its lowest degradation, and when both patients and doctors were growing tired of pouring in physic according to routine, and when, sad to say, the rising generation of medical men, set free from the bondage of an apprenticeship, were unarmed with the safeguards which this would have given them. No wonder, therefore, that numbers of men were innocently led to adopt so elegant and plausible a mode of treatment. It is just to add that experienced men denounced this practice as useless, while they recognised its demoralising tendency. At the end of fourteen years from the introduction of this promiscuous practice, the Profession, in view of the wide-spread evils resulting from it, united its voice in one general warning and condemnation. See here one of the evils which have resulted from the neglect of scientific therapeutics, and the neglect of another matter, for which the medical man is equally responsible, the intellectual welfare of his patients."

Study of Therapeutics.

It was not to be expected that the progress of therapeutics would be lost sight of by our introductory lecturers, and we notice that it was pointedly referred to by more than one. At the London Hospital credit was claimed for advances made, but as we published that lecture last week *in extenso,* it is needless to refer to it further. Let us, however, consider the other side of the question—The slowness of our advances, and the little we positively know on the subject. This was prominently put forward at St. Thomas's Hospital, where Dr. John Harley asserted that scientific therapeutics is as yet in its earliest infancy, and then added:—

"There are not half a dozen drugs in the whole Materia Medica of which we can say we know their precise mode of action. The gross results—that opium, for example, causes sleep—are obvious; but by what association of obscure actions the effect is produced, we know not. Of the rest, we have yet to trace these subtle actions, and study the effects of doses ranging from the lowest to the highest; to know why one medicine excites a particular function and how another depresses it; to ascertain the variations in the effects of a given drug which are due to constitutional peculiarity or idiosyncrasy; and in the case of the more active ones, to find out the exact spot where they adjust the noose for the destruction of life. In the solution of these questions, we shall have to trace the drug itself through the system, to ascertain whether it undergoes decomposition, or alteration, or remains unchanged, and in the last two cases to find out by what gland or glands it is removed from the body. Another question of the gravest importance is how far medicines are antagonistic to each other during their action in the body. It is one which immediately requires the most careful and patient investigation, for life has been already sacrificed to erroneous dogmas, founded upon the most superficial observation, and thus the efforts of medicine have been unhappily reversed.

"To an uninformed observer it will appear that medical literature abounds in therapeutical enquiry, but it is not too much to say that these observations are in the main not only worthless, but pernicious. To a logical mind they assume everything and prove nothing, but that their authors are ignorant of the principles of science and the process of reasoning.

"The action of medicines is a study too recondite for most observers, and unfortunately too laborious for others. The result is, that the majority of medical men, while they acknowledge a profound respect for the subject, at the same time display an almost complete indifference to it. They are content to follow the beaten track, reluctantly adopting once or twice in their course some new remedy, which science or more potent fashion has obtruded on their notice. Other medical men are tired of the beaten track, and as they lack time and opportunity for original study, they use no medicine save a few simples, as placebos; and their prescriptions may be taken as a very adequate acknowledgment of their ignorance of therapeutics. A few equally ignorant, but more adventurous, will ride a single remedy roughshod over every kind and phase of disease."

The same lecturer, in continuation of this subject, drew attention to the effects of different doses of the same drug, and considering how little this subject is generally insisted on, we cannot do better than cite his observations:

"Let me ask you to make yourselves familiar with the weapons which you will hereafter be called upon to use. Under the present imperfect *régime* you will have little or no opportunity of employing them yourselves, but you will have the advantage of watching those who do. If you trust to a posological table you will hereafter find yourselves helpless. It is one thing to possess a weapon and another to use it successfully. The use of drugs is to make a decided impression on the disease. An extending force of a pound weight will never reduce a dislocation; to effect this we must proportion the weight to the force of muscular contraction which retains the bone in the wrong place; so in like manner ordinary doses of quinine, however long continued, will never cure an ague; whereas a dose which will induce the peculiar effects of quinine will cure it at once. What is true of quinine in ague is true of other medicines in other diseases; to recognise and apply this truth, and to learn when and how far you may induce the specific effects of powerful remedies, requires most attentive study. Nature is most lavish in providing remedies of the most varied properties; with the few whose properties we have investigated we can rouse most of the functions of the body into a state of great activity, or depress them; we can surely induce convulsion and paralysis; we can double the pulsations of the heart, or halve them at will; we can interrupt the amount of pure thought, induce sleep or prevent it; we may shorten the focus of vision or extend it. One drug deprives the body of voluntary motion without affecting either the senses or intellect; another quenches the intellect, and at the same time paralyses movement and sensation."

Report on Diseases of the Nervous System.

In the transactions of the Minnesota State Medical Society, 1873, there is a report by Dr. Bartlett, of St. Peter, chairman of a committee on nervous diseases, who, after sending to the physicians of the State a circular containing five questions, presents his summing up of their replies. The questions were:—

1st. What have been the prevailing forms of nervous disease in your practice?

2nd. Have these diseases differed in any manner from the same forms as experienced in other States?

3rd. Have you seen any cases of chorea? What treatment has been most successful?

4th. Has neuralgia about the face and head been a frequent complaint? and more especially among women; What treatment has been most successful?

5th. Have you seen many cases of insanity? What, in your opinion, has been the most prominent cause?

A large number of replies were received, and carefully scrutinised by Dr. Bartlett, who, in his report, gives the following epitome of the answers :—

1st. Neuralgia, in various forms, that may be *distinguished* by external, or surface pain, or pain along the nerve track and its branches, is the most common disease of the nervous system. If we speak of the diseases of the nervous system in its *broadest sense*, we may include almost the whole catalogue of diseases on record, as all diseases affect the nervous centres, more or less, whatever their cause or origin, and manifest themselves by reason of that system ; but, for present purposes, we limit our report to such diseases as we suspect exist primarily in the *brain* and *spinal cord*, with their *coverings* and *connections*. Notwithstanding the earnest efforts of modern pathologists to solve the mysteries of these nervous complaints, it must still be confessed that they are yet involved, to a considerable extent, in obscurity, and that the treatment is largely *experimental* rather than *philosophical*. Nevertheless, progress has been made in consequence of these researches, and much suffering is now relieved by direct and simple methods of treatment. The treatment for this form of disease, viz., neuralgia, as given in these replies, is uniform, and the success generally reported as satisfactory.

2nd. In answer to our second inquiry, we learn that these diseases do not differ essentially from the same forms met with in other States of a northern climate.

3rd. In answer to our third, that chorea, although occasional, cannot be considered as *frequent* in Minnesota.

4th. In answer to our fourth question, it is stated by all, except one or two, that the most frequent seat of neuralgic pains is about the head and face, and that women suffer more in this respect than men, though the latter are by no means exempt. No cause has been assigned for this, except in one instance, where decayed teeth were suspected. One fact concerning this climate in connection with the frequent form and seat of neuralgic pain, has not been mentioned by any respondent, but it has seemed to me of considerable importance. I allude to the prevailing strong and cold winds, which none can fail to notice as a constant cause of irritation to animal nervous systems.

It may be said, if this be so, then *men* should suffer more generally than *women*, as they are necessarily more exposed to this cause. But it may be stated, in reply, that men are better protected, both by nature and artificial means, from this exposure, and that women are frequently tempted, by short errands, to indulge in exposure in the open air directly from heated rooms, without any covering to the head, and that the face and the forehead at the best, when supposed to be dressed for out-door exercise, are not allowed any covering by modern fashion. When it is *possible* for women to grow beards, or encase their heads and faces in *homely* fur-lined hoods, at every out-door exposure during cold weather, then *possibly* and even *probably*, they will be able to bear *this climate*, or *any climate* of ice-cold winds equally as well as men.

In respect to the fifth and last question of the circular, in regard to "Insanity in this State and its Causes," only observations of a few cases have been reported, and not enough to classify causes to any extent. As my own experience here has been confined almost exclusively to cases of this description, I will briefly state, in conclusion, some of the leading facts concerning the subject, in Minnesota at the present time.

5th. It is thought by many, who have not investigated the subject particularly, that insanity is *unusually* prevalent in our State ; but the facts, so far as my observations extend, do not sustain that supposition. To the best of my knowledge, we have not more than five hundred insane persons in the State at the present time, which gives us one and a fraction to every one thousand inhabitants ; while one to four or five hundred is the average in the older States, and where statistics have been carefully made. It is true that the number is increasing, but not, probably, out of proportion to the increase of the population. A *new State* should not, *theoretically*, have so many insane as one where chronic cases have been accumulating for several generations ; and *practically*, I think, this is generally true ; California may form an exception, as the number of insane in that comparatively young State is enormous ; but the frequent and bitter disappointments, "the hopes deferred," of the seekers of sudden wealth, in connection with the exciting life led by all, both fortunate and unfortunate, may account, in some measure, for the fearful waste of mental power and integrity witnessed there.

The climate of this State, having an extensive reputation as one favourable for persons afflicted or threatened with lung diseases, tuberculosis or otherwise, has attracted hither invalids with these difficulties, in large numbers, and we should naturally expect to find "ill health" arising from tuberculous disease, inherited or developed previous to a residence here, conspicuous among the causes of insanity ; but the facts, so far as the histories of patients admitted to the State hospital for the insane inform us, do not accord with this expectation. "Ill health" is frequently assigned as a cause, but it has generally followed some acute disease, such as typhoid fever, or physical exhaustion from causes depressing to the vital forces, hard work, poor and insufficient food, uncomfortable homes, domestic troubles, conditions following the puerperal state, pecuniary anxiety, and nostalgia. The latter, obscured by other and prominent symptoms, is not assigned as a *primary* cause so often as close investigation would undoubtedly demonstrate it to be ; the social relations holding a controlling influence on the feelings and habits of life, and the rupture of these ties by a large number of the present population of our State, must result in a severe strain on the mental forces, and especially as many of those called to endure these changes and trials have few resources within themselves, and not much of that strength that springs from a thorough cultivation of the intellectual and moral powers of the mind.

Intemperance, though a prolific source of evil of every kind and grade to those who indulge in strong drinks, and to their descendants, does not appear more fully represented by its victims, mentally disturbed, in this State than elsewhere ; and "the excessive use of tobacco" is not more frequently noted as a cause of insanity *here* than in the East, where it does not appear so constantly and so universally consumed by men as in the western States. Solitary vice, either as a cause or consequence of insanity, is, apparently, more general here than in the eastern States. Two reasons may be given for this : the difference in the number of the sexes, the males being in the excess, and the stimulating character of the climate on the passions and temperaments of men.

A comparison of the causes of death, among the insane, between this State and one of the eastern hospitals is interesting in relation to the frequency of phthisis in the two portions of our country. Of the 92 deaths that have occurred among the inmates of the State hospital since its opening, only 8 are reported as caused by phthisis: and one of this number came from Massachusetts in the last stage of the disease, became maniacal, was admitted to the hospital, and died soon after. This small number of deaths seems more remarkable when we consider the large number of invalids seeking homes in this State, on account of their pulmonary difficulties. Leaving out of our calculation the one alluded to, we have only 7 in 92, or 1 to 13; or, rejecting fractions, about 7 per cent.; while in the eastern hospital mentioned, where the record was mostly kept by my own hand and the statistics would naturally follow the same rule as to accuracy, of 359 deaths, 127 were attributed to phthisis, or more than 1 to 3, or, in other words, more than 30 per cent. of all the deaths; and this rule holds true of other institutions of the eastern States and of the Canadas. While these wide differences exist as to this disease, the numbers reported as dying of marasmas, a gradual decay of both body and mind, are almost the same in both places, and, in regard to other prominent causes of death, there is no particular distinction.

Application of Galvano-Cautery.

M. Trelat employs the galvano-caustic in the cure of erectile tumours, either by the introduction of stylets or by ablation. A child with one of these tumours on the head, was cured by the introduction of the galvano-cautery stylet six times; and one on the shoulder, which was larger, was removed by the galvano-cautery blade. Before operating, it is desirable to cause the tumour as far as possible to assume the pedunculated form, by transfixing with pins, and using a twisted suture.

M. Trélat also removed lately a fibrous tumour from the pharynx by the galvano-caustic blade. Several other cases have been recorded of the use of this method, including operations on varicocele, on the face, vegetations of the vulva, &c.

The Age of Eggs.

To assist our dyspeptic readers we quote the following French wrinkle, to ascertain the age and consequent freshness of an egg:—Dissolve 120 grammes of common salt in a litre of water. If the egg is one day old it will sink to the bottom; if it was laid the day before, it will not reach the bottom; if three days old it floats; and if more than five it comes to the surface, and the shell projects more and more according to the staleness.

Vivisection in America.

The *Philadelphia Medical Times* reports the following remarks from an American journal called *To-Day:*—

"Of all the chapters in the history of my profession, no other makes one breathe quick, and the cold sweat start, like that of vivisection. Perhaps my young readers may not know what vivisection means. The dissection of an animal while alive for the purpose of making physiological investigations. With cutting, and burning with fire and acids, with starvation and thirst, it is possible to make the sufferings of a dog, for example, during his week or month in the physiologist's laboratory, something which the imagination would find it difficult to grasp. Then consider the number of dogs and other animals which physiologists have tortured to death under pretence of scientific investigations. That eminent physiologist, but indecent savage, Spallanzani, lived for many years in the midst of a hell of cries, yells, groans, shrieks, and moans, proceeding from thousands upon thousands of animals undergoing his experiments. I ask my Medical brethren, what advantage to science came of it all? I have been a student of physiological researches and discoveries, and I affirm that of the myriads of helpless creatures that have been tortured in this way, not one in a million has made the least contribution to science. A great intellectual genius, like one of the Bells, or, perhaps, Brown-Séquard, reports an experiment upon some animal, with his deductions. Forthwith an army of brainless imitators get their dogs and begin. Of course there is not the least probability of any good coming of it all, but it has a scientific appearance. The poor helpless creatures meantime, all day and all night, suffer on, while the would-be physiologist makes notes, which in due time he will inflict upon some Medical society, and, though nobody will get a single valuable suggestion, a few of the more brainless of the members will fancy that Dr. —— is, somehow, a scientific investigator, while the investigator himself rests his weighty head on his hand and sighs to think that he is one of the great physiological explorers. Hundreds of thousands of Medical men have practised vivisection. Not half a score of them have contributed an idea to physiology. The boys in Harvard Medical College get the fever of vivisection every winter. They read in the journals that some German physiologist has tried this or that experiment upon a rabbit or a dog, perhaps an experiment which makes one's heart stop to read about, and these youngsters set about starting their inquisition. About two months ago, one of the young men from Harvard told me of some experiments the vivisectionist of the class had been making; and I honestly declare that I cannot recall that description without a shudder, even at this distance. I trust they will try next winter the law against cruelty on those Harvard vivisectionists.

"Go and ask the eminent physiologists among the professors in Harvard, and they will tell you exactly what I tell you of the usefulness of vivisection.

"Among the Romans, a gladiatorial show in which some horrible thing did not occur was regarded as a tame fizzle. The savage is ecstatic only when the tortures of his hapless victim are fiendish. Down in the animal nature of many a civiliser there is not a little of this passion for the horrible. It is this which gives zest to vivisections."

Freckles.

The *Druggists' Circular* says that powdered nitre, moistened with water, applied to the face night and morning, will soon remove all traces of freckles.

A Mutual Presentation Portrait Club.

We must confess to a feeling of surprise at the appearance, morning after morning, and on the most conspicuous part of the *Times* newspaper, of a long advertisement which to our mind has appeared often enough to become a nuisance and offence against all propriety. A self-constituted committee, apparently forgetful of what is due to an eminent member of our Profession, has taken upon itself to flout his name and merits before the public in a manner that must be as distasteful to him as it is annoying to those who feel that a mark of respect might be paid to a member of the Profession without anything like the petty fuss and bother of those who seem to be as much bent upon self-glorification as upon having a portrait of Sir Wm. Fergusson.

Not long ago the Council of the Royal College of Surgeons passed a resolution condemnatory of professional advertising, but this it would appear may be entirely ignored or no longer becomes an offence against good manners when Members of Council are concerned. We notice on this occasion an array of President, Vice-President, and others, touting to obtain the wherewithal to secure a portrait to grace the Council Chamber. The portrait mania of the day naturally suggests the happy idea of a "Mutual Presentation Portrait and Testimonial Society." It scarcely admits of a doubt that there will be found merit enough among a certain portion of the Profession to maintain a flourishing society, furnish a constant succession of *Times*' advertisements, and work enough to keep "our own special artist" in constant employment. By establishing a society of the kind, virtue would find its own reward without the elaborate machinery of a committee determined to do itself to death; at all events, merit would be acknowledged in a more lasting form than that conveyed in "the vulgar guinea stamp." There can be no denying that the Medical world would have been a witness of its own virtue rewarded long ago in this respect, but for the deep-rooted prejudices of some of its members who, though eminently meritorious themselves, are as bitterly opposed to "hanging committees" and yards of canvass as to a general recognition of merit in the broadsheets of the *Times* newspaper. However, the idea of a "Mutual Presentation Portrait and Plate Society" is by no means new. It was long since conceived by a few estimable members of the Profession whose chief merit, while possessing many characteristic virtues, is summed up in the one simple word *modesty*. Nevertheless, having been called upon to subscribe for portraits or testimonials upon at least half-a-dozen occasions in rapid succession, it not unnaturally occurred to them—sharpened as their perceptions were by these repeated applications for subscriptions "limited to five guineas"—that it would be a shorter, a more delicate, and a far more economical plan to establish a regular merit-deserving and portrait-presenting club, of which any one possessing the requisite amount of means (brass) and sufficient virtue, public or private, might become a member (after, of course, having duly subscribed to its rules and paid his two guineas entrance fee), on the certainty of securing, in regular succession, a glorious and touching tribute to his worth, and a striking memento of his skill in wielding a femur, or assuming a striking attitude at the lecture table. In a well-regulated society of this sort every member will be certain of securing a heirloom, and finding himself honourably crowned with his own laurels without all the fussy bother and expense of committee, secretaries, and advertisements.

Cholera.

THE *Mouvement Médical* says, "*Le vent est toujours au choléra.*" The mortality of Paris has been *en rapport* with the forerunning threatenings of the disease. Whether from precautions or late improvements in hygiene, the cholera has not been as severe as before—but may still reserve some startling surprise. Experience has shown that cholera visits twice running—we had it in 1865 and 1866, and shall have it in 1874 following this one of 1873.

At Havre and Rouen the epidemic is diminishing, and it is remarkable it has most fatally attacked women. At Vienna it has rekindled with increased violence; the cases varying from 75 to 115 daily, and the deaths above 50 per cent. The environs also are severely tried. At Mank they were obliged to send for medical aid from Vienna. At Naples it has just appeared—nine cases with four deaths. Amidst the division of opinion as to prophylaxis and treatment, the recommendation is *naïvely* given "*que chacun veille sur soi*," which we have little doubt will be adopted.

The Russian Lady Doctors.

THE interdiction of lady doctors from re-entering Russia, lately ordered by an imperial ukase, is based on the ground that, by their patronage of radicalism, and the indelicacy of the life they must lead, these persons would tend to corrupt the morality of Russian youth.

Irish Dispensary Auctions.

THE Board of Guardians of the Belfast Union was last week the scene of a very amusing debate, which we report *in extenso* elsewhere. One of the guardians, a Mr. Tierney, taking the opportunity of the death of one of the medical officers of the union, delivered a tirade against the medical profession as a whole, and the Queen's College, Belfast, in particular, which institution he accused of "pouring floods of medical men on the town—in fact, far more than there was any need of." He wound up his harangue by moving —firstly, that all dispensary medical officers should hold office only for five years; and, secondly, that the guardians should "advertise for tenders for the situation. He had not the slightest doubt that they would get £600 for the first." These remarkable suggestions will inspire no surprise in those who know the local repute of Mr. Tierney, who for years has "worn the motley" in Belfast. But the extraordinary part of the proceeding is that the rest of the guardians took his proposals quite *au sérieux*, and appeared to consider the auction of the sick poor to the highest bidder quite a knowing mercantile speculation. They appointed a day for a special meeting, when we shall look out for a remarkable display of—as Mr. Bumble would say—"parochial" wisdom.

Adulterations in Belfast.

THE following report has been received by the Belfast Corporation from Dr. Hodges, the borough analyst:—"Belfast, 29th September, 1873. Since my last report I have as directed submitted to examination thirty-six articles of food and drink—viz., seven samples of buttermilk, one of wheaten meal, ten of oatmeal, two of butter, three of tea, three of sugar, and ten of mustard. The results of my analyses showed that all the samples of buttermilk were deteriorated by the addition of large quantities of water, and that seven of the samples of mustard were mixed with flour and turmeric. Five of the samples of oatmeal were adulterated by the addition of barleymeal, and all the samples of tea examined were doctored by the addition of Prussian blue and other colouring matters."

Poisoning by Alum.

THE *Bulletin de Thérapeutique* records a case of this kind, which is so rare that the French author, Desnos, denies that alum has any toxic properties. M. Tardieu does not mention it, though Orfila observed a case in a lady. Taylor alone reports a fatal case. The following from Dr. Higguet is of deep interest:—

A man, aged fifty-seven, took for some gastric trouble fifty grammes of a powder delivered to him as English salts as a purgative. Soon after its ingestion in a glass of water, he experienced a sense of burning constriction in the mouth, throat, and stomach; nausea followed by bloody vomiting without stools; extreme malaise, insupportable anguish, frequent respiration, lipothymia, intelligence and senses remaining intact. In spite of all treatment, he died in one hour.

A juridical investigation discovered the action of a poisonous acid throughout the length of the digestive tract. A chemical analysis showed the presence of calcinated alum.

A Self-Sacrifice to Medical Research.

Dr. Obermeyer, assistant of Prof. Wilms, of Vienna, who acquired especial reputation for his theory of typhus fever, undertook some experiments upon the character and therapy of cholera upon his own person. For this purpose he ejected into his own veins the blood of a cholera patient. The melancholy consequences of this bold experiment soon ensued. He was soon attacked with the disease and died on the seventh day. A great number of his colleagues crowded about him in the vain attempt to rescue him from his untimely end.

Metropolitan Hospital Sunday Fund.

A public meeting is announced to be held on the 22nd of October, at three o'clock, in the Mansion House, for the purpose of settling the preliminary arrangements for the Hospital Sunday, 1874, and of electing the Council and Committee of Distribution for that year. All ministers of religion, and the authorities of the various hospitals and dispensaries, are invited to be present.

Abolition of Coroners' Courts in Australia.

In the Amended Justices of the Peace Bill submitted to the Melbourne Assembly on the 17th ult., coroners' juries were to be abolished, and police-magistrates are to be *ex officio* coroners. The question of Medical coronerships, therefore, may be considered to be determined. Medical men are no longer to be regarded as preferable for this office.

We hear that more than 1,300 students have registered their names at the Royal College of Surgeons of England.

The first meeting of the Harveian Society of London will be held on Thursday, October 16th, 1873, at 8 p.m., when Dr. A. Meadows will read a paper on "Pelvic Hæmatocele."

THE DEATH UNDER ETHER.

A coroner's inquest has been held on the body of the boy (aged 14) whose death while under the influence of ether we have already referred to. The Medical evidence is fully reported in the local papers.

Dr. Griffin described deceased as of strumous constitution. He was admitted into the Infirmary on the 25th ult., for the purpose of having an operation performed on one eye. It was afterwards stated that the patient suffered from opacity of the cornea. Dr. Griffin said the ether was administered by Dr. Sims in the usual way. Witness felt the pulse the whole time, and it beat naturally. Deceased exhibited the ordinary symptoms of ether inhalation, and required a second dose, as the first was not sufficient to produce insensibility to pain. Shortly after this he felt the pulse almost suddenly become weaker, and immediately said, "His pulse is very weak." Dr. Sims at once removed the cone, the pulse became stronger, and Dr. Lake said he would operate. Dr. Griffin, in continuation, said Dr. Sims remarked that the boy was not off, but Dr. Lake replied "Never mind," and performed the operation, which only took a few seconds, without administering more ether. All this time the boy breathed heavily, and witness felt his pulse. Dr. Sims also felt it. Directly after the operation witness found the pulse stop, and the breathing cease for a moment. Dr. Lake immediately commenced flagellating the skin of the salves, and witness the chest with a wet towel. Dr. Sims pulled forward the tongue, which Dr. Maul shortly afterwards took charge of. Dr. Sims and Dr. Lake applied galvanism, Sylvester's method of restoring suspended animation, and other means were resorted to. During all this time deceased continued to breathe, which was fully a quarter of an hour, but he was quite pulseless. The electricity excited strong respiratory movements, which brought voluntary muscles into action, which after a time ceased. All other means which were tried and persevered in for over forty minutes failed to have any effect. Witness considered death was caused by ether acting on the heart. He was present at the *post-mortem* examination, but there was nothing particularly denoting the cause of death. In his opinion deceased was in such a state of health as to render it quite prudent to put him under the influence of ether. Just previously to the operation on the deceased one precisely similar had been performed successfully on another boy for the same complaint, the ether being administered from the same bottle, cone, and sponge. The heavy breathing he had described generally accompanied and followed the inhalation of ether. Ether was supposed to be safer than chloroform, and did not paralyse the heart so much. In his judgment every proper precaution was taken in the administration of the ether and in the performance of the operation, and five Medical gentlemen were present.

It was stated at this point of the inquiry that the brain of the deceased had been removed, and Drs. Maul, Lake, Griffin, and Sims, who were in the room, went to examine it, the inquiry being stopped for the purpose. On their return Dr. Griffin said he had examined the brain, which was quite healthy, and presented no symptoms of injury or rupture of any vessel. Death was caused by a stoppage of the heart's action.

Dr. Lake subsequently gave evidence which completely corroborated the foregoing. He considered that the cause of death was stoppage of the heart through the administration of ether, which he considered had been given with the greatest care. Deceased was not suffering from heart disease, and his pulse was felt before ether was administered.

Dr. Sims, formerly house-surgeon in the Infirmary, said he had administered chloroform for many years. On Wednesday he administered ether to the deceased, with the assistance of Dr. Griffin, Dr. Lake being the operator, in the presence of the house-surgeon and Dr. Maul. In his opinion the patient appeared to be in a fit state to have ether administered to him. He had had extensive experience in the administration of chloroform, and on no previous occasion had the results been fatal. Every prudent precaution was taken in the administration of the ether to the deceased. He had heard the evidence of Drs. Griffin and Lake, and entirely concurred in what they had said. He considered that death was the result of paralysis of the heart from the administration of ether, and after the operation, which was of a very simple character, only occupying a few moments.

The Coroner said it would be for the jury to say whether it was their opinion that deceased died from the stoppage of the heart's action, caused by the administration of ether, as there could be very little doubt, from the evidence of the Medical men. If so, they would have to say whether they considered deceased was in a fit state to have ether administered to him, and, thirdly, whether it was administered properly. If they were satisfied that the Medical men were justified in administering ether, and that it was given with proper care and attention, it seemed to him that they could come to no other verdict than that the deceased came by his death through the ether acting on the heart. If they thought blame attached to the Medical men, either from one point or another, it was for them to say so.

The Jury, after a brief consultation, unanimously returned the following verdict:—"David Newman, on the 1st day of October, at the Infirmary, was placed under the influence of ether pending an operation on the eye, and while under such influence the action of the heart suddenly ceased, notwithstanding every prudent precaution taken and skill displayed by the administrator and operator."

THE PROVINCIAL SCHOOLS OF MEDICINE.

ABSTRACTS OF INTRODUCTORY LECTURES.

MANCHESTER SCHOOL OF MEDICINE.

THE inaugural address at this school, which is now incorporated with Owens College, was delivered by Dr. GAMGEE, F.R.S., the newly appointed Professor of Physiology and Histology, who remarked that in looking forward with hopefulness to the future of the Medical School in its connection with Owens College, he would be the last to refrain from offering a tribute of praise to the founders and promoters of what might now be called the old medical school of Manchester. It was to the honour of the teachers of medicine in this city that they succeeded in establishing in Manchester the first of the numerous provincial schools of medicine; that, in the face of obstacles of all descriptions, often at great personal sacrifices of time and money, they laboured with very considerable success to further the spread of medical education. Now that the older was being merged into the newer and larger institution, it would be ungraceful and unjust on his part were he not to refer to a few of the men whose names were most honourably associated with the past teaching of medicine in Manchester. First to be named was the late Mr. Jordan, who very early in the century became a teacher of anatomy and physiology in that city, and whose lectures were first delivered in the provinces, and were recognised by the medical corporations as qualifying for examination the students who attended them. In 1825 Mr. Turner organised the Pine Street school, and gathered around him teachers, amongst whom were the illustrious Dalton, Sir J. Bardsley, and many others of distinction. In 1850 the Cheetham Street school, among whose teachers were the late Mr. Dumville, Dr. Watts, and Mr. George Southam, was established; and in 1858 the two schools were amalgamated. To the energy and devotion of one of the teachers in particular (Mr. Southam) the success of the Manchester school had for many years past been greatly indebted, and but for him the union of the Medical School with Owens College might not have been effected. Professor Gamgee proceeded with a review of the progress of medicine from the time of Hippocrates, in order to show that the study of medicine had at all times been influenced by the study of science. Glancing, towards the conclusion of his paper, at the present and past history of the famous medical schools of modern Europe, he said the system of centralisation which had been pursued in France since the days of the First Empire had produced as marked an effect in stifling the scientific ardour as in enervating the political energies of the nation. Enforced dependence had been fatal to progress, and the attempt to centralise the intellectual power of France in Paris, for the glory of the capital, had proved as fatal as would be an attempt to concentrate in one focus the commercial enterprise of this or any other country. The Germans had perceived the mistake of centralisation, and in many departments of science had clearly asserted for themselves the right to hold the first place. The first cause of their progress was to be found in the very perfect system of education pursued in the Gymnasia of Germany, which, as a consequence, led to the average medical student possessing a greater amount of both literary and scientific knowledge than was the case with us. The second and most potent cause lay in the fact that in the numerous universities of Germany learning met with opportunities of development which did not exist elsewhere. The most ardent enthusiasts of the German unity must admit that the intellectual success of this country was greatly owing to the jealous fidelity with which the elements of German greatness had been developed in the separate centres of the fatherland, and pre-eminently in its universities. In them the greatest encouragement had always been given to the most intellectual men to devote themselves to the acquisition of learning; not merely to become acquainted with what was already known, but to lead in the path of scientific discovery. It was the scientific knowledge acquired in the physiological laboratories of Germany which had chiefly led to the pre-eminence which we were obliged to acknowledge. German physicians had, in these laboratories, learned the methods of inquiry which, when applied to medicine proper, tended every day more and more to raise it from the condition of an art to that of a science. If facts had compelled the cheerful admission that we had much to learn from abroad, it was none the less true that contemporary British physicians had good reason to reflect with pride on the success with which they had sustained the heritage of fame transmitted by Linacre, Harvey, and Sydenham. With the instinctive sense of the useful and the industrial acquisitiveness which characterised our countrymen, the best fruits of foreign investigators had been gathered up and assimilated by British physicians who, science and practice combined, were, he was inclined to think, still not second to the physicians of any other country. What we did want, and what we were happily growing day by day more alive to, was a wider development of schools of science wherein competent men should have the opportunities essential for research, and young men might be trained in those tastes and habits of mind which were of the very essence of successful intellectual pursuit. Now that the wealth of such great industrial centres as this city was being utilised for the highest educational purposes it was not too much to hope that on the scene of the labours of Dalton and Joule that school might grow to exemplify once more that happy combination and adaptation of resources which had so often placed Englishmen in the van of literary and scientific progress as of manufacturing and commercial enterprise.

QUEEN'S COLLEGE, BIRMINGHAM.

THE Introductory Address was delivered by Mr. JOHN CLAY, Professor of Midwifery, who thus stated the duties of the Medical practitioner in reference to Public Health :—

"It is for us, as members of the Medical Profession, to teach our patients the claims which the community has upon heads of families and upon individuals. In our daily visits, we carry with us the means of restoration of health, and even of life, to thousands of households. Let us take as part of our remedial agency, the inculcation of those laws of health which tend to prevent disease, as well as of the agencies which are directed to its cure. We know how in our generation sickness has been lessened, vital force and vigour enhanced, and the term of life prolonged by attention to hygienic and sanitary laws. We know, too, how further advances in this direction may be certainly expected, from a closer observance of the rules which nature discloses to the researches of science, and which science formulates in the noble health-giving art we practise. We know, again, how much the health of the community depends upon individual knowledge and personal care. Let it be our business to teach those who look to us for instruction, how the health of the household depends upon the supervision of its head; how the health of the community depends upon that of the household; and how the action of local authorities, guided by the control of the central government, can be rendered effective for national benefit only by the exact comprehension of principles by individuals, and the intelligent application of personal efforts. Though we are still lamentably deficient in our knowledge of the laws of health, and still more so in our personal and corporate application of them, we have nevertheless made great progress within the last few years; and as public opinion becomes better informed, and grows more certain in its requirements, and more vigorous in its action, we may expect to realise progress infinitely more solid, and more rapid than the measure we have yet achieved. To a great extent this must depend upon the Medical Profession. Opportunities of incalculable extent and of inestimable value are now open to us. The necessity of our services and of our guidance in sanitary affairs, as well as in the more immediate relations of professional practice, numerous appointments, important, honourable, and responsible, are reserved to us. Foremost amongst these is that of Medical officer of health, a position which, especially in a large town, is worthy the acceptance, and demands the best exertions of any Medical man, whatever his rank. To a competent person so placed, and fairly supported by the authorities of his district, a most important and most beneficial work is possible. By degrees, when legislation strengthens, the control of all agencies for the prevention of disease, and the promotion and maintenance of public health will be placed in his hands. In the meantime, he is armed with great powers, and is authorised to cultivate a vast and productive field. It is his function to inquire into and detect the secret causes of disease amongst the community, to devise remedies for them, to indicate the measures necessary for their removal and prevention. By discharging this duty with intelligence and fearlessness, a Medical officer of health will earn the approval of his own conscience, the honourable testimony of his profession, and the gratitude of the public. For he will help to solve the problems which now beset the varied questions of sanitary science; he will inculcate with authority the laws which tend to develope higher personal qualities, and foster purer and healthier social habits; he will become the means of uprooting the seeds of diseases from crowded districts in which they have become endemic; and thus fulfilling the desires and realising the purposes of a public benefactor, it will be his benevolent function, under the Divine blessing, to strengthen the vital force of the community, and to prolong human life under the conditions of health and vigour which make life worth having. This is the tendency of legislation as regards the future of our Profession. Let each one of us, in his own way, accept the responsibility and endeavour worthily to fulfil it."

LIVERPOOL ROYAL INFIRMARY SCHOOL OF MEDICINE.

THE Introductory Address was delivered by Dr. CATON, Lecturer on Physiology.

After referring to the changes and improvements made in the Liverpool Medical School, and to the opening of the new buildings, which had just taken place, Dr. Caton commented on "Physiology in relation to the Health of the Community and the Advance of Medicine." After contrasting the slow progress of physiology, and, consequently, of medicine in ancient times, with the greater advances of medicine and hygiene which have more recently followed the establishment of a sound basis of physiological science, Dr. Caton considered the question—How far has this progress of physiology and medicine influenced on a large scale the health and life of the community? Having stated a few facts, which proved a great saving of life to have been effected in recent as compared with former times, he said that the average duration of life in this country was only forty years; and, among the lower classes particularly, the duration of life was much less than it ought to be. This was referable to causes connected with the general condition of the people, in our state of civilisation, which had a progressively injurious-effect on life and health. In order to still further bring our knowledge to bear practically on the welfare of the lower classes, Dr. Caton advised the teaching the people the rudiments of physiology and hygiene; such as the importance of fresh air; the danger of sleeping in close, crowded bed-rooms; the danger of inhaling sewage gas; the value of sunshine, of exercise, of the abundant use of pure water; the main rules of diet, such as a knowledge of the different kinds of nourishment necessary for health, and the forms in which they can best be obtained; the proper diet, and bringing up of children; the effects and dangers of intemperance on the individual and on his offspring; simple rules as to clothing; the dangers of unhealthy occupations, and the modes of escaping their injurious effects.

LEEDS SCHOOL OF MEDICINE.

THE Introductory Address was delivered by Mr. SCATTERGOOD, Lecturer on Forensic Medicine.

He said that it is the students of to-day, and even the youngest of them, whom the present position of scientific research and progress in medicine most concerns, and he thus applied his theme:—"Is the field of observation widening every day? It is to you that its cultivation will be entrusted in the future. See to it that you appreciate its extent, and that you now prepare yourselves for the labour which the coming age demands of you. Every man is a debtor to his art; and what he has received from the past generation he is bound to repay with usurious interest to the generation which will follow him. Have the last few years seen a greatly increased number of workers and an intensely quickened condition of mental activity? Then remember that, with the increasing spread of knowledge and of education, the tension will constantly increase, and the competition become keener year by year. None will be able to take a worthy part in the future who do not now assiduously cultivate every faculty of mind which they possess; and no less needful is it that you should miss no opportunity of acquiring the command of all those instrumental appliances by which the power of the senses is so largely extended in range and precision. With the increasing demands of the age upon our Profession, its responsibilities will admit of no slackening of the high tone of morality and the noble spirit of self-sacrifice which have always characterised it. The student's career will afford him abundant opportunities of exercising these. And thus acting, in proportion to your diligence will be the consciousness you will feel of frequent failure: in proportion to the amount of knowledge you acquire will be your sense of how little it is in comparison with the great world of thought and experience beyond you; in proportion to the extent to which you exercise your powers, and discipline your mental faculties, will be your feeling of their weakness and imperfection; and thus to earnest work and devotion to study will be added that humility which is the crown of both."

ARMY MEDICAL SCHOOL AT NETLEY.

THE Opening Lecture of the present session of the Army Medical School at Netley was delivered on October 1st by Surgeon-General LONGMORE, C.B.

After some words of welcome addressed to the newly assembled candidates for commissions in the public services, and explanations of the special work done at the school, the lecturer took for his text and discussed the subject of hospital arrangements in the field, and the most effective means of affording surgical help to wounded soldiers on the occasion of battles in European warfare. The experience gained in recent wars, especially the Bohemian war of 1866 and the more recent Franco-German war, was particularly dwelt upon and used for illustrating the subject of the lecture.

SHEFFIELD SCHOOL OF MEDICINE.

WE are indebted to the *Students' Journal* for the following report respecting the Sheffield school:—

The opening of the winter session was inaugurated here by the usual introductory address, the attendance of students and friends being small, chiefly on account of the absence of Henry Jackson, Esq., fellow and assistant tutor of Trinity College, Cambridge, being prevented through the serious illness of a friend from delivering the address as announced. The gap was filled up by Dr. BARTOLOMÉ, President of the School, who, before commencing his lecture, said how much he and the remainder of the council regretted the absence of Mr. Jackson, who is so closely connected with the medical profession in Sheffield, both by his late father, a celebrated and much-respected surgeon, who was for a great number of years on the infirmary staff, and by his brother, Mr. A. Jackson, who is a lecturer at and secretary to the school. Dr. Bartolomé then gave a *résumé* of the "healing art," commencing at the period when the "medicine man," the invariable attendant upon every petty chief's court, "armed with his medicine-sticks, his fish-bones, and his other charms, was enabled to satisfy the wants of his patients by simply amusing them while his wiser rival, Nature, cured the disease." He afterwards traced the progress of the physician to the present period, "when mankind, in consequence of the universal thirst for knowledge and the spread of culture, were wise enough to discriminate between the well-educated and scientific man, and the grossly ignorant and empirical practitioner." The lecturer then touched upon the subjects with which medical students are now required to make themselves acquainted, mentioning the importance of good preliminary education, and concluded by urging students "to bear in mind that a medical man had just grounds for being proud of his profession, that he ought at all times to demean himself as became a gentleman, and that his pecuniary interests were best served by acting in accordance with the dictates of prudence and morality." The lecturer was loudly applauded at the conclusion of his address, after which

The Rev. Lettis Short, Unitarian minister, who a few years since delivered an introductory at this school, rose, and in a very humorous speech proposed a vote of thanks to Dr. Bartolomé, which was warmly responded to.

The lecturer rose and thanked the rev. gentleman and all present, but said that he could not forbear to mention how irregular such a vote of thanks was, and said that had the proposer been in the profession he should have used the authority vested in his official capacity, and have put his veto on his motion, but had not the heart to do so in the present case. The proceedings here terminated.

THE SURGICAL HOSPITAL VACANCIES IN DUBLIN.

The Surgeoncies of the Richmond Hospital which, as we noted last week, have been rendered vacant by the resignation of Mr. Adams and Dr. Robert Smith, are—as might have been anticipated—the subject of a keen and exciting competition.

The number of candidates we have heard stated as exceeding thirty, and if the competitors be so numerous we may be excused if we omit the name of any. It was at first stated authoritatively and believed that Mr. Butcher would seek to be elected, but that statement has been officially contradicted in one of the Dublin morning papers. The candidates actually *in esse* are, Dr. J. S. Hughes, Professor of Surgery in the Royal College of Surgeons; Dr. Corley, of Jervis Street Hospital and the Carmichael School; Dr. Kelly, of the same Hospital and the Ledwich School; Dr. Gerald Yeo, of the Carmichael School; Dr. W. T. Stokes, of the City of Dublin Hospital; Dr. Kane, the lately appointed Surgeon to Jervis Street Hospital, and son of Sir Robert Kane, ex-President of the Queen's College, Cork; Dr. Gogarty, of Rutland Square; Dr. Reuben Harvey, of the Carmichael School; Dr. Thompson, of the same institution; and Dr. Frank T. Porter.

As the considerations of politics and religion are believed to be influential in deciding the succession to the vacant offices, the leanings of the individual members of the Board of Governors are a subject of interest, and as they are nearly equally divided in respect to their views on such points, the forecast as to the success of any candidate is very doubtful.

Although the Lord Lieutenant is not endowed with an elective voice in this matter, we think it not inappropriate to quote the following words which fell from His Excellency's lips at the last official banquet at the Mansion House:—"Hitherto the government of the country has been conducted to a large extent by means of patronage, but I think I may state that this patronage has been and will be exercised in such a way as to secure the best men for the places they are to fill, and so to establish the confidence of the people in the government of the country. We have been making strides towards improvement in that way. We must have a large amount of patronage in order to carry out the government of the country; but it is the determination of the Government to have the best men to fill the more important positions (applause)."

"*Macte virtute, puer.*"

ASSAULT UPON DR. GEORGE JOHNSTON.

Dr. George Johnston, Master of the Rotundo Lying-in Hospital, has been the victim of a ruffianly assault at the hands of a man whose wife was an inmate of the pay ward of the hospital. The assailant became noisy and insulting towards Dr. Johnston, who proceeded to remove him from the ward, but was knocked down and struck twice with a poker. The man, who, we are glad to observe, is in the custody of the police, is a notorious advertising quack of the name of Mulvany, whose filthy manifestoes pollute even the atmosphere of the city urinals in which they are posted. He has been remanded by the magistrates.

We are gratified to learn that Dr. Johnston's injuries are unimportant, and he continues his professional avocations.

Gleanings.

Notes of Four Cases of Tracheotomy.

(Communicated to the *Glasgow Medical Journal* by Dr. R. W. Forrest.)

The following are all the cases of tracheotomy which have occurred in Dr. Forrest's practice. In three of them the operation was performed by Dr. Dunlop, and in the fourth by himself.

Case I.—*Diphtheria: Treatment by antimony and steam; improvement, followed by relapse; local application of nitrate of silver; great relief but a second relapse; with symptoms of impending suffocation; tracheotomy; tube worn for two years; closure of wound nine months after removal of tube; ultimate recovery.*

This patient was seized with laryngeal symptoms on 31st August, 1868. He was the second attacked of a family of seven, five of whom suffered more or less severely from diphtheria. The first affected—a girl æt. 7 years—died from apnœa, resulting from laryngeal affection. Two of the other children had laryngeal cough; the mother had sore throat slightly, and the father severely. In the case of the father, the soft palate and the pharynx were dusky red, and dotted all over with diphtheritic-like exudation. Lastly, the eldest, a boy æt. 12, was seized with laryngeal symptoms, which rapidly subsided under treatment, and disappeared completely in a few days.

Alex. G., æt. 5, was seized about thirty hours after his sister's death. When seen by Dr. Forrest in the morning, his pulse was very quick, and the skin was hot. He had laryngeal cough, and difficult sibilant inspiration. Prescribed emetic of antim. tart., to be followed by nauseating doses of the same drug during the day; the patient to be kept in an atmosphere saturated with steam.

Evening.—Cough comparatively unfrequent, laryngeal symptoms very much abated. Steam and small doses of antimony were ordered to be continued.

September 1st.—Laryngeal symptoms having become very much worse during the night, Dr. Dunlop saw him in consultation, and suggested the application of a solution of nitrate of silver (ʒj. to ℥j.) every four hours. At his suggestion also, the dose of the antimony was diminished, and food administered by mouth and rectum.

Patient again rapidly improved, and on the following day so little of the laryngeal symptoms remained that the danger seemed over. The solution of nitrate of silver was still applied, but at longer intervals, and chlorate of potash was given freely. Greyish spots of exudation were now seen for the first time on the tonsils, and some patches also at the angles of the mouth, and on the tongue where the surface had been abraded by the gag.

3rd.—In the morning the laryngeal symptoms were more marked, and patient got rapidly worse during the forenoon. In the afternoon, suffocation being apparently imminent, Dr. Dunlop, with very little trouble, opened the trachea, the boy being under the influence of chloroform. The lividity rapidly disappeared, and the respiration became easy. The antimony was now entirely discontinued, and small doses of calomel and opium were prescribed. Treatment otherwise the same as before the operation.

On the fourth day after the operation the tube was removed. As the wound contracted, breathing gradually became more and more difficult, and on the second day after the removal of the tube the dyspnœa had become so great that it was thought advisable to introduce it again.

12th.—The tube was again removed, but had to be replaced immediately.

20th.—Seventeen days after the operation the tube was removed, but before two hours had elapsed dyspnœa had become so serious that it was reintroduced. It may be here noted that the voice had returned shortly after the operation, and that nothing abnormal could be detected on laryngoscopic examination.

September 10th, 1870 (two years after operation).—The tube was removed, and no bad symptoms followed.

June 8th (two years and nine months after operation).—As it was now found that adhesive plaster could be worn over the wound for hours together without inconvenience, the child was put under chloroform, and Dr. Dunlop pared the edges of the opening, and brought them together by silver sutures.

9th.—Patient passed a quiet night, took breakfast heartily, and seemed quite well.

10th.—Last night breathing became difficult, and laryngeal cough set in. Ordered fomentations to throat, and small doses of calomel and opium.

11th.—Passed a very restless night; spasmodic dyspnœa very severe from one till five a.m.; much better this forenoon. One or two of the stitches were removed; chloral was ordered to be given at bedtime, and to be repeated if spasm came on.

12th.—Spasm severe from two till four a.m., recurring every twenty minutes, but considerable improvement towards morning. Cough still hard. Remaining stitches were removed, and adhesive plaster substituted. Chloral was ordered to be continued.

13th.—During the night dyspnœa on the whole not so violent. Patient had a very severe spasm at four a.m., lasting seventeen minutes.

14th.—Spasm occasionally during the night; most severe from three till five a.m.

15th.—Slept well till four a.m. From four till six a.m. spasm frequent, but not so severe as formerly. Cough still slightly laryngeal. From this time the local irritation, and with it the constitutional symptoms, gradually abated, and convalescence became finally established.

January 14th, 1873.—Boy continues well.

Case II.—*Laryngeal symptoms during convalescence from measles; temporary recovery under treatment by local and general remedies; tracheotomy; death on the fourth day after the operation from acute cellulitis.*

D. ——, male, æt. 3 years, seen for the first time on the 3rd May, 1869, suffering from a moderately severe attack of measles. Laryngeal symptoms set in with considerable severity on the fourth or fifth day after the appearance of the rash, but gradually abated under treatment by steam, antimony, and the local application of nitrate of silver.

On the 20th, laryngeal symptoms returned; the treatment proved unavailing; and on the 22nd dyspnœa had become so urgent that tracheotomy was advised, and performed without difficulty by Dr. Dunlop. Immediate relief was afforded, and continued for twenty-four hours, when acute cellulitis was observed in the neighbourhood of the wound; difficulty of breathing again set in, and the child gradually sank, and died on the fourth day after the operation.

Case III.—*Sloughy sore throat; sudden onset of laryngeal symptoms; tracheotomy; expulsion of membrane cast; great temporary relief; death thirth-six hours after the operation, probably from extension downwards of the disease.*

C. ——, male, æt. 3½ years, seen on 8th September, 1870, suffering from sore throat and feverishness. Both tonsils presented a sloughy aspect. Cases of malignant scarlatina had occurred in the tenement, but no rash was seen in this case at any time.

The throat gradually improved under treatment, the fever abated, and the child seemed recovering its general health till the 13th September, when laryngeal cough and stridor suddenly supervened.

The local application of nitrate of silver was now tried, but the distress became rapidly so urgent that, on the morning of the 14th, tracheotomy was advised and performed by Dr. Dunlop. A tube of false membrane, about an inch in length, was ejected through the opening. The child recovered rapidly from the urgent symptoms, but gradually dyspnœa set in which seemed to be due to extension of the disease below the opening, and death ensued thirty-six hours after the operation. No inspection.

Case IV.—*Broncho-Pneumonia; laryngitis; temporary improvement; return of laryngeal symptoms with great severity; tracheotomy; ultimate recovery.*

—— H., female, æt. 3½ years. During convalescence from measles she become suddenly very ill, and was visited on the morning of the 10th July, 1870, and found to be suffering from cough having a markedly laryngeal character. A little fine crepitus was heard over the lower lobe of the left lung behind, and a few coarse râles were audible all over the right back. There was no difficulty of breathing.

Prescribed an emetic of equal parts of the wines of antimony and ipecacuanha; nauseating doses to be continued during the day; hot fomentations to be applied to the throat; poultices of linseed meal with a little mustard to the back. As the child lived at a distance, the parents were desired to send word if she did not improve.

July 15th.—Child had continued pretty well till yesterday evening, when laryngeal cough had set in again, attended this time with great difficulty of breathing.

An emetic of salt and water had been administered, and hot moist applications had been kept all night continuously to the throat, but without giving relief.

There was now frequent laryngeal cough; inspiration very difficult; expiration comparatively easy; voice gone; very little respiratory murmur; lips and fingers livid; pulse about 160, weak, and counted with difficulty.

Chloroform having been administered, the trachea was opened by Dr. Forrest. Breathing at once became easy, and lividity disappeared. Steam was ordered to be kept continuously playing about the child's bed, and chloral was prescribed to induce sleep, and allay the constant spasmodic cough.

18th.—Pulse 120-130; respiration easy; coarse *râles* very abundant on both sides behind; slight dulness at base of left lung.

August 4th.—Respiration can now be carried on through the mouth for short periods—the orifice of the tube (a bivalve one) being stopped by a cork.

8th.—Cough still continuing, the tube was removed.

12th.—Cough gradually abated after the removal of the tube.

Wound quite healed. Child convalescent.

In this case ammonia and wine were administered very freely for three or four days after the operation, then a mixture of iron, quinine, nitrous ether, and nitro-muriatic acid, was prescribed, and continued for some time.

December, 1872.—The child continues well.

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Medical News.

The Medical Society of London.—The 101st Session of the Medical Society will commence on the 20th instant, when a paper will be read by Dr. Richardson, F.R.S. The Society is now established in its new rooms, the decoration of which has been completed during the recess. The proceedings of the Society will shortly be published; rhe Library is being rearranged, and as far as the funds of the Society may permit, there will be the addition of such modern works as the advance in the literature of our profession demands.

Health of Northamptonshire.—Mr. Haviland has presented his first report as Medical Officer of Health for the County, and it has been published by the *Northampton Mercury*, of which it occupies three columns. Our contemporary says in a leading article that it is a business-like summary by Mr. Haviland of the sixteen Sanitary Inspectors' operations, during the past six months, extending over an area of 941 square miles. Out of 352 parishes and places the inspectors have visited 336, which Mr. Haviland is justified in designating "highly satisfactory." In the course of fourteen thousand visits the officers hunted out 3,745 nuisances detrimental to the public health—such as polluted springs, wells, and ponds; cesspits, defective drains, &c. In very many instances these "black spots" have been removed; but it needs prolonged and systematic exertions before all the "unmitigated abominations" of which the health officer complains can be wholly removed. A great impediment is the defective system of drainage which has been found to exist in so many parishes. Experience proves that imperfect drains are "worse than useless," and are actually productive of greater evils than cesspits. In the Wellingborough district the sanitary authorities are about to try the earth-closet system, which Mr. Haviland strongly recommends, especially for communities with a population of under ten thousand. In another part of this valuable report instances are given of over-crowded dwellings; but out of 67 cases 37 have already been remedied. We are glad to know that so much good has already been effected; and we strongly urge the general public to support the beneficial action of the committee and their officers. Any one who reads Mr. Haviland's detailed report must be convinced, not only that there is great need for sanitary reform, but that the efforts now being made so energetically must result in such large and permanent improvement of the public health as will far more than repay for all the time, trouble, and expense bestowed.

London Hospital.—The following prizes for the Session 1872-73 were distributed by Mr. Currie, Chairman of the House Committee of the Hospital, after the introductory lecture. *Clinical Medicine:* £20 Scholarship, Mr. R. Kershaw. *Clinical Surgery:* £20 Scholarship—Mr. T. D. Watson; Honorarium, £15, Mr. W. Lang. *Clinical Obstetrics:* £20 Scholarship, Mr. T. D. Watson; Certificate, Mr. R. R. Llewellyn. *Dressers' Prizes for Zeal, Efficiency, and Knowledge of Minor Surgery:* £15, Mr. F. B. Collenette, Mr. S. D. Clippingdale, and Mr. A. Brandum; £5, Mr. H. E. Price, Mr. E. G. C. Snell, and Mr. J. Needham. *Buxton Scholarships:* £30, Mr. W. P. Mears; £20, Mr. S. H. Fisher; Certificate, Mr. E. Brumwell. *Human Anatomy:* £20 Scholarship, Mr. John Neylan; Certificate, Mr. H. T. Batchelor. *Anatomy, Physiology, and Chemistry:* £25 Scholarship, Mr. R. H. Fox; Certificate, Mr. H. Habgood. *Special Certificates to Medical Assistants:* Messrs. J. Blunson, H. T. Shapley, C. W. Drew, F. E. Pocock, R. R. Llewellyn, R. Kershaw, W. Porter, H. M. Leckler, W. H. Todd, B. Crawshaw, R. D. Smith, C. A. Low, E. O. Bark, J. H. Allden.

Liverpool Royal Infirmary School of Medicine.—The following prizes for the Session 1872-73 were delivered on October 1st by Mr. John Torr, M.P. WINTER SESSION.—*Exhibitioners:* Mr. T. L. Roberts, Mr. J. Lewtas, Mr. G. G. S. Taylor, Mr. J. Marmon. *Third Year Subjects:* Mr. G. W. Joseph, and Mr. R. N. Pughe, Silver Medals; Mr. G. G. S. Taylor, Bronze Medal. *Second Year Subjects:* Mr. W. F. Shain, Silver Medal; Mr. J. Bark, Bronze Medal; Mr. S. F. Bigger, Mr. A. L. Douglas, and Mr. E. S. Wood, Honorary Certificates. *First Year Subjects:* Mr. J. T. Smith, Silver Medal; Mr. W. H. Wright, Bronze Medal; Mr. W. Gruggen, and Mr. W. Latham, Honorary Certificates. SUMMER SESSION.—*Second Year Subjects:* Mr. F. C. Gresham, Bronze Medal. *First Year Subjects:* Mr. J. Twinem, Silver Medal; Mr. W. Gillibrand, Bronze Medal; Mr. W. Townson, Honorary Certificate. *Comparative Anatomy and Zoology:* Mr. R. H. Jones, Prize; Mr. H. Pilkington, Honorary Certificate.

The Manchester School of Medicine.—After the opening address, Mr. George Southam, as director of medical students, announced the following list of the scholarships and prizes for the session 1872-3:—Third year's scholarship, value £20, H. M. Lightoller, Chorley; 1st prize, £5 5s., W. Smith, Ashton-under-lyne; 2d, £3 3s., F. Newsham, Great Eccleston; 3d, £2 2s., C. E. Smith, Preston. Second year's scholarship, value £15, T. Anningson, Burnley; 1st prize, £5 5s., J. J. K. Fairclough, Northenden; 2d, £4 4s., F. H. Grosholz, Altrincham; 3d, £3 3s., H. Burton, Manchester; 4th, £2 2s., no award; certificate of merit, T. Gallimore, Rusholme. First year's scholarship, value £10, S. Harris, Higher Ardwick; 1st prize, £5 5s., H. Tomkins, West Gorton; 2d, £4 4s., J. H. Wylde, Stretford Road; 3d, £3 3s., E. Jackson, B.A., Whalley Range; 4th, £2 2s., J. Newton, Heaten Chapel; certificate of merit, A. K. Ludlam, Salford. Dumville prize in surgery, value £20, F. W. Jordan, Manchester. Platt exhibition in physiology, value £25, C. E. Richmond, Manchester. Certificates of honour, 1872-3: J. Buxton, W. H. Clarke, G. F. Coles, J. J. K. Fairclough, G. Fitton, F. H. Grosholz, J. Hampson, J. W. P. Hosking, G. Kisby, G. L. Lennon, J. E. Looker, W. S. Merriman, J. Priestley, G. T. Schofield, W. W. Settle, J. B. Stelfox, H. Tomkins, W. H. Vickerstaff, W. Walker, V. A. Wartenberg, J. T. Watts, W. Whittaker, W. Wood, F. H. Worswick.

Middlesex Hospital.—The following prizes and certificates of honour were distributed by Mr. Ross, Chairman of the Weekly Board, after the introductory address by Mr. Morris. *Broderip Scholarships:* 1. Mr. Samuel J. J. Kirby; 2. Mr. Arthur Tomes. *Governor's Prize:* Mr. A. Tomes. *Clinical Prizes:* Mr. Henry Jackson, Mr. F. M. Williams (equal). *Medicine:* Mr. S. J. J. Kirby. *Surgery:* Mr. E. F. Kissack. *Pathological Anatomy:* Mr. A. Tomes. *Practical Surgery:* Mr. A. Tomes. *Anatomy:* Mr. Alexander T. Scott. *Physiology:* Mr. J. W. B. Mason. *Chemistry:* Mr. G. Sherman K. Bigg. *Dissections:* Mr. G. C. Karop. *Midwifery:* Mr. J. W. B. Mason. *Medical Jurisprudence:* Mr. J. W. B. Mason. *Materia Medica:* Mr. T. Cambridge. *Botany:* Mr. A. Lucas. *Practical Chemistry:* Mr. W. Walker. *Practical Physiology:* Mr. W. Walker. *Physiological Medicine:* Mr. A. T. Scott. *Medical Society's Prizes:* Mr. A. Tomes, Mr. S. J. J. Kirby. *Entrance Scholarships, October, 1872:* 1. Mr. Reginald Paul; 2. Mr. W. S. Thomson. *Certificates of Honour.*—Mr. William E. Cree and Mr. William M. Beaumont (Clinical Knowledge); Mr. Arthur Tomes (Medicine); Mr. S. J. J. Kirby (Practical Surgery); Mr. David Hepburn (Anatomy, Physiology, and Surgery); Mr. Geo. C. Karop (Anatomy and Physiology); Mr. J. W. B. Mason (Anatomy); Mr. W. S. Thomson (Chemistry); Mr. A. T. Scott (Forsenic Medicine); Mr. E. Price (Materia Medica); Mr. T. Cambridge, Mr. G. Clements, and Mr. E. Price (Botany); Mr. Percy Cree (Practical Physiology); Mr. S. J. J. Kirby (Comparative Anatomy).

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NOTICES TO CORRESPONDENTS.

Notice to Subscribers.—Gentlemen who have not paid their Subscriptions for the past year are respectfully reminded by the Publishers of the omission.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

Local Newspapers, &c.—When forwarding newspapers containing news or articles to which our attention is wished to be drawn, correspondents will oblige by marking the copy, as it is impossible for us to wade through all the country papers we receive.

HOSPITAL SHIPS FOR THE ASHANTEE EXPEDITION.

To the Editor of the Medical Press and Circular.

Sir,—Having observed by some of the daily papers that the authorities are preparing an hospital ship for the accommodation of the sick and wounded on the coast of Africa, it seems to me a fitting time to draw attention to the description of the Abyssinian hospital ship, *Queen of the South*, illustrated and contained in the "Army Medical Reports" for the year 1866, as being full of interest and instruction at the present juncture, pointing out very explicitly the best means of ventilation for hospital ships (after Dr. Edmunds' system), with many other practical and important suggestions.

My belief that the perusal of this valuable report will not only repay those who may be directing the preparation of the vessel, but also whoever may happen to be in medical charge, and thereby benefit the sick, must be sufficient excuse for my thus trespassing on your estimable journal. I am, Sir, your obedient servant,

September, 1873. Pro Bono Publico.

Medical Microscopical Society of London.—The Winter Session will be inaugurated on Friday next by a *conversazione* at the residence of the president, Mr. Jabez Hogg, 1 Bedford Square, at 8 p m.

Harveian Society of London.—The first meeting of this society will be held to-morrow evening (Thursday) at 8 o'clock, when a paper will be read by Dr. Meadows "On Pelvic Hæmatocele."

Catarrhus Æstivus.—Our correspondent will find the publishers' names and the price of this work in our advertising columns.

Dr. H., Southampton is thanked for his courtesy.

Dr. Jackman, Swymbridge, has our sympathies under the harsh treatment received at the hands of the guardians. We will insert his appeal in our next.

Metropolitan Mortality.—The deaths in the Metropolis rose last week from 18 per thousand of the previous week to 22.

Dr. Thomas M. Dolan, Halifax.—Your interesting communication shall appear in our next.

Dr. S. H., Dublin, will be able to obtain the work "On Hay Fever," by Mr. Blackley—about which he states there has been considerable correspondence in *The Lancet* during the past four weeks—of the publishers, Messrs. Baillière, Tindall, and Cox.

The Potato Disease.—The *West Country Lantern* reports that a philosopher of local repute has discovered that the potato disease is caused by the rotary motion of the earth. What puzzles him most is how to find a remedy for the disease, as the usual mode of procedure is to go to the root of the evil—which in this case offers almost insuperable difficulties.

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APPOINTMENTS.

Fleming, A., M.D., F.R.C.P.L., Consulting Physician to the Queen's Hospital, Birmingham, on resigning as Physician.

Foster, R. H., M.R.C.S.E., House-Surgeon to the Brighton and Hove Lying-in Institution and Hospital for Women and Children.

Gray, C. F., Medical Officer for District No. 1, Newmarket Union.

Hessel, Dr. Julius A, Resident Medical Officer to the German Hospital, Dalston.

James, J. R., M.R.C.S.E., Medical Officer for the second Eastern District of the Neath Union.

Jones, J. T., M.R.C.S.E., Medical Officer for the Tallyllyn District of the Dolgelly Union.

Jones, T., M.B., M.R.C.S.E., Pathological Registrar to the Royal Infirmary, Manchester.

Kane, F. B., M.D., Surgeon to the Jervis-street Infirmary, Dublin.

Leigh, R., M.R.C.S.E., Medical Officer to the North Dispensary, Liverpool.

Mackley, W. R., M.R.C.S.E., Medical Officer and Public Vaccinator for the newly formed Wilsden District of the North Bierley Union.

Maher, N., L.R.C.P., Medical Officer to the South Dispensary, Liverpool.

Newton, C. J., M.R.C.S.E., Medical Officer for District No. 3 of the Cheltenham Union.

Nicolson, D., M.B., C.M., Assistant-Surgeon H.M.'s Prison, Millbank, promoted to Medical Officer H.M.'s Convict Prison, Portsmouth.

Shaw, R., L.R.C.S.I., Demonstrator of Anatomy at the Catholic University, Dublin.

Symes, E. W., M.B., M.R.C.S.E., Medical Officer of Health for the Skipton and Settle Rural and Urban Sanitary Districts in the West Riding of Yorkshire.

Tandy, B. L., L.R.C.S.I., L.R.C.P.Ed., House-Surgeon to the Birkenhead Borough Hospital.

Naval Medical Service.—Surgeon-Major A. D. Gulland, Surgeon-Major D. Murray, and Surgeon-Major W. C. Roe have been appointed medical officers of brigade depots.

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OPERATION DAYS AT THE LONDON HOSPITALS.

Wednesday, October 15.

Middlesex Hospital.—Operations, 1 p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
St. Bartholomew's Hospital.—Operations, 1½ p.m.
St. Thomas's Hospital.—Operations, 2 p.m.
St. Mary's Hospital.—Operations, 1½ p.m.
King's College Hospital.—Operations, 2 p.m.
Great Northern Hospital.—Operations, 2 p.m.
University College Hospital.—Operations, 2 p.m.
St. George's Hospital.—Ophthalmic Operations, 1½ p.m.
London Hospital.—Operations, 2 p.m.
Throat Hospital.—Demonstration, 2½ p.m.
Cancer Hospital.—Operations, 3 p.m.

Thursday, October 16.

St. George's Hospital.—Operations, 1 p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
University College Hospital.—Operations, 2 p.m.
Throat Hospital.—Demonstration, 2½ p.m.
Royal Orthopædic Hospital.—Operations, 2 p.m.
Central London Ophthalmic Hospital.—Operations, 2 p.m.

Friday, October 17.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Royal South London Ophthalmic Hospital.—Operations, 2 p.m.
Central London Ophthalmic Hospital.—Operations, 2 p.m.

Saturday, October 18.

Hospital for Women, Soho square.—Operations, 9½ p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Royal Free Hospital.—Operations, 9 a.m. and 2 p.m.

Monday, October 20.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
St. Mark's Hospital.—Operations, 9 a.m. and 2 p.m.
Metropolitan Free Hospital.—Operations, 2 p.m.
St. Bartholomew's Hospital.—Operations, 1½ p.m.
King's College Hospital.—Operations, 1½ p.m.
Charing-cross Hospital.—Operations, 2 p.m.

Tuesday, October 21.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Guy's Hospital.—Operations, 1½ p.m.
Westminster Hospital.—Operations, 2 p.m.
Throat Hospital.—Demonstration, 2½ p.m.
National Orthopædic Hospital.—Operations, 2 p.m.
West London Hospital.—Operations, 2 p.m.

Births.

Griffith.—On the 5th inst., the wife of Samuel Griffith, M.D., of Portmadoc, North Wales, of a son.

Kelly.—On the 2nd inst., at 12 Plough Road, Rotherhithe, the wife of Bernard Kelly, M.D., of a daughter.

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Marriages.

Chancellor—Downs.—On the 7th inst, at Stockport parish church, Herbert Chancellor, of Old Broad Street, London, to Fanny, daughter of George Downs, M.D.

Heffernan—Fleck.—On the 2nd inst., at Stanley, near Wakefield, Edward Heffernan, L.R.C.P.Ed., L.R.C.S.Ed., of Spennymoor, Durham, to Jane Eliza, only surviving daughter of James T. Fleck, Esq., of Stanley Lodge.

Spooner—Casswell.—On the 4th inst., at North Ormsby, Louth, Lincolnshire, Edward Monro Spooner, M.R.C.S.E., of Blandford, Dorset, to Elizabeth, youngest daughter of the late Thomas Casswell, Esq., of Pointon, Lincolnshire.

Waite—Norton.—On the 2nd inst., at Llanon Church, Llanelly, Thos Waite, of Crawley, Hants, to Mary, second daughter of J. H. Norton, M.D., of Llanelly.

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Deaths.

Gawley.—On the 26th of Sept., Eccles Gawley, M.D., of Foxford, Co. Mayo, aged 65.

Godwin.—On the 3rd of Oct., at Twyford, near Winchester, James Godwin, M.R.C.S.E., L.S.A.L., aged 42.

Lyon.—On the 5th of Oct., Gilbert Lyon, M.D., of Clifton, aged 70.

Advertisements.

OLD COINS FOR SALE.—Gold, Silver, Copper, Saxon, English, Roman, Greek, &c. Lists free.—J. Verity, Earlsheaton, Dewsbury.

THE STEWART INSTITUTION FOR IMBECILES,
AND LUNATIC ASYLUM, LUCAN.
Patron:—H.R.H THE PRINCE OF WALES.

This Institution was founded in 1869, and has already attained a large measure of success. It is situated in a healthy locality, and is under the superintendence of a Resident Physician, with trained teachers, who endeavour by the most improved methods to develope the powers, mental and physical, of Imbeciles.

To the pupils who can receive such instruction useful trades are taught. In that of mat making, particularly, excellent progress has been made, and an inspection of the work is invited either at the Institution or at the office.

The Institution is the only one of its kind in Ireland, and is mainly supported by voluntary contributions.

Pupils are admitted free by election, or by payment of £35 per annum. A higher rate is payable for separate accommodation.

Contributions to the fund for the erection of the proposed extensive buildings at Palmerston are earnestly solicited.

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WEDNESDAY, OCTOBER 22, 1873.

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CLINICAL LECTURE ON TWO CASES OF AMPUTATION.

By Edward Lund, F.R.C.S.,

One of the Surgeons to the Manchester Royal Infirmary, &c., &c.

I wish to bring before your notice to-day two cases of great practical interest, one an amputation of the right arm in a woman, Ellen Worthington, æt. 36, for extensive disease of the elbow-joint; and the other an amputation of the right fore-arm in a man, Patrick Reed, æt. 63, for disease of the hand and wrist-joint.

The woman had suffered more or less for twenty years from general struma, indicated by numerous small abscesses, chiefly glandular, in the neck and other parts of the body, disease in the elbow-joint of twelve months' duration, by which the entire joint was disorganised, and large abscesses had formed along two-thirds the length of the ulna, proving that it was not in any way a suitable case for excision.

In the case of the man, he had a cachectic aspect, which almost suggested the existence of malignant disease, and that the powers of repair were unequal to dealing with an excision of the wrist, and amputation was the only alternative.

It was determined, therefore, at our consultation that in each case amputation should be performed. The condition of the lungs, heart, liver, and digestive organs, and especially the state of the kidneys, with absence of albumen in the urine, having been carefully looked to, the amputation of the arm was performed on the 20th of June, and union by primary adhesion was completed on the 15th of July, twenty-five days afterwards. In the case of the fore-arm the operation was done on the 1st of July, and here also primary union was effected by the 16th, that is sixteen days, except the external angle of the wound where the flaps had not been adjusted accurately. In each case the operation was performed and the after-treatment conducted entirely on antiseptic principles, such as you see in daily use in my wards, and which I need not specially detail. It is essentially Professor Lister's plan of treating wounds, only I now use what I call resin cloth in the place of his antiseptic gauze, as it is more easily made, being prepared by a very simple process without heat, and without the use of any expensive apparatus. The arm amputation was made by an antero-internal skin flap dissected upwards; the posterior flap was made of skin and muscles together, by transfixion, and the vessels and nerves under the skin flap were cleanly cut through at right angles to the bone by a semi-circular sweep of the knife. In flap operations the vessels are apt to be sliced obliquely, but by this method they are cut cleanly through. After all the hæmorrhage had ceased the flaps were brought together by carbolised resin silk sutures, a drain tube was put in, and the stump was closed up. In the amputation of the fore-arm two internal and external skin flaps were made and dissected up; then the muscles were divided circularly round the limb, and by transverse cuts between the bones, so that the vessels, nerves, and tendons were not divided obliquely or drawn out unduly. Here also the drain tube was used, and the same kind of sutures. In each case the tube was removed on the third day; the sutures were cut and taken out by degrees from the fifth to the eighth day. Each case was dressed daily for eight days, and then every alternate day for the next week, after which two days were allowed to intervene between the dressings. The constitutional disturbance in both cases, considering the previous condition of the patients, was extremely slight; a slight erythematous blush was to be seen on the neighbouring skin from the third to the fifth or sixth day, but it seemed to rise and then disappear very rapidly. The pulse and the temperature were but slightly altered from their normal condition, and from first to last there was no suppuration. I will now show you the cases, that you may see the shape of the stumps, and note how the edges of the wound have been entirely undisturbed from their first position by anything approaching to sloughing, ulceration, or loss of tissue.

[Here the stumps were examined by the students, and the operation more minutely described.]

I will now say a word or two on the means employed to stop bleeding in these operations. In each case torsion was employed, a method which we have only recently adopted as the rule of practice at this hospital; and the general use of it is, I must say, entirely due to our present house-surgeon, Mr. Thomas Jones, who, having seen it in constant use at Guy's Hospital, where he was educated, urged us to give it a trial, and encouraged us to persevere in its use; and thus far I have had every reason to admire its good results. By its aid you get over the trouble of ligatures, which take more time in their application than the torsion, although, as occasionally happens from the odd position of some vessel, torsion cannot be applied, and then you should have the carbolised cat-gut ligatures ready for use.

I should strongly advise you in any operations you may have to perform in your early practice, to keep to the torsion plan if possible, yet in every case to have ready cat-gut ligatures in the event of their being required. Likewise, where your assistants are not numerous, to be prepared with these very useful little "*terrier*" *forceps*, which you can clap on at once, tie over them, and go on with the operation. They hold on very tightly, and the beauty of them is, that being round at the end, as you tie the ligature it slips well down on to the vessel.

You must not forget that in operations in private practice and on your own account you will feel greatly the want of the ready help and the quick experience of an assistant, such as you see so constantly at work in this theatre. Therefore, I would suggest that you should always be provided with these four requisites—viz., your torsion forceps, of any shape you like, provided they are effective, your terrier forceps, your tenaculum, and lastly, your cat-gut ligatures. With these at your side your patient must needs be safe in your hands from the dangers resulting from loss of blood in any operation you may undertake. You know it has been said that every operation is a dissection, and that the man who can dissect well and knows his anatomy ought to be a good operator. Upon that point I would say, with the lawyers, "rule granted;" but put such a man—I don't care how highly qualified he may be as an anatomist—to do an operation, the one thing that will puzzle him most is the flow of blood, if this is not well controlled. He may have practised the same operation over and over again on a dead subject, but in that case this one condition has been wanting.

There are two things which make an operation on the living different from one on the dead. In the dead subject there is no bleeding to cover the newly-made surface and disturb the operator, and there is no retraction of muscles and elastic tissues to distort his incisions. Therefore, you should always be ready to stop bleeding in the progress of any operation, and pay special attention to the various means by which this result is to be secured.

[At the termination of the lecture an opportunity was afforded the students of seeing the pathological results of torsion in an artery of a patient in whom amputation had been performed, but who had subsequently died from phthisis. The artery was perfectly occluded; the inner coat was completely cemented; and the outer coat closed by the twists to which it had been subjected.]

Donations, &c., to Medical Charities.—University College Hospital has received a third £1,000 from "G. W. S." The Hospital for Disease, of the Throat has received £1,000 from "H. D. T." Mr. Thomas Buck bequeathed £500 to the Infirmary and Dispensary, £500 to the Fever Hospital, and £250 to the Eye and Ear Infirmary, all at Bradford. Mr. Joseph Chamberlain has given £200 to the Hospital for Women, Birmingham. Mr. G. Ashley Dodd has presented fifty brace of partridges for the use of the patients of the Middlesex Hospital.

REPORTS ON SYPHILIS.

By C. R. Drysdale, M.D., &c.,

Senior Physician to the Metropolitan Free Hospital, &c.

SYPHILIS OF THE NERVOUS SYSTEM.

(*Continued from page* 296.)

Dr. Lancereaux remarks that tuberculous and sarcomatous tumours, when seated at the surface of the meninges of the brain, give rise to symptoms not easily separated in all cases from those caused by syphilitic tumours; but if the age of the patient be taken into account, as well as previous diseases, we shall generally be able to suspect, if not to diagnosticate certainly, the nature of each of these alterations. Tubercles are the property, almost exclusively, of early youth, and the cerebellum is then the principal seat of choice. Sarcoma, on the contrary, is found in more advanced age, is noticeable by the slowness of its development and by a progressively-increasing progress, whilst the syphilitic tumour is most frequently arrested at a given moment of its evolution. Cerebral hæmorrhage and softening are distinguished by a persistent, tenacious hemiplegia, and but little capable of amelioration. The diagnosis of the localisation of the syphilis necessarily is made from the study of the symptoms. The difference of the symptoms, whether the hemispheres, the cerebellum, or the bulb are affected, has nothing special; but it is important to know that epileptiform attacks indicate a lesion of the meninges or of the periphery of the brain.

When localised in the brain, syphilis must be regarded as a grave disease, not only in proportion to the importance of the functions which are injured, but still more on account of the frequency of relapses. It too frequently happens to us to see amelioration or even a rapid cure followed by more intense accidents than the previous ones, and more difficult to combat. A statistical account by Dr. Gjer mentions that, of 30 patients, 5 were cured, 12 obtained some amelioration, 6 were not altered in their condition, and 7 died. Of 147 cases assembled by Lagneau *fils*, we may notice a more or less happy termination 83 times, and a fatal termination in 57 instances. Death arose from some intercurrent disease.

The examination of the facts in unison with the data of physiology indicates that the gravest lesions are those which attack the organs most essential to life. Lesions of the bones or meninges, or those which only attack the periphery and convexity of the encephalon, are much less grave than those which attack the deep parts of the brain. Relatively to the symptoms, we may say that headache and insomnia are of little importance. Vertigo and convulsive attacks do not always permit us to foretell certainly the issue of the disease; but they are less redoubtable than the paralytic symptoms and the disorders of the intellectual faculties (idiocy, stupidity, torpor, and somnolence) which are, of all the syphilitic brain-symptoms, certainly the gravest. These accidents, however, are more serious the older they grow, because we have to dread a more or less considerable destruction of the nerve elements. This destruction is almost certainly present when permanent contraction is added to the palsy. However this may be, syphilitic localisations in the brain are less to be dreaded, even when no specific medication is used, than all affections of different origin; and it is especially when we are able to recognise and treat them early enough that we can advantageously combat these lesions.

The treatment of these affections consists in the employment of the iodide of potassium in doses of 1 to 3 and 4 grammes (15 to 60 grains) in the 24 hours. Often we find it well to associate this remedy with mercury, and calomel in fractional doses has seemed to us in frequent occasions to produce the best results.

Dr. R. Bartholow, U.S., (the *Clinic*, July 5,) cites several cases of syphilitic disease of the brain and spinal cord, when the diagnosis was more or less clearly made out; and gives some general points as to diagnosis as follows. He has had cases of syphilitic hemiplegia, paraplegia, neuralgia, epilepsy, affections of vision, &c.

The lesions caused by the disease in the brain and cord are various, says Bartholow. In the *dura mater* it appears as a pachy-meningitis, externa and interna, the former leading to the formation of exostoses, caries, and circumscribed gummata, and the latter giving rise to gummata of fibro-caseous consistence. The usual seats of these gummata are the convexity of the hemispheres and the base especially about the sella turcica, when they often interfere with the functions of the third, fourth, and fifth nerves. In the pia mater syphilomata appear as granulations and exudations. Similar lesions occur in the arachnoid, in which case mania with paralytic symptoms may ensue.

Symptoms of disease of the brain and cord may appear very early or within a few weeks of an infecting chancre being seen, or at any period in the life of the individual, even forty years subsequently. According to Bartholow, these symptoms may be the only ones appearing after the inoculation of syphilis. This is certainly difficult to follow. Hemiplegia without loss of consciousness and without decided perturbation of any kind is characteristic of syphilis of the brain. Irregularity in the evolution of the symptoms is also a feature worthy of notice.

Besides the diagnosis from irregularity we may be aided by the character of the headache and backache. The pains are either nocturnal wholly, or are greatly increased at night. Headache and vertigo precede, and often for a long time, the more serious symptoms of brain affection. The pupil is often dilated, and there is squinting ptosis, facial palsy, or trigeminal neuralgia in some cases. When headache and dizziness, lasting for some time, are followed by paralysis of a cranial nerve or nerves, or if epileptiform attacks or hemiplegia occur, the subject of these lesions being adult or middle-aged, there are good reasons for suspecting syphilitic lesions of the brain. The suspicion will of course become certainty if a history of syphilitic infection exist. The fact that a long interval of time has passed since the appearance of the primary disease should not mislead.

Dr. Josef Hermann (*All. Wien. M. Zeit.*, Sept. 2) addresses a few words to the International Congress at Vienna on the question of Prostitution and the Prevention of Venereal Contagion. According to this writer, the best means of preventing syphilitic infection is, (1) by education of medical men and the public in syphilis, (2) banishment of mercury from treatment, and (3) the humane treatment of prostitutes in their days of health as well as in disease. Dr. Hermann is of opinion that many of the doctrines of syphilis, as taught in the schools, are without foundation.

For ten years past, he says, the theory and practice of many German, English, French, and other State Medical men has shown that mercury is not a remedy. This teaching is now made more clear by electrolysis, and we know that mercury, in place of being a remedy in syphilis, may give rise to a host of diseases which may be ascribed to syphilis. In an article in the same journal he proved from statistics from his own hospital, *Wiedenspital*, as compared with the Allgemeine Krankenhaus, that the treatment of syphilis without mercury was at least a third shorter than when mercury was used, that it was much less costly, and that the mortality was very much smaller. He therefore recommends the passing of a minute by the Congress, recommending the disuse of mercury in syphilis.

When once the chains which hold the schools bound in hypotheses and superstitious treatment of syphilis have been broken, Dr. Hermann says that when some international congress forbids the use of mercury, with its privileged methods of poisoning, there will, as a natural consequence of this, arise more liberal views as to prostitution, which will be looked on as a necessary, or, at any rate, unextinguishable evil, and hence, again, the humane treatment of prostitutes, whether in health or in sickness, will follow.

Professor Sigmund, of Vienna, communicates to the *Archiv. f. Derma. u. Syph.* some facts from Italy on this subject. It appears that entrance into public hospitals is not permitted to be refused to poor syphilitic persons in Italy, but whenever possible they are to be placed in separate wards. Cities with over 20,000 inhabitants must provide a dispensary for the gratuitous treatment of these cases. Licensed prostitutes are sent to a special hospital or special wards in the general hospital. Soldiers and sailors, policemen and watchmen, including under officers, jailors, and all persons belonging to the military, are to be examined by the physicians of their corps every eight days in Italy, and any person with syphilis is sent to hospital as a relief. If any conceal their disease, they are liable to a week's arrest. The entire marine service are examined by their surgeons immediately on returning from any long journey, and before being allowed to disembark.

Foundlings with syphilis are given to syphilitic women to suckle.

CLUB-FOOT.

By William Parker, M.R.C.S.E.,

Late Surgeon, North Devon Infirmary.

The object of this paper is to show the physiology, character, and cure of the deformity without recourse to the knife, or confinement to the bed in any case, if undertaken under five years of age or so. Four well-marked cases have proved the truth of these observations under the use of the same tin-plate splint, which is fitted to the heel, &c., whilst the stocking and shoe can be worn as usual, and no pain is produced by the process of cure.

1. The physiology of club-foot consists of deformity of the foot being turned inwards and upwards in the various forms recorded, which are unnecessary to enter on here, whilst the heel is drawn upwards and the tendon of Achilles is tense as a whip-cord in *all* cases.

2. The character consists of no disease of any part, whilst the stronger muscles (gastronemic, &c.) overcome the actions of the extensors of the toes; thereby the limb is deformed, and continues to be so, until one, or even four tendons are divided, and extensor instruments with screws and pads are used to keep up the separation of the ends of the tendons. This process is attended with extreme pain and continued confinement in bed for a month, or six weeks in some cases.

3. The cure of the deformity is effected, whilst the bones and tendons are (easily in infancy without pain) put and kept in their natural position, and indicated by the sole of the foot being kept flat on the ground for two or three weeks, whilst the extensor muscles of the toes effect their natural action without being impeded by the stronger muscles of the calf of the leg.

The four cases fully prove that the stronger muscles had overcome the weaker, and the treatment has proved that the weaker muscles had been strengthened and the feet became natural in their actions.

If the above theory and practice cannot be refuted by more intelligible language, it will be shown that the treatment at present pursued at the Orthopædic Hospital, and that generally adopted, with irons on either side of the limb, is devoid of encouragement and perfectly unnecessary.

In regard of present plans in infancy, the surgeon may or may not be consulted by the parents, the surgical instrument maker being sufficiently instructed by drawings of the apparatus for club-foot in all medical periodicals and circulars, so that no particular credit of invention is due to the manufacturer. Furthermore the hinge in the apparatus at the ankle is absurd, whilst perfect quietude of the joint is requisite for the cure.

The last case, of a little girl, aged four years and four months, had been under treatment at the Bath United Hospital, with two wooden splints and a calico bandage, for some three months. Subsequently a surgical instrument maker had made the ordinary irons, which were worn for two years, when the deformity was greatly increased by the instrument not fitting the parts, which would require amputation, as the foot would have been useless. Another matter—removal of the irons every night and their application every morning contravene the cure, whilst the tin-plate splint is constantly kept up for the three weeks or so.

11 Southcot Place, Bath, Oct. 10th, 1873.

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INDIAN MEDICAL NOTES.—No. VII.

(FROM OUR SPECIAL CORRESPONDENT.)

MEERUT, UPPER INDIA,
September, 1873.

EVERY-DAY PATIENTS.

BEARING in mind the great expense and loss of service, it is a sad sight to observe the same ugly old faces in hospital for months, with syphilis or other ailments of their own contraction. It almost makes one dance with rage to be hampered with an epileptic, a disease difficult to detect at enlistment, or to have weedy boys or broken-down old men, who, in the hot weather, appear insusceptible to remedies. One case under treatment, at present slowly recovering from enteric fever, has to be watched with cat-like vigilance. Kept in bed on liquid food until the thermometer ceased to rise at night, urgent symptoms subsided. Now a shower of rain, a change of food, the least excitement or worry, the slightest cause, or without any reason at all, back comes the diarrhœa. Copper and opium, nitrate of silver, bismuth, chalk, charcoal, alum, iron, gallic acid, opiate suppositories, starch injections, did no good. Acetate of lead, acetic acid, and morphia proved very valuable for a time; so did hypodermic injections of strychnine; galvanism and stimulating liniments over the stomach and spine. Now he is taking zinc, his food, clothing, and arrangements generally carefully considered, but should the thermometer again alarm, things will go wrong. When a patient is suddenly seized with frequent diarrhœa, incessant vomiting, agonising pain about the bladder, profuse perspiration followed by cold clammy sweats, shivering, abdominal distention; when the temperature falls, the body becomes cold and blue, the voice husky, all pain ceases, the thready pulse stops, collapse has occurred; yet in my experience the patient remained calmly sensible, surviving the perforation about six hours. I say no more to-day concerning enteric fever beyond expressing an opinion that water is often unjustly blamed, and that the young, unseasoned, weakly new-comers, or even those who have been here some time, when enfeebled by intense heat, may, from the ever-prevailing bad smells, contract disease if susceptible. Sometimes contracted on board ship or marching up country, the disease remains latent, until the heavy, sleepy sufferer comes to hospital; when gradually the tongue, the abdomen, and the thermometer tell everything. Lately two cases of rheumatic fever, men of the same age, appearance, living in the same room, under the same circumstances, with cases of enteric fever, were under treatment for some time. Rheumatic fever in blazing hot weather is pitiable to witness; racked with excruciating pain, the poor sufferer cannot read or bear reading the long hot days, the tossing restless nights; the inability to move or find relief in any position can only be understood by those who have undergone such sickness. On enteric and rheumatic fever I hope to write at length some future time. The next case, just worthy of mention, is that of a man, brought insensible to the hospital about five o'clock one sultry evening, foaming at the mouth, working his arms violently, the breathing stertorous, the skin scorching hot, the temperature 108·4. The usual remedies of cold drenching, calomel on the tongue, turpentine enema, shaved head, sinapisms to spine and extremities had been applied before my arrival, when the temperature had been lowered and the pupils were dilated. In epilepsy, apoplexy, and specially when malingering or drunkenness is suspected, for many years it has been my custom to introduce a large catheter—in this instance without arousing the patient, who came to himself and spoke about six hours after, when his temperature rose to 103, falling next day to normal standard.

A poor illiterate Welshman, only familiar with his own mother tongue. No statement could be extracted from him. One evening a woman, recently delivered, showed alarming symptoms; for instance, high pulse, brown tongue, sallow face, suppression of milk, and lochia, dyspnœa, flatulence, slight diarrhœa, abdominal tenderness, excessive thirst, vomiting, and a temperature of 105. As there was another woman with a heart-breaking, burrowing mammary abscess, also another with a deep varicose, almost gangrenous, ulcer of the leg, complicated with remittent fever, under the same roof, I thought the first patient had either developed fever under these circumstances, or else there was a clot or a piece of placenta setting up malignant fever. Her head was shaved, ice, cold lotions, in addition to the fanning of the punkah, to be kept up all night, leeches applied over the tender uterus; an opiate suppository from time to time in the rectum; hot poppy injections repeatedly thrown up the vagina. Eventually repeated pessaries of aloes were introduced, the heat about the os uteri soon dissolving them without irritating the bladder. Turpentine fomentations were of course applied over the abdomen when the leeches ceased to draw, the intention being to have given turpentine by the mouth later, should diaphoretics, spirits of camphor, aided by milk diet, have done no good.

At five o'clock next morning her temperature was 104; at eight o'clock, 103; at twelve, 102; at four, 103; at eight o'clock in the evening, 102. Next morning it was 100, when ten grains of quinine came in handy. Gradually the uterine tenderness ceased, the milk and lochia returned, the tongue cleaned; now she is all but well—a ticklish, anxious case.

Last evening when everybody was down-hearted and depressed, and my veteran case of intractable diarrhœa, of course, with a grin on his face characteristic of the invalid who takes a morbid pleasure in relapsing, attention was called to a fragile young woman, suffering from bronchitic pneumonia, each lung hourly blocking up; the heart's action feeble to a degree, and, in spite of medicines, support, local applications, not a trace of expectoration. In England opium in some instances would act like a charm, in others it would at once kill the patient. However, in this case a bottle of champagne turned the scale, and to-day she is marvellously better. Out here women, in addition to suffering from leucorrhœa, uterine relaxation, and prolapse, cannot get over the absence of coal fires, gas lamps, busy streets, above all things the shops, and as they neither cook, nor wash linen, nor take exercise, and grow tired of reading and sewing, there must be many dull hours, even where there are children. Where there are none, owls, monkeys, dogs, deer, and parrots take the place when there's no pause in the day's occupation—that is known as the children's hour, where little voices and pattering feet are never heard. India is a dangerous place for good-looking women, rakes at heart. So many dashing sergeants, so few European girls to flirt with, so many idle hours, that no wonder occasionally one hears of these things. Should any such instance be brought to my notice, I shall have very great pleasure in hushing up the offence of an injured husband, giving his wife wholesome correction, the only cure for such insanity, namely, the *argumentum ad baculum*: the natives keep their wives in good order with their shoes. Taking all in all, however, married men can be very happy here, and careful management will keep away much sickness. It is really beautiful and touching to notice how men idolise their wives, dote on their children, and appreciate their homes, amidst dusky faces in a foreign land.

STUDENTS' COLUMN.

LECTURES ON HUMAN ANATOMY.

By Walter Rivington, M.S. Lond., F.R.C.S. Eng.,
Surgeon to the London Hospital and Lecturer on Anatomy at the London Hospital Medical College.

Lecture VIII.

Labour expended by Anatomists and Obstetricians in Measuring the Pelvis—Planes, Diameters, Axes, and Angles of the Pelvis—Table of Measurements—Evidences of Design in the Construction of the Female Pelvis, illustrated by its Growth and Development, by its points of Difference from the Male Pelvis, by the Adaptation of the Fœtal Head to its Cavity in Shape, Size, Position, and Passage during Natural Labour, and by the increased Mobility of the Pelvic Joints—Pelves of Infant, Negro, Monkey, and Lower Animals—Deformities, illustrated by Specimens in the London Hospital Museum.

The importance of an intimate and accurate acquaintance with the absolute and relative capacities of the Pelvis at different parts, both for the comprehension of the mechanism of parturition and for supplying the Medical Practitioner with the knowledge requisite for meeting its exigencies, naturally induced men of science to undertake a minute study of the conformation of the cavity, and to measure it in every direction. Many anatomists and obstetricians, including such men as Burns, Watt, Meckel, Cloquet, Velpeau, Monro, Lee, Ramsbotham, Churchill, Rigby, Murphy, Wood, Otto, Bandelocque, Boivin, Weber, Naegelé, and several others, have spent no little time and labour in this work, and have contributed to supply us with tables of measurements between various points of the false Pelvis both inside and outside, as well as at the brim and outlet and in the cavity of the true Pelvis. By making many measurements and striking an average we obtain an imaginary Pelvis which may be taken as the type or standard of what a well-constructed Pelvis ought to be, and may be used for the purpose of determining whether any individual specimens exceed or fall short of the proper proportions, and thus estimating the amount and significance of imperfections and deformities. For still more perfect comparison of the various types of construction, as, for instance, of the human male with the human female Pelvis, and of human Pelves with the Pelves of the brute families, it has been considered necessary to measure certain angles which the Pelvis forms with the Vertebral Column and the Horizon. As the result of these philosophical labours the student of the present day has to make himself acquainted with what are termed the *Planes*, the *Diameters*, the *Axes*, and the *Angles of the Pelvis.*

The *Planes of the Pelvis* are imaginary surfaces stretching between certain points of the Cavity at different levels. If you took a sheet of paper and cut out a piece which would fit into the brim of the Pelvis it would represent the *Plane of the Brim or Inlet;* another piece resting behind against the middle of the Sacrum, and in front against the middle of the Pubic Symphysis would represent a *Mid-Plane;* and a third piece which closed the lower opening and stretched from the tip of the Coccyx to the lower border of the Symphysis would represent the *Plane of the Outlet.* These three Planes, Superior, Middle, and Inferior, are those generally mentioned by obstetric authors, but it is obvious that many intermediate Planes might exist between them. A geometrical Plane is merely a surface. It has length and breadth, or extension, but little, if any, thickness, and therefore the number of Planes which could conceivably exist in the cavity of the Pelvis is very great. Owing to the depth of the posterior wall considerably exceeding that of the anterior, the Planes are more widely separated behind than in front. Each Plane has a central point which would be traversed by lines drawn across it in various directions, and a line let fall perpendicularly to the Plane on to this central point would both indicate the aspect or direction of the Plane and be the Axis of the Cavity in that Plane. Thus, a line drawn perpendicularly to the Plane of the Inlet represents the *Axis of the Inlet,* and if prolonged upwards it would emerge from the body at the Umbilicus; a line drawn perpendicularly to the Plane of the Outlet represents the *Axis of the Outlet,* and would, if prolonged upwards, strike against the Promontory of the Sacrum. The *Axis of the Cavity of the Pelvis* is found by joining the centres of all the Pelvic Planes, and is a curved line to which in the healthy and well-made female the position of the Uterus and Vagina corresponds. Indeed, the Axis of the Cavity should traverse the centres of the Cavities of the Uterus and Vagina in the parturient female. Any deviation from the correspondency of the Axis of the Uterus with the Axis of the Inlet of the Pelvis increases the difficulty of labour. An Uterus turned too much forward, or anteflected, would have its mouth directed backwards towards the Sacrum, and the Fœtus would be impelled against the promontory. An Uterus turned far backwards, or retroflected, would have its mouth directed to the Symphysis Pūbes, and the Fœtus would be urged against it. Knowledge of the position of the Axis of the Pelvis is essential to the practical obstetrician, who carries on all his operations with strict reference to its varying direction.

The Diameters of the Pelvis are simply lines drawn across the Cavity in the different Planes. Four lines are imagined for each of the three Planes, an Antero-Posterior, a Transverse, and two Oblique, a right and a left. The Antero-Posterior or Conjugate Diameter of the Inlet of the Pelvis is drawn from the Promontory of the Sacrum to the upper margin of the Symphysis Pubis, the Transverse Diameter lies between the central lateral points of the Pelvic Brim, the Oblique Diameters extend from the Sacro-Iliac Symphysis on one side to a point opposite the Ilio-Pectineal Eminence on the other. In the Cavity the Antero-Posterior diameter is measured from the centre of the Hollow of the Sacrum to the centre of the Symphysis Pubis, the Transverse from a point corresponding to the lower part of the Acetabulum on one side to a similar point on the other, and the Oblique from the centre of the Sciatic notch on one side to the Obturator foramen on the other. At the Outlet the Antero-Posterior Diameter is drawn from the tip of the Coccyx to the lower border of the Symphysis Pubis, the Transverse between the Tuberosities of the Ischia, the Oblique from the Sacro-Sciatic Ligament to the ascending Ramus of the Ischium.

At the Brim of a dried Pelvis the Transverse Diameter is the longest, and the Antero-Posterior Diameter the shortest; in the Cavity the Oblique Diameter is the longest, and the Antero-Posterior the shortest; at the Outlet the Antero-Posterior is the longest, and the Transverse the shortest. When the soft parts are attached the absolute measurements are diminished from a quarter to half-an-inch, and the relative proportions are also slightly altered; for example, the Oblique Diameter of the Brim becomes rather longer than the Transverse. At the Outlet the Antero-Posterior Diameter is capable of extension for another inch in consequence of the mobility of the Coccyx, and therefore some would prefer that the Antero-Posterior Diameter should be measured from the end of the Sacrum, which is a fixed point, and thus avoid the shifting of that Diameter and of the Axis of the Outlet, which is caused by the adoption of the Coccyx as a starting-point. There are many other measurements besides those of the Diameters and of the Planes which obstetricians enumerate, some being of importance in reference to the mechanism of labour and others in relation to the detection of deformities. Amongst the chief of these are the Circumference of the Brim and the distance of the Promontory of the Sacrum from the lower border of the Symphysis Pubis. The latter is a measurement which can be readily ascertained by the Index Finger, a decidedly more handy and better instrument than any of the Pelvimeters which have been proposed and used for estimating the capacity of the Pelvis. Perhaps the most important of the Diameters is that which is the shortest of all in the natural state—the interval between the Spines of the Ischia—for even a slight contraction of this Diameter may constitute a serious obstacle to the process of parturition and produce a lingering labour.

It would be "weary, stale, flat, and unprofitable" to spend much time over a series of dry distances and figures which nobody can be expected to remember for more than a few hours, and which in themselves can teach nothing of the practical art of obstetrics. Such matter is most conveniently exhibited in a tabular form, of which the student can take a bird's-eye view, and to which he can refer readily as occasion may require. The accompanying table includes all the measurements which have been already mentioned, as well as some others whose absolute and relative proportions are affected in malformations of the Pelvis :—

Diameters of the Pelvis in the Female (*a*).

	Antero-Posterior.	Oblique.	Transverse.
Inlet or Superior Plane .	4·3 inches	4·8 inches	5·4 inches
Cavity or Mid Plane .	4·8 ,,	5·2 ,,	4·3 ,,
Outlet or Inferior Plane .	5· ,,	4·8 ,,	4·3 ,,

Other Measurements of the Dried Pelvis of the Female.

Circumference of Brim . . .	14 to 17½ inches.
Depth of Posterior boundary of the Pelvis	5 to 6 ,,
Depth of Anterior boundary .	1½ to 2 ,,
Elevation of the Sacral Promontory over the Pubic Symphysis	3 9 to 3·10 ,,
Sacro-Iliac Symphysis and opposite Tuberosity . . .	about 6 ,,
Ilio-Pectineal Eminence to Tuberosity	about 3·6 ,,
Between the Spines of the Ischia	3·5 to 4·5 ,,
Between highest points of Iliac Crests	8 to 10 ,,
From Anterior Superior Spine on one side to Posterior Superior Spine on the other .	about 8 ,,
From Symphysis Pubis to Anterior Inferior Spine . .	about 4 ,,
From Great Trochanter to Posterior Superior Spine . .	8 to 8·5 ,,
From Lower Border of Pubic Symphysis to Sacral Promontory	4·5 to 5 ,,

The greatest pains have been bestowed by G. and E. Weber and Naegelé in ascertaining the Angles of inclination of the Pelvic Planes with the Vertebral Column and the Horizon. The brothers Weber fixed a Spine and Pelvis in plaster of Paris, and having made a vertical section through the whole measured the angles formed by the *Superior Plane*. Naegele, whose scientific work exemplifies the aphorism that "genius is a prolonged patience," "determined with great care the angle of the *Inferior Plane* of the Pelvis in the living *female*. In 500 well-formed living females placed in the erect position, he measured the respective distances from the ground of the tip of the Coccyx and of the lower border of the Pubic Symphysis. He found that in 454 the extremity of the Coccyx was higher than the Symphysis Pubis, the greatest difference being 22 lines. In 26 only was it lower, the greatest difference here being 9 lines, and in 20 they were equal in height from the ground. In 11 Pelves where he had the opportunity of verifying his observations after death, he found and figured one perfect Pelvis in which the tip of the Coccyx was 8 lines higher than the lower border of the Symphysis, which corresponded nearly with the mean elevation of the Coccyx above the Symphysis (viz., 7·1 lines), drawn from the observations above detailed. From this he deduced the inferior angle of inclination of the Pelvis to be 10° or 11° with the horizon" (*b*). Similar observations were made by the brothers Weber on male subjects, and the results are given in the following table taken from Mr. Wood's article, so often referred to :—

	Male. (Weber.)	Female. (Naegele.)
Angle of Inclination of Superior Plane or Pelvic Brim—		
With transverse vertical plane -	155°	150° to 151°
With horizon - - -	65°	59° to 60°
Of Inferior Plane or Outlet—		
With transverse vertical plane -	106°51′	101° to 102°
With horizon - - -	16·51	10° to 11°

(*To be continued.*)

BRITISH ASSOCIATION
FOR THE
ADVANCEMENT OF SCIENCE.

SECTION D.—BIOLOGY.

DEPARTMENT OF ANATOMY AND PHYSIOLOGY.

THE following abstract is from our able contemporary, *Nature*, which has given full reports of the Association.

Note on Huizinga's Experiments on Abiogenesis, by Dr. Burdon-Sanderson.

Under the title of a "Contribution to the Question of Abiogenesis," Prof. Huizinga has very recently published (Pflüger's Archiv., vol. vii., p. 549) a series of experiments which deserve notice as constituting a new and carefully worked out attempt to support the doctrine of spontaneous generation.

Prof. Huizinga begins his paper with the words *Multa renascentur quæ jam cecidere*, using them as an expression of the recurring nature of this question. He then proceeds to say that he was induced to undertake his inquiry by the publication of the well-known work of Dr. Bastian (whom he compliments as having awakened the exhausted interest of physiologists in the subject), his special object being to repeat the much discussed turnip-cheese experiment.

Every one knows what Dr. Bastian's observation is. It is simply this, viz., that if a glass flask is charged with a slightly alkaline infusion of turnip of sp. g. 1015, to which a trace of cheese has been added, and is then subjected to ebullition for ten minutes and closed hermetically while boiling, and finally kept at fermentation temperature, bacteria develop in it in the course of a few days. This experiment has been repeated by Huizinga with great care, and the accuracy of Dr. Bastian's statement of fact confirmed by him in every particular; yet notwithstanding this he thinks the evidence afforded by these results in support of the doctrine so inadequate, that he, desiring to find such evidence, has thought it necessary to repeat the experiment under what he regards as conditions of greater exactitude.

Huizinga's objections to Bastian's experiment are two. First that when a flask is boiled and closed, hermetically in ebullition, its contents are almost entirely deprived of air, and (2) that cheese is a substance of mixed and uncertain composition. To obviate the first of these objections, he closes his flasks, after ten minutes boiling, not by hermetically sealing them, but by placing over the mouth of each, while in ebullition, a porous porcelain plate which has just been removed from the flame of a Bunsen's lamp. The hot porcelain plate is made to adhere to the edge or lip of the flask by a layer of asphalt with which the edge has been previously covered. The purpose of this arrangement is to allow air to enter the flask, at the same time that all germinal matter is excluded. It is not necessary to discuss whether this is so or not.

To obviate the second objection he alters the composition of the liquid used: he substitutes for cheese, peptone, and for turnip infusion, a solution containing in a litre of distilled water :—

Grape sugar	25 grammes.
Potassium nitrate . . .	2 ,,
Magnesium sulphate . . .	2 ,,
Calcium phosphate . . .	0·4 ,,

The phosphate is prepared by precipitating a solution of calcium chloride with ordinary sodium phosphate, taking care that the chloride is in excess. The precipitate of neutral phosphate so obtained is washed and then added to the saline solution in the proportion given. On boiling it is converted into soluble acid phosphate, and insoluble basic salt, of which the latter is removed by infiltration. Consequently the proportion of phosphate in solution is less than that above indicated.

To the filtrate, peptone is added in the proportion of 0·4 per cent.

The peptone is obtained by digesting egg-albumen at the temperature of the body in artificial gastric juice made by adding the proper quantity of glycerine extract of pepsin to water acidulated with hydrochloric acid. The liquid so obtained is first rendered alkaline by the addition of liquor sodæ, then slightly acidulated with acetic acid and boiled. The syntonin thus precipitated is separated by infiltration from

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(*a*) "An average, struck from the combined observations of Duncan, Burns, Moore, Meckel, Watt, Velpeau, Moreau, Boivin, Baudelocque, Ramsbotham, Rigby, and Wood, gives us the following results :—

	Transverse.	Oblique.	Antero-Posterior.
Superior Plane .	5·2 .	4·8 .	4·25
Middle Plane .	4·75 .	5·2 .	4·7
Inferior Plane .	4·2 .		. 5·0"

Dr. Tyler Smith, "Manual of Obstetrics," p. 242.

(*b*) Wood, "Encyclopædia of Anatomy," Art., Pelvis.

the clear liquid, which is then evaporated to a syrup and poured in a thin stream into strong alcohol, with constant agitation. The precipitated peptone is separated after some hours and washed with alcohol, and redissolved in a small quantity of water. The solution is again precipitated by pouring it into alcohol in the same way as before, and the precipitate washed and dried.

Flasks having been half filled with the liquid thus prepared (in 1,000, 2 each of nitre and Epsom salts, a trace of phosphate of lime, 25 parts of grape sugar, and 4 parts of peptone), each is boiled for ten minutes, closed while boiling, with the earthenware plate as above described, and placed as soon as it is cool in the warm chamber at 30° C. The experiment so made "gave, without any exception, a positive result in every case. After two or three days the fluid was crowded with actively moving Bacterium termo."

The readers of *Nature* are aware that in June last I published a repetition of Dr. Bastian's experiments with a variation not of the liquid but of the mode of heating (see *Nature*, vol. viii., p. 141). Instead of boiling the flasks for ten minutes over the open flame and closing them in ebullition, I boiled them, closed them hermetically, and then placed them in a digester in which they were subjected to ebullition under a pressure of two inches or more of mercury. The result was negative. There was no development of Bacteria.

Since the publication of my experiments Huizinga's have appeared. His result, regarded as a proof of spontaneous generation is clearly not superior to Bastian's. The substitution of a soluble immediate principle for an insoluble mixed product like cheese, and the use of a definite solution of sugar and salts are not material improvements. The question is not whether the germinal matter of Bacteria is present, but whether it is destroyed by the process of heating. Consequently what is necessary is not to alter the liquid but to make the conditions of the experiment as regards temperature as exact as possible. In this respect Huizinga's experiment is a confirmation of Bastian's and nothing more.

I have recently repeated it with the same modifications as regards temperature as those employed in my repetition of the turnip-cheese experiments. The result has been the same. In all other respects I have followed the method described by him in his paper.

I have prepared the solution of salts, grape sugar, and peptone in exact accordance with his directions. To obviate his objection as to the absence of air, I have introduced the liquid, not into flasks but into strong glass tubes closed hermetically at each end and only half filled with liquid, the remainder of the tube containing air at the ordinary tension. Each of these tubes, after having been subjected to the temperature of ebullition under two inches of mercury for half an hour, has been kept since September 10 at the temperature of fermentation (32° C.). Up to the present time no change whatever has taken place in the liquid.

As a control experiment I opened one of the tubes immediately after boiling, and introduced a drop of distilled water. It became opalescent in twenty-four hours.

In conclusion let me observe that I still maintain my resolution to take no side whatever in this controversy. I do not hold that spontaneous generation is impossible. I do not regard heterogenists as scientific heretics. All I say is, that up to the present moment I am not aware any of proof that they are right.

On Physiological Researches on the Nature of Cholera, by Dr. Brunton.

Without entering into the question of the nature of cholera poison, the writer regarded it as probable that its effects might be counteracted in the same way as those of other poisons—by appropriate antidotes. He supposed that if a poison could be found having a similar action to that of cholera, an antidote to the former might prove a remedy for the latter. The condition of cholera collapse has been attributed by Parkes and Johnson to contraction of the vessels in the lungs, and their theory is generally adopted. The writer found that muscarin —an alkaloid derived from a species of poisonous mushroom—caused contraction of the vessels of the lungs and some of the symptoms which are counteracted by atropia. It therefore seems probable that atropia might be useful in cholera, and in fact an American practitioner has recently employed large doses of it with success. The fact that nitrate of amyl, which also relaxes the pulmonary vessels, is useless as a remedy in cholera, as well as the absence of distension of the right side of the heart in cholera patients during life, shows that Parkes and Johnson's theory is imperfect, and that one of the most important conditions in cholera is active dilatation of the large veins in the interior of the body. The condition might be relieved by digitalis. The effect of this poison was at once observed in cholera. The rice water stools in cholera were stated to have exactly the same composition of the fluid secreted after the division of the intestinal nerves in Moreau's experiment, and the profuse secretion from the intestines in cholera was therefore attributed to paralysis of some of the intestinal nerves. Injection of Epsom salts into the intestines also produced a profuse secretion, though this might be due to irritation and not to paralysis of the nerves. This is not lessened in the least by atropia, and it seems therefore probable that atropia will not prove a perfect remedy for cholera. Dr. Brunton is still endeavouring to find a remedy which will arrest this secretion.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 22, 1873.

DANGEROUS DOSES.

The subject of what are called dangerous doses has received a good deal of attention lately in consequence of the refusal of a pharmaceutical chemist to dispense a certain prescription. We have alluded to the subject more than once, but are now desirous of drawing attention to the proceedings of the Pharmaceutical Conference on the matter. This conference, as our readers know, was this year held at Bradford, and the proceedings were of an interesting character. Few questions were, however, of more moment to the Profession than the one before us. After a full discussion the following resolutions were unanimously adopted:—

"That this Conference, having duly considered proposals for the use of special signs to mark unusual doses on prescriptions, and the great advantages to be derived from them, considers that the bracketed initial letters of the prescriber's signature, written immediately after the unusual dose, is the best suited for the purpose.

"This Conference also respectfully urges upon medical men the importance of the prescriber's full name and address being written on *all* prescriptions, to facilitate communication between the prescriber and dispenser.

"That this Conference likewise considers it desirable for the dispenser to retain all prescriptions in which initialed unusual doses are prescribed."

With respect to the first of these resolutions, it may be remarked that many medical men have long since adopted it, and certainly it is but reasonable for the dispenser to have an extra guarantee with regard to a dose that appears dangerous. Those who make light of the matter say the dispenser can easily get an interview with the prescriber, but this is by no means correct. It is not often that the prescription is taken to a dispenser close by the prescriber's house, and when it is, neither the one nor the other should be called upon to lose time in an explanation. Moreover, the patient would often discover that an explanation was required, and his confidence in one or the other would thereby be shaken. It is so little trouble to append an initial that we thoroughly endorse the resolution.

In reference to the next resolution, it is to be noted that it is now common for the prescriber's address to be on the prescription. In fact, it is the universal custom to use the ordinary embossed note-paper for the purpose. Physicians, however, merely sign their initials, while surgeons sign their full names. It would certainly be an advantage for all to subscribe their signatures in full, as on the Continent they are compelled by law to do. Even then there is not seldom some difficulty in deciphering it, and for this reason we think the continental plan of having *the name and address* embossed in *very small* letters at the corner of the note-paper is one that might be very properly followed. The first physicians [and surgeons abroad have their paper thus stamped for prescriptions and correspondence, and we certainly think it is much neater than the crests and monograms with address *in colours* that are so commonly used in London; while its utility is most obvious.

Again, some prescribers have at the foot of their prescription paper a line indicating the hours they are at home, and some a request to bring the prescription on any future visit. There can be no valid objection to this, and we think the whole of the information could be engraved on a copper plate in very small and neat letters either at the corner or back of the prescription. On the Continent the hours are always appended to the name, thus—10 to 1 or 11 to 2, as the case may be.

All these points relate only to prescriptions written at home, as medical men could not always carry their own note-paper with them. At patients' houses their paper is used, and then the name of the prescriber should be signed in full, and his address added underneath it. The question is whether the physicians will follow the example of the surgeons in this respect, and we hope the Colleges of Physicians will at any rate discuss the recommendation of the Pharmaceutical Conference, for clearly dispensers have a right to be heard on this question.

The last resolution is far more doubtful. In the first place the patients would not perhaps consent, and if only adopted in these cases they would soon learn the reason and get alarmed. In the next place patients could not take the prescription with them at their next visit to the prescriber, and this ought always to be done.

We admit that the dispenser *prima facie* has a right to hold his own defence, in case of inquiry, in his own hands, but his doing so would be very inconvenient to his prescriber. In fact, it shifts the annoyance from one to the other. There must be some confidence between the two, and if medical men adopt the first two recommendations of the Conference, we think the pharmacists will be satisfied and not insist on the third.

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PHTHISIS AND TUBERCLE.

A CAREFUL epitome of the late discussion before the Pathological Society of London, on the "Anatomical Relations of Pulmonary Phthisis to Tubercle," has been prepared by Dr. A. T. Keyt, of Cincinnati, and published in the *Clinic.*

The discussion before our Pathological Society, on tubercle and phthisis, Dr. Keyt regards as one of the most important to be found in the annals of our literature.

The greatness and intricacy of the subject and eminence of the men engaged in its elucidation conspire to clothe the debate with peculiar interest. Dr. K.'s interest in this report he confesses to be somewhat enhanced from the fact that in his humble and imperfect way he had lately essayed a paper on the same subject, the same having been submitted to the Ohio State Medical Society at its recent meeting in Columbus. In his preparation he greatly felt the need of just such information as this rich mine would have furnished.

Yet this report, on account of its length, will not be read, he fears, so extensively as its importance demands. Therefore it occurred to him that those of the readers of the *Clinic* who would be deterred from the report *in extenso* might be induced to learn something of its valuable contents through an epitome. In the condensation he has endeavoured to give some of the more noticeable points of the peculiar theory, when this is apparent, of each speaker, though much that is valuable is necessarily omitted to keep within the allotted limits.

Although the debate in question has several times been referred to in the MEDICAL PRESS, we did not at the time follow the example of our contemporaries in reporting it in full. Indeed, the demands on our space did not permit of our doing so, and we felt sure that it would be more acceptable to our readers to adopt another course. There are many reasons why a summary prepared by some one far removed from the atmosphere engendered by the discussion should be of peculiar value to those who, like ourselves, lived for weeks in the midst of it. Moreover, great interest attaches to the debate from a point of view such as is taken by one so far removed from us, and all who took part in the discussion or were present at the meeting are, therefore, likely to be gratified by a perusal of Dr. Keyt's epitome. Accordingly, we avail ourselves of the columns of our practical contemporary, *The Clinic*, to place before our readers the views of the debate entertained by a writer separated from the scene by the Atlantic.

Dr. Keyt thus summarises the views of the several speakers:—

Dr. WILSON FOX opened and closed the discussion. His argument was based upon numerous careful observations made, first on the lungs of children dying of most typical acute tuberculosis, and secondly, on the lungs of adults dying of acute and chronic phthisis. The first class of facts thus obtained, which he categorised particularly, consisted throughout of those changes which by universal acceptation characterise ordinary phthisis, as well as the grey granulations. The second class consisted of these same identical changes, the grey granulations being very rarely absent, with modifications alone in chronic cases, such as produced by inflammatory complications and chronicity of the processes.

He argued in favour of the essential unity of phthisis and tuberculosis. The term "tubercle" was entitled to a wider signification, so as to include the anatomical basis of all true phthisis as well as that of miliary tuberculosis. His special theory was that tubercle is a growth of small cells and nuclei embedded in a recticulum more or less apparent. The growth is circumscribed, constituting the grey granulation, or diffused, presenting the same structure, vital characteristics, and tendencies as the granular; and hence the same as it to be considered veritable tubercle. In the lungs the diffused form occupies the alveolar and bronchial walls, and is usually mingled with pneumonic products; and a large proportion of what appeared to the naked eye as granulations, was in reality a blending of the growth with epithelial proliferation within the alveoli. The growth underlies all phthisical processes. All the caseous pneumonic conditions present the growth, and to it is owing the degeneration of pneumonic consolidations. It usurps the parenchyma, cuts off nutrition by destroying the capillaries, and causes the death of the affected parts.

The adenoid tissue is the seat of the circumscribed growth, and tissues of the connective tissue series, probably lymphatic, disposed on the bronchioles, and alveoli forms the basis for the diffused.

The doctrine of the diffused growth he deduced partly from observation, and partly, he confesses, from hypothesis.

Dr. **MOXON** expressed for the most part his concurrence in the views of Dr. Fox, though there were some points of difference. He thought that the definition of phthisis should not rest on purely histological grounds. Nor did he approve of the word adenoid as applied in connection with tubercle. The resemblance of tubercle to the structure of the lymphatic glands was only of the remotest kind. "He would like to show drawings of adenoid tissue seen in a blood clot; this appearance was always met with if there were enough white-corpuscles." He would not like to set the unity of phthisis on such a basis as adenoid. As to the so-called fibroid phthisis it was nothing more than "old phthisis in which a good-deal of fibre was necessarily present."

Dr. **CAYLEY** commended the completeness and accuracy of Dr. Fox's description of the changes met with in phthisis, but thought the doctrines founded upon this description open to some exception. He held that the term "tubercle" should be restricted to the grey granulation; also, that tubercle is not an overgrowth of adenoid tissue. The grey granulation is characterised less by small than by large cells. In many cases of chronic phthisis no tubercles are present at all, and in many other cases when present they are secondary to pre-existing inflammatory processes and are very likely produced by caseous infection.

Dr. **BEALE** spoke of the difficulty of saying what is tubercle from a microscopic point of view. He said "we must give up the hope of ever finding any characteristic which shall enable us definitely to say that a particular object is a tubercle-corpuscle, cancer cell, or any definite form of living matter." Yet a tubercle-corpuscle is a special thing, and he agreed with Dr. Fox that underlying many of these changes are tubercle-corpuscles though in many of these cases the tubercle-corpuscles themselves may differ. An ordinary tubercle made up as it is by different structures products of inflammation, tissue products, and so on, can no more be distinguished in the matter of its parts than can be the corpuscles of the embryo of one animal from those of another if they were mixed together.

The tubercle-corpuscle has nothing to do with the lymph-corpuscle; nor is it proved that the air-cells of the lung are covered by an abundant plexus of lymphatic vessels.

Dr. **BASTIAN** argued at length first against the warrant for extending the term tubercle beyond the line of the typical gray granulation, and secondly, in favour of renouncing the term tubercle altogether, and proposed in its stead "granulia." The address of Dr. Bastian was particularly able, abounding in apt illustration and facts skilfully used; but the argument to be appreciated must be taken in its entirety. Even an intelligible synopsis cannot be attempted here.

Dr. **PAYNE** thought it important to consider the chronology of the products and appearances met with. On examining the lungs of persons dying of phthisis we found tubercle in the sense of grey granulation and inflammatory change. There were two views as to the sequence—either the tubercle was first, or the other change first. In brief, there would be cases where the tubercle was the first and the inflammatory change secondary; or the inflammatory change might be the first and the tubercle secondary. How the one causes the other opened up a large field for argument. Also, tubercle and inflammatory change of a catarrhal kind might arise, not one produced by the other, but both from a common cause.

Dr. **DOUGLASS POWEL** considered that the question turned upon the limit of the term "tubercle," and spoke in favour of the essential distinction between the disease tuberculosis with its anatomical basis of grey granulation, and the disease phthisis with its multiform inflammatory changes. The inveteracy and destructiveness of phthisical lesions could be amply explained without the aid of the specific product tubercle by consideration of the peculiar construction of the lung and other appertaining local conditions.

Dr. **C. J. B. WILLIAMS** thought the debate had been about words more than things. The word "growth" does not explain the origin or nature of tubercles. The miliary tubercles are essentially modifications of the lymphatic glandular system, not mere "overgrowths" of that tissue, for this would imply an increase of all its parts—the same as seen in true lymphona and the adenoid enlargements in leucæmia, but increase only of the corpuscles, and then, also, changed so as to become harder, and form, in their crowding proliferation, little hard bodies. Their subsequent history, too, of irritation and damage to the tissues and decay and caseation in themselves, is dependent on this essential character of induration which is not comprehended in the term "overgrowth." Tubercles then if a growth at all, are a bad growth, a cacoplasia as well as a hyperplasia, and the elements altered are the lymph-corpuscles rather than the whole adenoid substance. But the lymph-corpuscles being universally admitted to be identical with the colourless corpuscles of the blood, and accepted that these latter in inflammation pass through the coats of the blood-vessels in large number and farther increase by proliferation, we have here a key, also, to the nature of the inflammatory forms of phthisis. They are all—tubercles and inflammatory products—phthinoplasms (he calls them), granular and diffused, differing in their form and seat, but alike in their corpuscular composition and in their proneness to decay.

Fibroid phthisis he considered in reality a form of phthisis in which fibres had formed from the fibrine of the exudation rather than from a proliferation of the connective tissue. In inflammation there is an overflow of plasma through the coats of the blood-vessels; the result in the varieties of his plastic and cacoplastic exudations.

Applying these views in explanation of the relation of tubercle or phthisis to inflammation, the more fibrinous and less cacoplastic exudation becomes organised into a tough contracting tissue called fibroid and the like chronic consolidations. The more corpuscular and aplastic degenerates into cheesy matter, to soften and decay; this is diffuse yellow tubercle and similar results of scrofulous pneumonia.

Dr. **GREEN** accepted the facts of Dr. Fox, and saw in all these lesions two main features, namely, an accumulation of large epithelial-like cells within the pulmonary alveoli, and a small-celled adenoid growth in the alveolar walls and interlobular tissue. These products were found in various relative proportions—in some instances blended undistinguishably, in others exhibiting a marked preponderance of one or the other form. He thought both originated from the common cause inflammation. If the small-celled growth predominated the inflammatory irritation was moderate in degree; if the large-celled predominated the inflammation was more intense. He favoured the idea of renouncing the word "tubercle."

Dr. **POLLOCK** favoured the propositions of Dr. Fox as promising to restore the unity which had been lost. The disease which we all agree to call phthisis presented a remarkable conformity to one type, although it had many varieties. He concurred in the idea of the close relationship of tubercle to the adenoid tissue. Regarding the question from a clinical point of view, he entirely believed in an acute miliary tuberculosis which need not of necessity proceed to ulcerative changes in the lung. But from a like clinical standpoint he must deny the accuracy of Niemeyer's pathology. Experience of a large number of cases of phthisis contradicted the statement that the disease arose from a catarrh, although an epithelial impaction might be found to block the alveoli after death. Neither had he ever seen a case in which hæmoptysis originated phthisis.

Dr. **Crisp** pursued the subject in the line of the relation to it of tubercle in the lower animals. He had met with tubercle in more than one hundred different species of animals, quadrupeds, birds, and reptiles, and he believed that there was scarcely a vertebrate animal that might not under certain conditions become tubercular. He had made numerous examinations of wild animals, but had never met with tubercle in an animal in a state of nature. Tubercle is more common in the vegetable feeders, as in birds; and he believed it to arise from faulty nutrition and bad air; also to be hereditary in the lower animals, and sometimes contagious. In them tubercle and caseous changes coexist.

The results of artificial inoculation, in his view, partake more of the nature of *pyæmia*. In man he concludes that miliary tubercle is disseminated in nearly, if not quite, all cases by inoculation—transmitted from some focus, or nidus, that has existed previous to the miliary deposit.

Dr. **Barney Yeo**, after testifying to the accuracy of the facts presented by Dr. Fox, in purport remarked, that acute tuberculosis and acute phthisis were closely allied affections, and connected with hereditary constitutional taint. When the original taint was intense we had acute tuberculosis, and the gray granulation generally developed; if the taint was less we had acute phthisis. Chronic phthisis, he believed, in most cases was of local inflammatory origin.

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Notes on Current Topics.

Chlorate of Potash and Glycerine Injections in Chronic Dysentery.

Dr. **Theodore Mead** advocates in the *New York Medical Journal* the injection in chronic dysentery of half a drachm of chlorate of potash rubbed up in half an ounce of glycerine and mixed with three to four ounces of warm water. This should be thrown into the bowel thrice daily, and should be retained as long as possible. He gives two cases as illustrative of the results of this plan of treatment.

1. A young man, æt. 27, was first attacked with dysentery in 1861, and had never been rid of the disease, or had a natural stool, up to June, 1868, when he came under notice. He was then having twenty to thirty stools in the twenty-four hours; was weak and anæmic; muscles atrophied; skin dry; pulse weak, and his general appearance indicated approaching dissolution. The use of opium and whisky, which had always been ordered him in large quantities during the whole of his sickness, was at once prohibited; he was given quinine, iron, strong beef-tea, and forty-grain doses of subnitrate of bismuth suspended in mucilage. The injections were at once commenced, and at first gave him intense pain and were rejected as soon as thrown up, but a decided effect was produced. In a short time the unpleasant sensations subsided, and in a few days he could hold the injections an hour. In twelve days his stools were reduced to eight or ten in the twenty-four hours, and were almost free from pus and mucus. In three months he was able to resume daily work, and has continued it ever since, with no return of his dysenteric troubles.

2. In the second case the dysentery followed an attack of bilious fever, was very obstinate, resisted all the ordinary remedies, and brought the patient to the verge of the grave. The treatment was substantially the same as in the other case, and recovery was complete in two and a half months.

Glycerine as a Means of Disguising Medicines.

Attention has been called lately to the use of glycerine as a means of disguising medicines, especially those of an oily nature. Some time since it was announced that if castor oil be mixed with an equal part of glycerine and one or two drops of oil of cinnamon to the dose, it can scarcely be recognised. The editor of the *Philadelphia Medical Times* says, "We have used this mixture a great number of times, and can confirm all that has been said of it. Children take it out of the spoon without difficulty. We have given it to doctors without their discovering that they were taking castor oil."

In typhoid fever and other diseases in which turpentine is indicated, patients often object very much to its taste. The addition of half an ounce of glycerine to a six-ounce emulsion disguises almost completely the turpentine, especially if a drop of oil of gaultheria or of other volatile oil be added for each dose.

The Evils of High-Heeled Shoes.

Dr. **Von Rothmund** shows some of these evils in the *Wien. Med. Presse.* He tells us that the high heels lately introduced into fashion change the long axis of the body, so that the trunk is directed backwards, and this of course alters the inclination of the pelvis. Such an alteration cannot be without influence upon conception and labour. I leave it to the obstetricians and gynæcologists to collect observations upon these facts. In my own experience I can bring forward one evil resulting from this *bizarre* position of the foot, viz., displacement forwards, even dislocation of the ankle-joint. I had a case under treatment where a dislocation occurred as a result of the predisposition thereto by high-heeled shoes, and where the patient was confined to bed for three months, notwithstanding the best treatment that could be devised. Inflammation of the ligaments and the sheaths of the ligaments is much more frequently met with. Finally, an abundance of corns is a product of this shoe dress that is not to be overlooked.

Carbonic Acid in the Urine in Fever.

Dr. **C. Anton Errald** has related in the *Archiv für Anatomie, Physiologie, und Wissenschaftliche Medicin* some new experiments on this subject. In searching for carbonic acid in the excretions the expired air only has been generally examined, and the gas contained in the other secretions has been overlooked.

The urine in Dr. Errald's experiments was drawn into vessels carefully cleaned and from which the air had been exhausted by the air-pump, and its quantity was ascertained by weight and noted. The quantity of oxygen and of carbolic oxide contained in urine is so small that it was overlooked in the estimates of the amount of carbonic acid present. Numerous observations were made, and the fact most clearly established that for the same individual, *cæteris paribus*, the amount of carbonic acid in the urine in fever is greater than in health, and, further, that the evacuation of carbonic acid in its increase and diminution keeps pace with that of the urea. This parallelism is to be expected, since, although part of the carbonic acid comes from oxidation of the albuminates, another part of it has its origin in the consumption of hydrocarbons and fat, and this latter source is the one which is the more important in health. These results must be looked upon as the expression of the increased metamorphosis of tissue in fever, and, since it has been shown that the carbonic acid has its origin in the tissues and not in the blood, it follows that the increased carbonic acid observed in fever likewise has its source not in the blood, but in the tissues.

Cholera and Intermittent Fever.

Dr. Joseph Hilf, of Pesth, thinks that anyone who has had an opportunity of observing cholera in malarial districts where malarial fevers are endemic must have noticed a certain resemblance between these two diseases; both having a hot and a cold stage, being attended by an almost insatiable thirst, and, finally, the occurrence of sweating; and in the so-called pernicious fever the stages of cramps and vomiting are constant, as in cholera. He thinks further that when the causes of the two diseases are compared, a similarity is again noticed, the malarial fever being due to the exhalation of swamps, while he regards the hypothesis that cholera has its origin in the miasma of the delta of the Ganges as the most probable one. He had an opportunity in the year 1855, while stationed in a malarial region of Hungary, of observing cases of cholera during the epidemic of that year, and he was induced by the resemblance alluded to above to adopt the received treatment in malarial fever—*i.e.*, by quinia—in cases of cholera.

His wife, at that time in the sixth month of pregnancy, being attacked with the prevailing epidemic, and all other treatment having failed, he, in the hope of sustaining strength, administered two grains of quinine every hour, and, to his great delight, after the exhibition of the third dose he saw an increase in the temperature of the body and in the number of the beats of the pulse. During the six weeks that the epidemic lasted, out of one hundred and twelve cases treated by tannin and opium, and, when these failed, by quinine, he lost but thirteen cases.

During last year two cases were treated in Pesth with the same drug, with favourable results in both cases; and during the present summer numerous cases have been treated both by Dr. Hilf personally, and by others to whom he has recommended the use of quinine, and the results have been uniformly favourable.

Origin of Syphilis.

Dr. Edmund Bassereau has just written a work (J. B. Baillière) to show that syphilis arose in Europe at the end of the 15th century, in the year 1494, coincidently with the presence of the French army in Italy during the wars of Charles VIII. He omits the belief that syphilis arose from some of the lower animals like cow-pox, malignant pustule, or rabies.

A Transportable Hospital.

The *Wiener Medical Presse* says that in the American section of the Vienna Exposition there is a model of a transportable hospital set up by the U. S. Sanitary Commission. It represents a tolerably long train of railroad cars whose ends instead of resting directly upon axles are fixed on rollers to diminish jar and shock as much as possible. The model has beds for thirty sick, a small room for the attending physicians, a dispensary, a wash-room, &c. It is built high and is arranged for the greatest comfort of patients and attendants.

Homœopathic Professorship.

The *Revista Clinica di Bologna* gives the following response from the Faculty of Naples to the question of the propriety of introducing homœopathy into the University:—

"The University of Naples is not a proper field for instruction in homœopathy, because the rational medicine which is imparted here on the basis af the natural sciences excludes allopathy as well as homœopathy or any other absolute system or dogma. The study of rational medicine is as far removed from the ancient allopathy with its blood-letting and purgation as from the recent delusion of homœopathy with its ridiculous infinitesimal doses and *similia similibus* medication."

The Natural History of the Patient.

We find in the *Pacific Medical and Surgical Journal* the abstract of a lecture by Dr. Gibbons, of San Francisco, amusingly descriptive of the varieties of patients met with in practice. The lecturer draws a racy word-picture of the ignorant patient, the stupid, the dogmatic, the confiding, the cheerful, the desponding, and the credulous. He says, "If there is any person calculated to drive the doctor to the verge of distraction, I think it is the *stupid* patient. He never understands directions, though every care be taken in giving them. It is useless to write them, for he does not read. He possesses no particle of judgment. Direct three powders to be taken, one every two hours until he sleeps, and ten to one he will engage a friend to wake him up at such times until all are taken. Explain his mistake and repeat the powders and directions, and the next night he will lie awake until morning waiting to see if he can sleep without them. Occasionally, the stupid patient has a mathematical turn of mind. Having been given some pills, to be taken at stated intervals, he reasons, by the rule of three, thus: If three pills a day will cure me in a month, six pills a day will require but two weeks; and so he gets a poisonous dose of strychnia."

Depicting the credulous variety he says, "The credulous patient places great reliance upon advertisement and promises of cure. He reads the little pamphlets which are distributed broadcast over the land, with a faith in their truthfulness equal to the Christian's in his Bible, or the Mahommedan's in his Koran. While some of these productions are sufficiently plausible to frequently deceive the uninitiated, others are so extraordinarily absurd as to beggar description, and yet they are read and believed. Some illustrations of their pathology will be edifying. Thus, 'Dyspepsia may arise from two causes—a cold or a hot state of the general system. Dyspepsia from a cold state is caused by a cold, clammy state of the stomach. . . . The gases which are raised are cold and heavy and remain in the stomach, whereas in good digestion they are warm and ethereal and are mixed with the circulation and evaporate through the pores.'

"He has learned many theories from clairvoyants, and thinks them worthy of investigation. The acme is reached, I think, in the following: 'The cause of measles and scarlet fever is a living germ or animalculæ. Herbs are full of germs or animalculæ also, and they cure by the animalculæ of the herb eating and devouring the animalculæ of the disease. One clairvoyant has often told me that the human system becomes so transparent to her vision that she can see the animalculæ chase and devour each other through the whole channels of the blood; that she has given a spoonful of my medicine to some of her patients, and sat for an hour, highly amused, watching the battle in the blood and serum.'"

Medical Evidence.

MEDICAL evidence, says the *Globe*, is already viewed with sufficient distrust, and the extraordinary opinions daily given in our courts of law certainly do not add to the popular respect for the Profession. But in a recent case the opposing of different medical opinions has been carried to a point not hitherto reached. When the rural sanitary authority at Richmond issued a summons against a florist for the improper keeping of pigs, the charge was supported by the medical officer of health for the district. The florist on his side, however, was supported by the medical officers for Isleworth, and for the Richmond urban sanitary authority. The case was accordingly dismissed.

We are sorry to find ourselves "gravelled for lack of matter" to contravene the opinion of the *Globe* on this subject, and we cannot look upon it as creditable to our profession that medical testimony appears to be assessed in the public mind as worth exactly as much as is paid for it.

Parturition in a Case of Double Uterus.

The Transactions of the San Francisco Medical Society contain the case of a female in the City and County Hospital, lately delivered. On examination during labour it was discovered that there were two passages through both of which the os could be reached. The septum extended the whole length of the vagina, and might have been the result of some old inflammation. Through one channel the os was more readily reached than the other. Labour was retarded by a narrow pelvis, as also by the age of the woman, which was thirty-five or upwards, and finally it was deemed necessary to use the forceps. Delivery was accomplished successfully, and without tearing the septum to any great extent. The woman died the next day from exhaustion, and, on subsequent examination, a double uterus was discovered to exist. A more exact statement of the case is promised.

Medical Portraits.

IN the interest of the Profession, we were impelled last week to animadvert upon the course pursued by a number of gentlemen who are seeking to obtain funds for the purpose of presenting a portrait of Sir Wm. Fergusson to himself or to the College of Surgeons—we scarcely know which, for the advertisement does not make this perfectly clear. We took exception, not, of course, to the object—because we feel sure that no member of the Profession could well have been fixed upon more worthy the honour of having his portrait painted by public subscription—but to the method pursued to obtain subscriptions; and the committee, we suppose, must be held responsible for the advertisements in the *Times* newspaper, which we have no doubt are as distasteful to Sir William as to ourselves.

Sometime since the College of Surgeons passed a resolution, which seemed to meet with pretty general approval, condemnatory of advertising in the lay press; yet here is a purely professional matter, quite outside public interest or concern, flaunted two or three times a week in the most conspicuous column of the *Times*, and all for what? That "numerous friends and admirers" of Sir William Fergusson may have an opportunity of subscribing for "a portrait painted by an artist of eminence."

We ask, is it reasonable to suppose that this advertisement is intended for professional eyes? Cannot those who are most interested in "one whose valuable contributions to surgical science, and whose moral character render him peculiarly worthy of so distinguished an honour," be more surely and effectually reached through the recognised organs of the Profession, or by private circular? Common sense will give the best answer to this question. Meanwhile we see other presentation portraits set on foot, but this time of a somewhat different character. We have had submitted to us portraits of Dr. Burrows, F.R.S., and Dr. George Harley, F.R.S., which, it appears, are the first of an intended series in the course of publication by Messrs. Stuart, of Highbury. This is a speculation of a purely business nature; but even here the intention is to confine the circulation to one almost partaking of a private nature. The portraits are apparently done by a new process, called lithotype, and we may fairly commend them as extremely good likenesses; but even this kind of portraiture requires to be restrained within certain limits, and we are glad to see it announced that these portraits are "for private subscription and for circulation only amongst the Profession."

Posthumous Honour.

WE understand that the inhabitants of Denmark Hill, Camberwell, Peckham, and the neighbourhood in which Dr. Nichol—whose death is recorded in our obituary—practised, have set on foot a public subscription for the purpose of placing a memorial window and monument in the church of St. Mathew, Denmark Hill, as a lasting testimony of the esteem in which the deceased was held by all who knew him, especially the poor. On Sunday funeral sermons were preached, and regret is universal at the loss sustained by his early and sudden death.

Mr. Lund's Lecture.

WE have much pleasure in drawing our readers' attention to the clinical lecture delivered by Mr. Lund at the Royal Manchester Infirmary, in that it is, in our opinion, an excellent illustration of the type of discourse required for clinical teaching. Torsion, it would appear, is now the rule of practice there, and, from what our correspondents inform us, has been employed by the surgeons of the infirmary on arteries of every size, both in public and private practice, with complete success.

THE pauperism of the metropolis last week had declined 3,000 since the corresponding week of last year.

London Hospital Sunday Fund.

A PUBLIC meeting will be held this day at three o'clock, in the Egyptian Hall of the Mansion House, for the purpose of settling the preliminary arrangements for the Hospital Sunday, 1874, and of electing the Council and Committee of Distribution for that year.

All ministers of religion in the metropolis, the authorities of the various hospitals and dispensaries, and others interested in the movement, are invited to be present.

Medical Society of London.

THE Fothergillian Gold Medal, of the value of twenty guineas, is offered for competition. The subject selected for 1874 is on "Therapeutic Means for the Relief of Pain."

Westminster Hospital.

MR. LEGGE PEARSE has resigned his office of Surgeon to the hospital. Mr. Richard Davy, the Senior Assistant-Surgeon, is a candidate for the post. A vacancy occurs for an Assistant-Surgeon. The nomination is fixed for October 28th.

The London Medical Schools.

FROM the registration it seems that 1,850 students are now pursuing their studies in London. This is an increase over the numbers in any year during the last decennium. Of new or first year's students, the numbers registered are approximately, St. Bartholomew's, 100; Guy's, 88; University College, 63; St. Thomas's, 53; King's College, 45; Middlesex, 38; London, 36; St. George's, 35; St. Mary's, 23; Charing Cross, 13; Westminster, 10.

The Chair of Chemistry in the Catholic University in Ireland.

THE Chair of Chemistry vacated by the retirement of Professor Sullivan has been filled by the appointment of John Campbell, Esq., M.B., M.R.I.A., who for several years past has occupied the chair of Chemistry in the Carmichael School of Medicine.

The Irish Coroners' Courts.

THE coroners of the City of Dublin have received a reply to a letter addressed by them to the Marquis of Hartington. The letter of Mr. Burke is a recital of the following instructions issued to the police :—

> "Instances having occurred in which persons in custody charged with murder or manslaughter have been produced at coroners' inquests, in obedience to orders or warrants of coroners or magistrates, the constabulary are informed for their future guidance that such practice is illegal, and are reminded that every person arrested by the constabulary on a criminal charge should be taken before a magistrate as soon as is reasonably practicable, to be dealt with according to law. In all other respects, however, the constabulary (as is their duty) will continue to afford every assistance in their power to the coroner in his investigation into the cause of the death of the deceased person. There is no legal mode of bringing before a coroner a person who is in custody except under a writ of *habeas corpus*, in case the Court of Queen's Bench should think proper to grant such writ."

We observe that a Belfast jury last week refused to find any verdict because the inculpated person was not brought before them. The Government authorities will, of course, care little for such ebullitions of indignant curiosity.

Elections at the Richmond Hospital.

THE election for Surgeoncies in the Richmond Hospital, Dublin, in the room of Mr. Adams and Dr. Robert Smith, took place on Thursday last. The candidates were as we enumerated them last week, Dr. J. S. Hughes, Professor of Surgery in the Royal College of Surgeons; Dr. Corley, of Jervis Street Hospital and the Carmichael School; Dr. Kelly, of the same hospital and the Ledwich School; Dr. Gerald Yeo, of the Carmichael School; Dr. W. Thornley Stoker, of the City of Dublin Hospital; Dr. Kane, the lately appointed Surgeon to Jervis Street Hospital, and son of Sir Robert Kane, ex-President of the Queen's College, Cork; Dr. Gogarty, of Rutland Square; Dr. Reuben Harvey, of the Carmichael School; Dr. Thompson, of the same institution; and Dr. Frank T. Porter. In addition to the candidates whose names are given above, Dr. J. K. Barton, Surgeon to the Adelaide, Dr. T. E. Little, of Sir Patrick Dun's, and Dr. P. C. Little, were also competitors. The election was, as we have stated, in the hands of eleven gentlemen of various religious and political creeds. After a prolonged conference, the selection of the Board of Governors was announced, and Dr. William Thornley Stoker and Dr. Thompson were declared elected. The selection inspired profound astonishment throughout the Profession, for, although the special merits and qualifications of the two successful candidates were fully recognised, no one imagined that the influences which were supposed to rule the decision of the Board would operate so strongly in favour of these gentlemen as others. Dr. Stoker is one of the Surgeons of the City of Dublin Hospital, and a Demonstrator in the College of Surgeons, and a distinguished private teacher, and has in a few years achieved the reputation of indefatigable industry and considerable talent. Dr. Thompson owes his election, we presume, to the fact of having been House-Surgeon to the hospital, and a Demonstrator in the Carmichael School.

In consequence of Dr. Stoker's election, a vacancy takes place in the staff of the City of Dublin Hospital, for which, we learn, Dr. Josiah Smyly and Mr. Arthur Barker are candidates.

The Bathos of the Provident Dispensary System.

AT the moment when Lord Shaftesbury informs the public that a North of England collier may easily earn his guinea a day, and while we are told that the idolised "working man" cannot be tempted even by such wages to work more than four days a week, or to put by a shilling for the benefit of his family, we are supplied by a correspondent with a homely illustration of medical competition downwards, to which we invite the attention of the few remaining political economists who retain their faith in the equalising effects of demand upon supply. A Dr. Wimberly, of Brinklow, situated, we believe, near Rugby, undertakes to attend an artisan, his wife, and three children for twelve months; to supply them with advice and medicine for the whole period of illness, and, if necessary, to go three miles to visit them. This is certainly a reduction of the contract physicking system to an absurdity. If we were in possession of information as to the percentage of illness which occurs annually amongst the children of artisans, we might be tempted to enter on a calculation as to the fee paid per visit to the contract doctor. It is most likely every one of the five members of the family will send for the job doctor before the year is out, and that one or two of the children will suffer some smart sickness of a couple of weeks within that time. We rather imagine that, if this calculation could be pursued, we should find that it is commercially impossible to supply the commonest medicine of any value at the rate of less than a penny-farthing a month; professional time and labour being set down as worth nothing at all. If it be political economy for the member of a learned (?) profession, and a gentleman by presumption, to "job-doctor" a well-fed, highly-paid artisan—possibly a candidate for the dignities of Parliament—at a yearly fee of less than the client pays for tobacco in any week, we are undoubtedly barbarous enough to consider that the application of such political economy to a skilled and *soi-disant* scientific profession is a public calamity and disgrace. It is one more aggravation of this miserable system of petty trading in our Profession, that the begging cards of this dispensary are distributed far and wide, like a dustman's handbill, amongst the patients of the neighbouring practitioners.

Election at the College of Physicians of Ireland.

The annual St. Luke's Day election at the College of Physicians took place last Saturday. Five members of the Profession—Dr. Cryan, of St. Vincent's Hospital, Dr. J. H. Benson, of the City of Dublin Hospital, Dr. J. W. Moore, of Cork Street Hospital, Dr. G. F. Duffey, and Dr. Thomas More Madden, offered themselves for election to the Fellowship of the College. Dr. J. F. Duncan was also nominated to succeed to the Presidential chair on its being vacated by Dr. Hudson. Drs. Moore, Benson, Cryan, and Duffey were elected to the Fellowship, and the election of a President was adjourned until Monday last, in order that some legal formality might be complied with. Dr. Duncan, who was then unanimously elected, is a physician of high character, specially in connection with mental diseases. He has been for many years connected with the Adelaide Hospital, and is well known to the Profession as the proprietor of Farnham House Private Asylum, near Dublin, and the author of a valuable *brochure* on "The Irresponsibility of the Insane."

The Fellowship of the Royal College of Surgeons of England has been conferred upon Mr. T. R. Wheeler, of Sevenoaks, and Mr. G. A. Mitchell, J.P., of Redruth.

The death rate further declined in the metropolitan area last week to 19 per 1,000 persons living. Not a single case of small-pox was recorded.

An alarming epidemic of small-pox is devastating the city of Rio de Janeiro, and is generally prevalent throughout the country of Brazil.

One consequence of the operation of the Adulteration Act has been a meeting of the London dairymen at which it was decided to increase the price of milk throughout the trade, the purveyors finding it impossible to sell the pure article at the old price. This action is more than suggestive, but the public will be the gainers in the end.

The subject of competition for the Hastings Gold Medal of the British Medical Association, value twenty guineas, is announced. The subject selected for competition for 1874 is, "The Action of Alcohol in Health and Disease," and the award will be made at the annual meeting of the Association in that year.

University College Hospital has received a third anonymous donation of £1,000 from G. W. S., and the Hospital for Diseases of the Throat a like amount from H. D. T., probably the same anonymous benefactor—who has already given more than £100,000 without revealing his name or place to the world.

We understand that Mr. Brudenell Carter, whose extemporised lecture at St. George's Hospital gave rise to much favourable comment, has been memorialised by the staff of students of the hospital to publish the same; and that he has consented thereto. We believe that Messrs. Baillière, Tindall, and Cox are to be the publishers.

We understand that the Introductory Address, at one o'clock next Monday, by Dr. Mapother, at the Royal College of Surgeons in Ireland, will deal with the history of that institution, and the lives and labours of its most distinguished Fellows. We hope to publish a complete abstract of the lecture in the following issue of the Medical Press and Circular.

A gardener died in St. Mary's Hospital last week of acute mortification produced by the attack of a *docile* bear kept by his master in his grounds at Hendon. We are glad, however, to record the fact that its owner has placed the gentle creature beyond the possibility of such a catastrophe being again placed to his credit.

A lamentable occurrence has happened in the house of Dr. Macleod, of Carlisle. Mrs. Macleod having nursed her eldest son with typhoid fever, became exhausted for want of sleep. Being unable to obtain this from overwatching, her husband prescribed a grain of muriate of morphia in a glass of wine; not producing the desired effect, the dose was repeated once or twice, when coma supervened, and, notwithstanding every effort, the deceased lady succumbed from the effects of the narcotic. The sorrow of Dr. Macleod upon this melancholy occurrence can be better imagined than described; meanwhile a *post-mortem* will be held upon the body, as it is presumed some internal disease was the actual cause of death.

SANITARY SCIENCE.

In a very exhaustive discourse delivered at the Birmingham Town Hall, and published in *Nature*, Professor Corfield alluded to sanitary science as a thing of yesterday, comparatively speaking; but sanitary art, the art of preserving the health, whether of individuals or of communities, he remarked, has been studied and practised for ages. Sanitary science is the latest and highest development of medical science because of the extreme importance of its objects and results. It is the study of the causes of diseases, and it points out the means of preventing them; and I am sure, continued the lecturer, you are all agreed that "prevention is better than cure;" as Rollet of Lyons well said, "Medicine cures individuals, hygiene saves the masses." But while we contrast hygiene (another name for sanitary science) with curative medicine, we must not forget that it is altogether a medical science, and that its great lights have been all medical men (mind, I am not speaking of the art now, but of the science), and this is necessarily so, and always must be so. I have said that sanitary science is the study of the causes of diseases, of the modes in which they originate, and in which they spread from one person or place to another. It is therefore only those who are acquainted with disease that are competent to deal with it at all, and these are those who have made medical science generally their special subject. You sometimes hear it said that medical men don't know much about diseases. Just think what this means; disease has been studied by earnest men in all its various forms for thousands of years; experiences have been recorded, comparisons made; the effects of remedies noted from generation to generation, and yet we are asked to believe that medical men don't know anything about diseases; the thing is absurd on the face of it.

Sanitary science is, then, a medical science, and the most intimate acquaintance with diseases is necessary for its prosecution—I mean for its advancement as a science. Sanitary investigations can only be scientifically conducted by medical men, just as pianos can only be played by musicians. This science is also the latest development of medical science. We must understand simple things before we can study complex ones. It is little use for a boy to study higher algebra until he has mastered the rule of three; and so pathology, or the study of diseased actions, becomes more and more advanced as physiology—the study of normal healthy actions—is more scientifically pursued; while the study of sanitary matters in a scientific way has only become possible of later years from the great advances made in the study of pathology, physiology, and chemistry; but being possible, it has made such rapid strides, and evolved such startling facts with regard to the causes of diseases, that it has become the popular subject of the day. Everyone thinks that he is competent to speak about it, and everyone who wants to make an effective discourse must needs take upon himself to expound some, to him, new view of sanitary matters; this is very mischievous. A man may do more harm by giving the weight of his authority to erroneous views respecting the method to be employed for the prevention of diseases than he has done good during the whole of his life in any other way. None but those who have made a special study of this subject have a right to speak on it, or at any rate have a right to influence the public mind with regard to it. The amount of good which may be done by the exposition of correct views on sanitary matters is incalculable; the amount of evil done by the enunciation of erroneous views, backed by apparent authority, fearful.

But if sanitary science is a thing of yesterday, such is not the case with the observation of sanitary facts, nor with the practice of sanitary art; and, while it is true that sanitary science is essentially and entirely a medical study, and is necessarily so, it is equally true that the practice of the art of preserving the health is not only possible to all, but is a duty which devolves upon all. In all ages we have had writers on this subject. From all countries we may learn useful lessons about it. From the times of Hippocrates, Galen, and Celsus we have had records of the results of observations on the methods of preserving the health; from the time of Moses we have had lawgivers imposing sanitary conditions of existence upon unwilling, because ignorant populations. We look upon the immense engineering works undertaken and carried out by the Romans to supply their towns with pure water with astonishment, when we turn round and see our own towns supplied from polluted rivers, or, worse still, from shallow wells dug in the soil upon which they themselves stand, well supplied in most cases chiefly by the foul water which has percolated from the surface of the ground. We have found out in later times that one of the main conditions of the health of communities depends on the purity of the drinking water, and we see that the Roman engineers, by having to go to a considerable distance for water in order to get it to a sufficient height in their cities, accidentally, as it were, fulfilled one of the most important of sanitary requirements.

"Knowledge is power," and as we come to know more of the conditions which favour the spread of diseases, as we do daily, it is our own fault if we neglect to use the power which that knowledge gives us. There are two conditions of insalubrity which are pre-eminent. I hardly know which to place first. The one is overcrowding, and the other the accumulation of refuse matters in and about dwellings. These conditions were those which especially favoured the spread of the fearful plagues of the middle ages; as a result of overcrowding we have a deteriorated condition of the air, from the diminution of the amount of its most essential constituent, oxygen; and, worse still, we have it rendered foul by the exhalation of decomposing organic matters from the bodies of the persons breathing it. Such a state of air is especially favourable to the multiplication of the poisons of diseases; such a state of the air is also brought about by the non-removal of refuse matters from the vicinity of habitations.

I consider that one of the most important conclusions that the study of sanitary science has forced upon us lately is the conclusion that the immediate removal of refuse matters is one of the first necessities of the healthy existence of a community. There are those who would have you believe that refuse matters may be rendered innocuous in one way or another, so that they may be kept with safety in and near to houses. Don't listen to them; the principle is wrong—radically wrong. Depend upon it that the true method is to get rid of such matters at once, and in the simplest possible way, and that is the cheapest plan in the end. Show me a town where refuse matters are kept—no matter how they are treated—and I will show you a town where the standard of vitality is low; I will show you a town with a high death-rate, especially among children.

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Literature.

A TREATISE ON THE CONTINUED FEVERS OF GREAT BRITAIN (*a*).

(*Continued from page* 309.)

OUR author begins the subject of the treatment of typhus fever by the observation, now so general and so commonly accepted, that we cannot cut short an attack of the disease. We have great doubts as to the absolute truth of this statement. We have known more than one case where an adult was attacked with all the symptoms of fever, and in a house where typhus already existed, and yet the second person did not get the disease. The sickness of the stomach was assisted by an emetic, and the patient was at once sent out of the house, and to our eyes seemed by this plan to have escaped. It is true such a fact is not absolute proof of the point at issue, but it certainly seemed so to us. But waiving this point, can we shorten, by our treatment, an attack of fever? We fear we must answer in the negative. On the other hand, we go very much further than others as to the power we have over fever; for we believe we have a direct control over the symptoms, which, if unchecked, would surely lead on to a fatal termination. As this is a point which many deny, we must speak more fully about it, and shall take the brain as an organ which is often so engaged as directly to involve life. We need not say that when this is the case it is commonly by coma the case ends. No worse cases of typhus has come under our notice. Now, this state we firmly believe we can prevent. If we are not mistaken, Graves held a similar opinion, and we are glad to quote his great name on this point, for the tendency of the present day, even amongst the highest, is to follow a do-nothing treatment, and this applies not only to fever, but other diseases. As far as such a plan goes, we must protest against it in the strongest terms. We believe that our art is potent for good, and we know the sick need a physician. But what, then, it will be asked, can be done? We answer, without any hesitation, we can lessen the intensity of each and every symptom present, and in this way render the patient's state compatible with the continuance of his life. We can lower the morbid heat, soften

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(*a*) "A Treatise on the Continued Fevers of Great Britain." By Charles Murchison, M.D., LL.D., F.R.S., Fellow of the Royal College of Physicians; Physician and Lecturer on the Principles and Practice of Medicine, St. Thomas's Hospital, &c., &c. Second edition, pp. 729. London; Longmans, Green, and Co. 1878.

the skin, free the bowels, and relieve the intense headache, as well as lessen the tendency to determination of blood to the brain, so very common at the commencement of typhus. And here we would say, once for all, that we have none of that dread of a modified lowering treatment against which there has been such an outcry of late years. Let it only be guided by ordinary discretion, and we repeat there need be no fear. It seems to be quite overlooked that no case of fever goes favourably through its course without the patient losing more or less of his flesh and strength; nor do we know any worse symptom in the disease than for the patient not to show signs of loss of flesh by the eighth or ninth day. Yet the constant advice now-a-days is to feed, feed, feed. For ourselves, we prefer the teachings of Nature, and our treatment has always been formed on her plan. Hence a modified antiphlogistic treatment seems to us to suit best in the vast majority of instances, and during the first week. Exceptions we know do occur, but they are certainly rare. It is worthy of note, too, that Nature often indicates the plan we should follow. Thus it is by no means uncommon for the patient to lose a few drops of blood from the nose. It is true this is more frequent in some years than others, and at certain times of the year. But this does not affect the principle. Let advantage be taken of the occurrence by the application of a few leeches to the temples or behind the ears, and benefit will surely follow. Neither let it be forgotten that whilst we think it needful to use local bleeding, we can at the same time be giving wine. We doubt if this great principle in the treatment of disease, and of fever in particular, has got the attention it merits. Our author alludes to it but very briefly. For ourselves, we think it the very acme of theoretical and practical knowledge combined, and, we may add, have carried it out with marked advantage in numerous cases of fever, and at an advanced stage of the disease.

There is another point bearing directly on the question before us, which we must notice here. We mean as to the state of the brain found in a patient dying, we shall suppose, on the eleventh day of typhus fever. The common impression seems to be that the *post-mortem* discloses no cause for the symptoms present during life. We have a strong conviction that this is a mistake; and we found this idea on the fact that we have never yet examined the brain of a patient dying as we have indicated, in which we did not find what seemed to us enough, quite enough, to account for the symptoms. True, there was not inflammation; but there was serous effusion, often of a gelatinous character; and there was always marked congestion, frequently showing itself in great patches, as if the vessels had ruptured, and allowed the blood to escape; and in keeping with this the serous effusion was often blood-stained. If this state were found in a case of congestive apoplexy we don't think any pathologist would hesitate a moment in saying it had caused the disease; and if we suppose it to be true it will certainly afford very valid reasons for combating, as far as we can, the commencing symptoms of typhus. In other words, the physician ought to be an actor, and not merely a looker-on, as some advocate at present, and "*obsta principiis*" should be his motto. It would be quite out of place here to enter further into this subject, but we have thought it advisable to say so much, and the rather as our author does not seem to us to have entered as fully into those great principles which should regulate our practice in the treatment of typhus fever as the question merits; and we observe (p. 279) that he goes so far as to say, "Even local depletion is never permissible, except for the relief of distressing symptoms hereafter mentioned." We consider this sentence too exclusive; and we must add our experience is directly opposed to it. Let only an ordinary discretion be used, and no dread, we firmly believe, need be felt for the result. We might add more, too, on the point of local bleeding in other stages of the disease; as, for instance, the treatment of certain forms of sleeplessness. In such we know no means which will more certainly induce sleep than the application of a few leeches to the temples; nor have we seen any bad result from the practice; and we mention it here because it bears directly on the more general question which has been before us. Speaking of the sleeplessness of typhus, it seems to us the author uses opium very early in the attack. In Dublin this is not the usual practice. Indeed, we would say that generally it is considered much better practice to abstain from its use; or, at least, to use it only in very exceptional cases. For ourselves, we never order it by itself, for the purpose of inducing sleep; but only in combination; and the discovery of the hydrate of chloral has made even these combinations the rarer.

On the several other points of special treatment for typhus we would say we agree with our author; and amongst these we may mention the use of quinine and the sulphites; of neither of which does he approve. He thinks, however, he has seen benefit follow the use of the hydrochloric acid, which may fairly be called an antiseptic. We think so too, and have for a very long period so used it. Amongst the remedies of this class there is one which seems to us worthy of a more extended trial than it has yet got; we mean barm. It is not, we believe, alluded to by our author. But several of the physicians who were formerly attached to the Cork-street Hospital of Dublin have specially spoken of it in terms of praise. It is best suited to pure uncomplicated typhus, where the spots are the darkest, and the state of the blood seems to be most profoundly altered. What experience we ourselves have had of it has been quite in its favour; and we may state we have also used it in very bad scarlatina, or rather the secondary fever which so often follows it, and likewise in severe small-pox, and in both with marked benefit. We would suggest then that there is quite enough evidence to entitle it to at least a trial in any of those fevers which are known to exhibit what is called the typhoid condition.

On the important point of what food is to be given to a patient passing through typhus we are entirely in accord with our author. We believe with him that the tendency of the present day is entirely to overdo the matter. From many of the writings of the day one might suppose that too much could not be given. We look upon this as a grave error, and our author does the same.

We have already stated that a certain loss of flesh is an excellent sign, and any case where this does not occur is very apt indeed to go on to a fatal result. Hence we are not, nor ever have been, so anxious about feeding as so many are, and we know, as a matter of experience, that many, very many, cases may be left entirely on that old-fashioned, but now neglected drink, whey. And speaking of this drink reminds us that a considerable number of patients will not bear milk; on which our author seems chiefly to rely. Where there is no illness at all the very same thing occurs. Many adults cannot take milk, and it would be strange indeed if the same did not occur during illness. If we were asked whether more patients would bear milk or beef tea, we would at once answer the latter. The truth is every case must be treated on its own requirements, and it is scarcely safe to speak of this or that article being suited to the majority of cases. That milk may do positive harm we have not the shadow of a doubt. We have seen marked advantage arise from its entire withdrawal. But it would be out of place to follow up the point further here.

On the important question of the use of alcoholic stimulants in the treatment of typhus fever, we, as a whole, agree with the views of our author. We could have wished, however, that he had drawn a more marked distinction between alcohol as such and other stimulants. We think it a mistake to speak of alcohol being given at all. It is quite true it is contained in the several stimulants in more or less quantity. But we repeat it is not as alcohol it is used; pure alcohol is not given diluted with so much water. No one can maintain this. But we do give whisky and brandy and wine, and these are very different things indeed. In fact the composition of these bodies has been overlooked, and they have been all lumped together as if they were the same, than which there cannot be a greater oversight. Whisky differs materially from brandy, and wine still more from either, and we consider it essential that this view of the subject should not be forgotten. In some of our Dublin Hospitals it was tried, as a matter of economy, to substitute whisky for wine, and it failed. And the reason is obvious. Wine contains ingredients which no other alcoholic stimulant does, and ingredients too of very great moment in a disease like fever. It is true that these exist in very small quantities, but they are sufficient to make wine wine, and to prevent its being mistaken for any other fluid. It is not our business here to enter into the analysis of wine. It is enough for our purpose to state that it, of all the alcoholic stimulants, answers best in the treatment of typhus fever, and has been followed by the happiest results. That many cases occur where no wine is needed is certain, but that is a different question altogether. Besides the age of the patient, on which our author naturally dwells as an important element in the question of giving or withholding wine, we think the habits of the patients are always to be kept in mind, and action taken accordingly. But we must repeat it is essential that the different constitution of the several alcoholic drinks should ever be kept in mind, and if we want a pure stimulant, we must have recourse to either brandy or whisky. If, on the other hand, we want a weaker stimulant with a certain amount of nourishment in addition, then wine ought to be the agent we should use.

It will be observed that the questions on which we have touched, and more particularly on the treatment of typhus fever, are of a general character, and will apply *cæteris paribus* to the other types of fever. Thus the same principles apply to the treatment of typhoid fever as typhus. And here we must add that as in typhus we do not think it prudent to let nature have a free course, neither do we when the type is typhoid. We are sure it is prudent to moderate the diarrhœa of typhoid when it exists; and this we believe will be attained by putting in force some modification of the antiphlogistic plan. Leeches in certain cases, blisters, poultices, &c., are each and all to be used. The inflammation which we know exists is to be lessened, and we have every reason to believe we can do this, and so prevent worse consequences ensuing. Of blisters in particular we cannot speak too highly. No doubt whatever remains on our minds that they lessen the diarrhœa, and so the inflammation on which it depends. But let them be used of proper size; and we note this because it is common to order them so small that they are really useless. We have often known one put on which was not more than three square inches, and this to meet a grave attack of typhoid fever; it might as well have been applied to the doctor himself. Neither must we forget that the disease, in many instances at least, is not confined to the ileum, but extends into the colon, and must be treated accordingly. It seems to us that this extension of the disease is often overlooked, and bad consequences frequently follow, by the attention being directed exclusively to the ilio-cæcal region. We think too, our author might have dwelt more on these points than he has done, for to our mind, they are of the greatest practical importance.

We have already said we consider it essential that the diarrhœa of typhoid fever should be moderated, and we use this term purposely, for it is not safe to check it entirely. We have seen the brain get seriously engaged by suddenly stopping the diarrhœa. In fact, the type of the fever has been quite changed; so that a certain amount of caution is needed, and our business is to moderate and not check the discharges. When this is once attained, and the diarrhœa is under our control, we feel that the attack is most likely to end well, and so we believe the mortality is reduced to a minimum. Of the medicines to be used internally, we think, with our author, the dilute sulphuric acid is the best. It will certainly often succeed where the more ordinary astringents, such as chalk and lead, will fail. It is, however, to be observed that in some rare cases this medicine will not be borne, and more particularly where the stomach is very irritable. In such we must only have recourse to other remedies. But as our notice of the volume must shortly end, we cannot pursue this subject further here.

One of the valuable features of the volume before us is the accurate detail of nearly 100 cases of fever of the various types, and when fatal the *post-mortem* appearances. Many cases had been given in the first edition, but they have been much increased now, and, as we think, with a corresponding value; and we would add that the cases where there were complications, in both typhus and typhoid, are of special practical value. Indeed, we do not know any other work on fever which contains a similar detail of cases.

We had jotted down several other points in the volume for special notice; but we find we must bring our remarks to a conclusion. In doing so, we cannot but again express our admiration of this great work, which must have cost the author a large amount of labour, and, as a matter of course, a vast deal of time. In it our readers will find the most complete account of the continued fevers of Great Britain and Ireland, with which we are acquainted, and in all their bearings. The fact, too, that our author has been connected for many years with the largest fever hospital in London, adds no little to the practical value of the book; so that we do not hesitate to recommend it in the strongest terms to the notice of our readers.

CLINICAL MEDICINE (*a*).

Whatever proceeds from the pen of Dr. Sturges is well worth careful perusal. We were, therefore, prepared to find that in addressing students he had some valuable observations to make. He has here a method of eliciting facts from patients which we have no doubt students will find of great assistance. He does not claim that it is the best method, but we are sure many who examine it will think he might have done so, although others may possibly differ. Not a few practitioners have made for themselves a very similar method, but even they will be pleased to see how Dr. Sturges has thought it out, and condensed what he has to say into a small volume.

Dr. Sturges proposes to show his student how to proceed in the examination of patients. He therefore presumes the reader to be fully acquainted with the elementary facts of medicine, and with the theories that ought to be taught in the lecture-room before the student enters the wards. Here then will be found no explanations of sounds heard; no epitome of pathological changes of tissues; no explanations of a chemical or physiological nature. If these things be not known, the student is, in our author's view, unfit for clinical work.

There is very much to be said in favour of this view, and we feel sure there is room for the book before us, and that it will be found very useful, for many students begin ward-work with sound preliminary or theoretical knowledge, but feel at a loss in respect to the exact plan on which to go to work. The same may be said of those who study in hospitals to which no schools are attached, or in private practices. Dr. Sturges' little book will greatly aid them in their immediate work, and will help them to cultivate method in their study.

EVOLUTION (*b*).

The work before us is one of the Actonian Prize Essays for the year 1872. The author says in his preface that

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(*a*) "An Introduction to the Study of 'Clinical Medicine." By Octavius Sturges, M.D., Assistant-Physician, Westminster Hospital. London: Smith, Elder, and Co., 1873.

(*b*) "The Philosophy of Evolution." (An Actonian Prize Essay.) By B. Thompson Lowne, M.R.C.S., F.L.S., Lecturer on Physiology at the Middlesex Hospital Medical School; author of the "Anatomy of the Blow-fly," and the "Teratological Catalogue of the Hunterian Museum." London: John Van Voorst, Paternoster Row, 1873.

he does not expect to convert any to a belief in evolution, but addresses those who accept the doctrine already in some form, although he has endeavoured to present as concisely as possible the reasons for accepting it. The work is, indeed, a brief *résumé* of the theories held on the subject by Darwin and others, together with original views of the author, who endeavours briefly to explain some of the difficulties incidental to the hypothesis of evolution. He has endeavoured to give the theory of evolution from the point of view of a physiologist as well as of a naturalist.

Mr. Lowne says that the Darwinian theory is adequate to explain certain phenomena which are inexplicable on the other received theory, viz., the theory of special creations. He says that it is necessary, in order to understand fully the effect of Darwin's law on evolution, to consider "the laws of variation and inheritance as far as possible with our present state of knowledge. Variation and inheritance are undoubtedly complemental to each other." . . . . Extreme "susceptibility to change (or, in other words, to vary) is the principal characteristic by which protoplasm is distinguished from inorganic matter. The power of transmitting characters truly, or without variation, is so diametrically opposed to this property, that, although hereditary transmission is so universal and powerful in its action, it must, if evolution be admitted, be looked upon in great part as a subsequently acquired character. The laws of variation are therefore those which should naturally be considered first; and from a consideration of these it is thought a clue at least to the nature of hereditary transmission may be obtained."

The author's views on the origin of the higher vertebrates may appear fanciful to some, and he himself admits that they are presented only as hypotheses, respecting which each reader will, of course, form his own opinion. The following quotation on this subject will give some idea of the author's style:—

"Looking very far back into primæval time, we must picture some oceanic fish allied to our present box-shaped chimeras, closely related to the ancient ganoids, and probably much like our existing mudfish, swarming in myriads amongst the shallows around some gradually rising continent, or lurking in vast beds of sargasso-like weed in a young-world ocean, doubtless ages after the time when the sea swarmed with their lancelet-like ancestors; for a great gap exists in our knowledge. And now we must picture to ourselves the ocean teeming with highly developed invertebrates."

"The paddle-like fins of this ancient type of Lepidosiren or mudfish, served it as a means of progression; and we may well believe that it became transformed into some primæval amphibian." . . . . "The further transition from the amphibian into an aquatic mammal on the one hand, and into a reptile on the other, is perfectly gradual . . . ."

The work before us is a very good *précis* of the views entertained on this subject, and is interesting throughout, although we do not suppose that the readers of it will accept all the hypotheses advanced by Mr. Lowne. It is well illustrated by a series of plates (eight in number), which are not, as usual, distributed through the body of the work, but are, together with the descriptive references, at the end of the volume.

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Correspondence.

CORONERS' LAW.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

"But is this law?
Ay, marry is't; crowners' 'quest law."—HAMLET.

SIR,—The grave-digger, in the above few pointed words, pretty clearly acquaints us with the opinion entertained by our forefathers as to the value of coroners' law, and I should have been pleased to write that modern experience had taught us to place more reliance on the decisions of a Coroner's Court, or that its position had advanced. From reading the records of medical journalism, and hearing the opinions of many of our medical *confrères*, I can form but one opinion, that this court—to be useful—must be remodelled so as to meet the requirements of a more advanced age and civilisation.

It was probably not originally intended that inquests should be held on every case of sudden death, but in my opinion—and in this I am not singular—an investigation should be held in every such case, and nobody should be buried without a medical certificate as to the actual cause of death, obtained either by means of a *post-mortem* examination or from the medical practitioner who last attended the deceased.

Thus alone should we get rid of such ridiculous farces as holding inquests without medical evidence, and thus should we prevent the common practice of burying bodies uncertified, and secure greater accuracy in the returns of the Registrar-General.

The present system of paying coroners by salary instead of by case has led to a very material reduction in the number of inquests held. Medical evidence is also dispensed with, as the coroner is unwilling to run the risk of being, perhaps, surcharged at the end of his financial year, and not having the medical expert's fee recouped to him. In my own practice in one fortnight I was called to five cases of sudden death. I gave no death certificates, yet they were all buried without any investigation. My brother practitioners could furnish numbers of analogous instances.

From many other cases I select the following two, in both of which I consider that an inquest was imperatively demanded. Some little time since a man named —— was admitted into the Halifax Union Infirmary. He told the nurse that he had been badly beaten at a beer-house where he had called. He bore evident marks of having received severe injuries. When I saw him he was insensible and never spoke again; death was the result. I naturally refused to certify the cause of death. The body, however, was buried without any investigation.

The very reprehensible practice of removing fever patients when in a moribund condition to fever-hospitals has no doubt often been felt by the medical officers of such institutions. It is unfair to the patient and unfair to the physician. In too many cases out-door medical officers, when they wish to be relieved of the responsibility and trouble of a tedious case, procure an order from the relieving officer, and the patient is shunted into the house. When admitted I have often found that the poor sufferer has had no extras allowed, as beef-tea, wine, eggs, &c., and I have had to work on a constitution enfeebled both by disease and the want of proper nourishment. I do not object to out-door medical officers sending in every one of their cases, but from motives of common humanity they should be removed as soon as a clear diagnosis is made out that the cases are of an infectious or contagious nature. The second case is typical of the above. On Wednesday, October 8th, a man named J—— H——, æt. 29, supposed to be suffering from scarlatina and typhoid fever (?) combined was brought to the Halifax Union Fever Hospital at half-past nine p.m. He died on the stretcher as he was brought into the ward. He had been seen by a surgeon about 10 or 11 o'clock in the morning. I expected that an inquest would be held, and was surprised to hear that the man was buried without inquiry. A very important question arises as to whether the man was in a fit state to be removed at the time he was sent in. I also consider that the true cause of death in this case could not be made out without a *post-mortem* examination. The wife of this man was anxious for an inquest, but was deterred, as she expressed it to me, by the dread of having her husband's body "cut up." Of course much popular ignorance prevails as to the *modus operandi* in a *post-mortem*, and amongst a large class there is a horror of this operation. Education may in time dispel this prejudice, for we find it does not exist in the upper classes; emperors, kings, princes, statesmen, nobles often have a clause in their will that their bodies shall not be buried until a medical examination has been made.

I have not touched upon the debatable ground as to the advantage of having medical coroners. The Profession's voice in this matter is nearly unanimous, and I have but to point to London, where, thanks to the exertions Dr. Lankester and his colleagues, many of the conditions laid down in my letter are already nearly fulfilled, and some degree of dignity is infused into their courts. There is, as I have pointed out, much need for reform, which I trust in time will come.

I remain, your obedient servant,

THOMAS M. DOLAN, L.R.C.P., L.R.C.S., &c.,
Medical Officer Halifax Union Fever Hospital.

ETHER AS AN ANÆSTHETIC IN OPHTHALMIC OPERATIONS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—It is charged against ether, in its quality as an anæsthetic, that it is tedious in producing its effects, troublesome by the excitement which it causes, and slow in its evolution from the patient's system. That your readers may form a judgment whether these objections stand good when the ether is administered by Mr. Morgan's method, I beg to report that I, yesterday, extracted two cataracts, made two artificial pupils, performed discission of a soft lens, and two operations for entropion—seven operations on six patients—the whole occupying exactly forty-seven minutes, or an average of nearly ten minutes each patients. In each case ether was administered by Mr. Morgan, and the patient, before removal from the table, was sufficiently recovered to walk to the ward. In no case was there any inconvenient degree of excitement or other embarrassing symptoms. I think this statement, representing as it does my usual experience of the administration of ether by this method, may serve as an assurance to your readers that Mr. Morgan's method of administration is not open to the objections to which I have referred.

In the course of the debate on anæsthetics (*British Medical Journal*, October 4th, p. 401) Mr. T. Pridgin Teale gave expression to his "general impression" that there appears to be in anæsthesia by ether a considerable amount of asphyxia, as evidenced by the blueness of the countenance and dark colour of the arterial blood. My experience of ether administration is entirely at variance with Mr. Teale's. I have occasionally seen the same flushing of the face as one sees in chloroform anæsthesia, but I am firm in the belief that I have not, in any single case, seen either the venous congestion of asphyxia, or the darkened colour of the blood of which Mr. Teale speaks.

Although the exclusion of air by Mr. Morgan's apparatus has led me to watch for evidences of blood-carbonisation, I have not found such symptoms, and their absence compels me to assume that there is some uncomprehended chemical change in the ether vapour which provides the necessary oxygen for the blood.

I am, &c.,
A. H. JACOB, M.D., F.R.C.S.
79 Harcourt Street, Dublin.

THE LONDON CLASS.

THE London medical student class continues to grow apace, and the returns of entries at the eleven recognised hospitals show an increase in numbers greater even than that of previous years. The *Medical Times and Gazette* gives an interesting tabular statement of the relative numbers at each school, showing a numerical advance in all saving two. There are, on the whole, 112 more medical students in London this year than last, the new entries numbering twenty-eight more than in 1872.

There would appear, indeed, to have been within the last ten years a monstrous development of the demand for admission to the medical profession, if we may judge from the crowd which assembles from year to year at the London portal. In 1864 there were only 995 registered students in London, but that number has steadily grown, until today there are 1,608 young men working for entry to the Profession.

Registration was, in previous years, not so universal as at present, but if due allowance be made for an apparent increase from this cause, there will still remain ample proof that amongst the perils to the Profession a lack of young blood is not to be dreaded.

THE PROFESSORSHIP OF CHEMISTRY IN THE IRISH COLLEGE OF SURGEONS.

THE election of a Professor in the room of Dr. William Barker will take place on Friday next, seven Councillors of the College chosen—as set forth by Charter—by lot being the electors. As yet, so far as we know, three candidates will offer themselves—Dr. Davy, Professor of Medical Jurisprudence; Dr. Cameron, Professor of Hygiene in the College; and Dr. Emerson Reynolds, Professor of Chemistry in the Royal Dublin Society.

THE Professorship of Materia Medica in the Galway College has become vacant by the resignation of Dr. Simon McCoy, which has for some time been expected. Three local candidates have announced their intention to compete: Dr. McGuire, of Cong, Dr. Rice, of Galway, and Dr. Pye, of Clifden, and we believe we may add the name of Dr. Duggan, of Turloughmore.

Dr. Duggan has been a frequent contributor to our columns of valuable translations and original communications.

Dr. McGuire obtained, during his studentship at the College, 3 junior scholarships, 5 senior ones, 10 first-class prizes, and 2 University honours. He has published several papers both in this and in other journals on the "Peculiarities of the Flora of Cong and its Vicinity," and on the "Removal of Retained Placenta by the Method of Compression."

Dr. Rice is the author of a valuable paper "On the Action of Veratrum Viride," and is a rising surgeon in his county.

DR. JAMES H. WHARTON, Surgeon to the Meath Hospital, and Lecturer on Surgery in the Ledwich School, Dublin, has been appointed Lecturer on Surgery in the University of Dublin, *pro tem.*, in place of Dr. Robert Smith, who is prevented by ill-health from assuming his professional duties.

THE conclave of the Irish Roman Catholic Bishops which last week gave utterance to announcements of weighty importance as regards the Irish education question, included amongst its resolutions the following:—

> That the erection of a new School of Medicine and University Hall, on the University site in Stephen's Green, shall be commenced without delay, the plans to be previously approved by the University Council; and that a committee be organised by the Rector to aid in collecting funds for that purpose.

The Medical School of the University has been situated hitherto in Cecilia Street, in a locality and an edifice entirely unworthy of its object.

A new school erected on the site of the present University House, stimulated by increased funds, and managed with as much energy as that with which the Catholic University School has hitherto been administered, will, undoubtedly, attract a considerable contingent of the medical students who receive their education in Dublin.

THE *LOCALE* OF THE MEDICAL COUNCIL.

THE Dental Hospital in Soho Square, London, is stated by the *Medical Times and Gazette* to have been sold for the purpose of an Hospital for Diseases of the Heart, the Dental Surgeons having taken a more commodious *locale* in Leicester Square. This barter of premises acquires importance from the fact that the General Medical Council has hitherto been lodged in no better quarters than the spare rooms of the same house, and our garrulous parliament will shortly be evicted from possession. For some years the Council has been negociating with the Government for an official lodging, and has been all but promised free quarters and accommodation. Mr. Lowe, however, has thought better of such lavish liberality, and won't give the Council where to lay its head without receiving a full rack-rent in return.

THE GOITRE EPIDEMIC OF ST. ETIENNE.

The epidemic of acute goitre, which has for some time appeared at St. Etienne, has led to some important investigations as to the influence of ingested salts. The water is found to be pure in the extreme, so much so, the photographers make use of it instead of distilled water; it is, in fact, the rain water which flows from the primary rocks of Mount Pelat, and it is found on analysis to contain but some salts of sulphate of lime and magnesia. M. Bergeret, who has made special investigation, believes that the presence of sulphates in the blood is the main cause of the disease.

PRACTICAL *POST-MORTEM* BEQUEST.

Commercon, the naturalist, left in his will this remarkable direction to the executors:—

"I bequeath my body to the nearest anatomical school to be dissected for the advantage of the public, and I desire that afterwards a skeleton be made of my bones for the instruction also of the public."

THE ANÆSTHETIC QUESTION.

We had hoped to furnish our readers with remarks on this question in connection with the death lately reported as due to ether; we have not as yet, however, obtained some further information as to particulars, which would enable us to enter into the subject satisfactorily; the quantity of ether used in this case being so small, and death ensuing some time after its use, is remarkable, and may leave room for speculation as to the immediate cause of death in this special instance.

We can testify that in Dublin ether alone is used in several hospitals. We have given remarkable illustrations of its efficiency in our issue of this week, where Dr. Jacob's letter must satisfy the most sceptical. We are aware that in a Dublin hospital lately, where an amputation was about being performed, chloroform, which was advocated, caused such alarming failure of pulse, that it was stopped and ether administered in its place, which answered most satisfactorily. At another hospital an old man, of 75, had an amputation performed under etherisation, where chloroformisation would have been hazardous owing to debility and age.

As in all such applications, discretion must be used. The patient need not have an overdose, and once in the anæsthetic condition, should be carefully and judiciously handled. We have, after a great deal of experience of its use, never seen any alarming conditions. A question arises as to the mode of administration—no air, or with air admitted. Evidently in this case at Hants, air had admission from the cone. The plan we have seen answer so well, was that of Mr. Morgan, who excludes air more or less till anæsthesia is produced; then the mouthpiece is applied according to circumstances gently and judiciously.

Opium and the Actual Cautery in the Treatment of Cholera.

By C. E. Brown-Sequard, M.D.

I have had considerable experience in the treatment of epidemic or Asiatic cholera. In 1849, in Paris, the number of army physicians being insufficient, some civilians, among whom I was, were called to take charge of the soldiers attacked with cholera, at the Gros-Caillou Hospital. In the Mauritius, at Port Louis, in 1854, I had charge of a hospital—besides a very large private practice—during one of the most murderous epidemics of cholera that have existed outside of India. Nearly 6,000 people out of a population of about 45,000, died in five weeks. Of all the means of treatment I have employed (and my trials have been very numerous) none has given by far as favourable results as the use of opium in extremely large doses. I will only mention what occurred at a convent, which seems to have been one of the great *foci* of the disease in the Port Louis epidemic. No death was observed there, although a large number of Sisters of Charity and of young girls (the convent was a boarding-school) were attacked with either the premonitory symptoms or the confirmed and cyanotic cholera. Thirteen of those patients were seized with the most serious symptoms, and all, however, recovered, many of them, if not all, evidently owing to the treatment. For reasons mentioned hereafter, a great many of my hospital and private patients died, notwithstanding my having used opium in their case as I did at the convent. But here was the difference, and in this lies the important point as regards the use of opium against cholera: in the convent the rules given were strictly followed; they were not elsewhere.

They, were, first, to give opium every twenty minutes and in large doses so long as the cholera symptoms existed, without fearing poisoning; secondly, to begin the treatment as early as possible. The Sisters of Charity acted just as I desired, and saved, as I have said, all their patients. The fear of poisoning, and many other reasons, prevented the proper application of the rules elsewhere. The preparation almost always employed was laudanum. If there was no great vomiting, or if the vomiting was checked by Rivière's potion (a carbonate and tartaric acid, taken separately one immediately after the other, disengaging carbonic acid inside of the stomach), the laudanum was given by the mouth. If the vomiting was frequent, the laudanum was injected into the bowels, but with the precaution of having a thorough washing of the large intestine by a previous enema to bring out all the contents of that tube, so that the laudanum was rarely rejected. In bad cases a dose of twenty minims of strong laudanum (Sydenham's) was used every fifteen or twenty minutes until the cholera symptoms had ceased, or (*which never occurred when cholera still showed its existence*) until some slight symptoms of opium poisoning appeared.

I hardly need to say that this mode of treatment does not succeed when the blood has been considerably altered by the loss of a very large amount of its salts.

Of course these rules are not to be followed in cases of mere cholerine or in the premonitory stages of cholera; but even then opium in much smaller doses is also the best means.

Now that we possess a much better means of obtaining rapid absorption of the principal curative element of opium—morphine—in subcutaneous injections, it is clear that it is that substance which ought to be used and in that way. I may add that many physicians have already proposed and used subcutaneous injections of morphine against cholera.

Against the lack of urinary secretion in cholera, I have employed with benefit, in some cases, the actual cautery on the loins.—*Boston Med. and Surg. Jour.*

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Medical News.

Medical Society of London.—The 101st Session commenced last Monday, in the Rooms, No. 11, Chandos Street, Cavendish Square, when, in addition to clinical communications, a paper was read by Dr. Richardson, F.R.S., on "Organic Stricture of the Œsophagus: a Recast of Clinical Observation."

The Work of the Metropolitan Sick Asylums.—The Metropolitan Asylums Board has issued its statement of receipts and expenditure for the last half-year for the Poor-law Asylums for imbecile patients at Caterham, Leavesden, and Hamstead, and the fever and small-pox Asylums at Homerton and Stockwell. The parishes and unions in the metropolis had contributed £53,707 3s. 3d., which with the balance in the hands of the treasurer at the commencement of the half-year, and other receipts, made a total of £92,808 11s. The expenditure for the five asylums for provisions showed that meat cost £5,326 5s. 3d. ; preserved meat and extract, £2,727 12s. 7d. ; flour and bread, £4,100 3s. 3d. ; vegetables, £1,020 10s. 2d. ; grocery, £2,418 18s. 10d. ; milk, £512 5s. 11d. ; ale and porter, £2,232 4s. 9d. ; wine and spirits, £484 9s. 4d. ; corn chandlery, £87 6s. 2d. ; fish and sunderies, £629 3s. 6d. The items which applied only to Leavesden and Caterham Asylums are :—Farm account, £1,093 14s. 10d. ; wages to farm labourers, £454 14s. 10d. ; and bakers' wages, £54 6s. Under the head of "necessaries," coal cost £4,431 15s. ; soap, soda, &c., £1,131 4s. 10d. ; tobacco and snuff, £239 8s. ; gas and water (including cost of labour at Caterham and Leavesden in the making of gas and pumping of water), £764 13s. ; clothing, including wages of tailors and shoemakers, £3,572 5s. 8d. ; furniture, £3,170 19s. 8d. ; repairs and building, including wages of labourers where the Board does the work, £7,003 19s. 8d. ; the medical account, £278 19s. 11d. ; funerals, £373 11s. 2d. ; stationery, &c., £375 18s. 3d. ; salaries of officers, £7,521 9s. 5d. ; uniforms, £392 16s. 4d. ; incidental expenses, £285 19s. ; 10d. ; being a total of £53,329 19s. 9d. The law expenses of the year came to £480 9s. 3d. ; and the offices to £1,511 13s., the interest on loans to £4,894 0s. 2d., and there remains in balance at the various asylums £360 4s. 6d.

Faculty of Physicians and Surgeons of Glasgow.—At a meeting of this Corporation, held on the 6th inst., the following office-bearers were elected for the ensuing year; viz.—*President:* Eben Watson, M.D. *Visitor:* Andrew Fergus, M.D. *Treasurer:* John Coats, N.D. *Honorary Librarian:* J. D. Maclaren, M.D. *Vaccinator:* Hugh Thomson, M.D. *Councillors:* The President, *ex officio;* The Visitor, *ex officio;* J. G. Fleming M.D. ; H. R. Howatt, M.D. ; James Steven, M.D. ; James Morton, M.D. ; George Buchanan, M.D. *Board of Examiners:* William Lyon, M.D., Surgery and Surgical Anatomy ; Eben Watson, M.D., Anatomy and Physiology ; James Morton, M.D., Surgery and Surgical ; Robert Perry, M.D., Chemistry ; P. A. Simpson, M.D., Midwifery and Medical Jurisprudence ; James Stephen, M.D., Medicine and Materia Medica ; Alexander Lindsay, M.D., Chemistry ; George Buchanan, M.D., Anatomy and Physiology ; R. Scott Orr, M.D., Medicine and Materia Medica ; J. G. Wilson, M.D., Midwifery and Medical Jurisprudence. *Clinical Examiners in Medicine:* The Physicians of the Royal Infirmary. *Clinical Examiners in Surgery:* The Surgeons of the Royal Infirmary. *Examiners in Arts:* James B. Russell, M.D. ; John Pirie, M.D.

Cholera.—In Berlin, from September 29th to October 3rd, the new cases were 9, 6, 8, 5, and 10 ; and the deaths, 6, 2, 3, 2, and 1. From the beginning of the epidemic to October 7th, the number of cases in Berlin was 879 ; of these, 209 recovered and 588 died, 82 remaining under treatment.—There is an epidemic of cholera in Spier. Up to October 9th there were 274 cases and 134 deaths ; on the day abovenamed, the number of new cases was 23, and that of deaths 20. The report on the progress of the cholera in Vienna on the 9th instant, showed that, after the daily numbers of new cases had fallen from 28 to 2 since September 26th, there had been an increase of 12 and 11 on the last two days (the 7th and 8th instant). On the 8th instant the number of deaths was 9 ; the numbers for the six preceding days having been 4, 2, 4, 7, 3, and 3.

Obituary.

THE LATE DR. JOHN MURRAY.

WE regret to announce the sudden death of Dr. John Murray, which occurred last Wednesday from œdema, following an attack of laryngitis. Tracheotomy was performed and his life preserved for some time thereby, but he afterwards sank, and it is not unlikely that the original attack depended on blood-poisoning. He was assistant-physician at the Middlesex Hospital, and dean of the school. Dr. Murray was well-known in connection with the Volunteer service, and as sub-editor of the *British Medical Journal.*

Dr. Murray was born in the year 1843, at Aberdeen, and was the son of an advocate resident in that city. He received his early education at the Gymnasium, and in 1859 matriculated at the university, where for a couple of years he attended the classes in the faculty of arts. He subsequently attended the classes in the faculty of medicine, and in 1865 terminated his course of study there by taking the degrees of M.B., and C.M. In the same year he became a Member of the College of Surgeons of England, and on leaving Aberdeen studied for a short time at Edinburgh, and subsequently came to London, where he entered as a student at the Middlesex Hospital. In 1867 he took his doctor's degree, and afterwards spent a short time at the medical schools of Paris, Vienna, and Berlin. On his return home he became Medical Registrar and Pathologist to the Middlesex Hospital, and, in conjunction with Mr. Arnott, produced those excellent reports which have served as models for several similar documents which have been compiled elsewhere. In 1871 he was elected assistant-physician to the Hospital for Sick Children in Great Ormond Street, and in the following year was elected to a similar office at the Middlesex Hospital.

To testify the esteem in which the deceased was held, several hundred members of the Profession assembled on Monday night last at the Euston Railway Station—a part of which had been reserved by the kindness of the authorities, and draped in mourning—to take the last farewell of his mortal remains as they passed *en route* for Aberdeen. A short service was there held, which was most impressive, and before the coffin was started on its journey northwards many chaplets and emblems of affection were placed upon the coffin by the ladies present.

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NOTICES TO CORRESPONDENTS.

NOTICE TO SUBSCRIBERS.—Gentlemen who have not paid their Subscriptions for the past year are respectfully reminded by the Publishers of the omission.

A SAD CASE.

HAVING received the following communication, we hasten to lay it before our readers as one deserving of sympathy and material support. The writer, we have ascertained, is a man of unimpeachable character who, at the age of seventy-three, finds himself suddenly thrown upon the world in a country village—with, of course, scanty opportunity for private practice, without provision, and without hope, except of any funds professional brethren may subscribe for his alleviation. He is a L.S.A., formerly senior medical officer to the Penzance Infirmary, but unfortunately does not hold the diplomas prescribed under the New Local Government Act. We cheerfully subscribe our mite of one guinea, and shall be glad to receive and acknowledge any sums from 2s. 6d. and upwards which may be sent us for this purpose.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—After fifteen years and three-quarters' service as medical officer of the 2nd District of the Barnstaple Union, I was surprised to receive the following letter from the Clerk to the Guardians :—

[COPY.]

Barnstaple, September 27th, 1873.

DEAR SIR,—I am directed by the Guardians of the Poor of this Union to inform you that inasmuch as you are not qualified as prescribed by the rules and regulations of the Local Government Board the Guardians will not consent to your acting as Medical Officer of 2nd District beyond the 29th September. I must remind you that your appointment is an annual one.

Yours truly,
WM. HENRY TOLLER, *Clerk.*

To Mr. J. H. Jackman, Swymbridge.

I appeal to you under the circumstances respectfully to lay my case before my brother practitioners, as by the harsh and uncharitable manner in which I have been treated I am thrown entirely on the world without the least means of future support. I have been a medical practitioner for the last thirty-six years, but only holding a country appointment affords me no opportunity of laying by anything, the salary I have been receiving for so many years being so small that I am now, at the age of seventy-three, with a delicate wife in a weak state of health, left as it were *pro forma pauperis.*

I remain, dear Sir,
Yours faithfully,
JNO. H. JACKMAN.

Swymbridge, Barnstaple.

Who is to be the Judge?—On Saturday the parents of a child were charged by the police with unlawful neglect, when the following conflicting medical evidence was given:—Mr. W. H. Harding, L.K.Q.C.P., deposed: "When first I saw the child in the workhouse it was completely prostrated from starvation, it was not suffering from any organic disease. It was now suffering from dropsy, which I attribute to starvation; the child is not likely to live." Mr. E. C. Barnes, M.R.C.S., on the other hand, attributed the emaciation to disease and not to neglect or starvation. The magistrate reluctantly discharged the prisoners.

New Subscribers.—In order to obtain these the *Western Journal* announces that "all subscribers paying in advance will be entitled to a first-class obituary notice in case of death."

A Move in the Right Direction.—We learn from the *Boston Medical Journal* that at a meeting of the California Medical Society, the following resolution was passed:—

> "That it is the duty of, and we hereby recommend to, the Legislature of California to pass a law making it a misdemeanour for any person, for any purpose whatever, who is not a graduate of some institution of learning authorised by law to confer the degree of 'Doctor of Medicine,' who shall place before or after his or her name, in any manuscript, label, wrapper, card, hand-bill, circular, newspaper, pamphlet, magazine, book, or any advertisement, the word 'Doctor' or the abbreviation M.D. or Dr., or any others signifying directly or constructively that the person is a graduate of such an institution, or who shall authorise or sanction the same by others in his or her interests; and that any person found guilty of such misdemeanour shall be punished by a fine of not less than ——, or imprisonment for not less than —— years, or by both fine and imprisonment."

There exists a similar enactment in England, but, unfortunately, in the absence of a public prosecutor, it is nobody's business to enforce it. Throughout the civilised world we doubt if there can be found half so much quackery and charlatanism in matters medical as in Great Britain and America alone, and we hope that when our cousins obtain the law they seek it will not remain the sham ours is.

Fothergillian Prize Essays.—The subject for competition for 1874 is "On Therapeutic Means for the Relief of Pain." Essays may be written either in English or Latin, and must be delivered to the Registrar of the Medical Society of London on or before 1st November, 1873.

Dr. Stewart is thanked for his complimentary note.

Hunterian Society.—To-morrow (Thursday) evening, at the opening meeting of the Session, Mr. McCarthy will exhibit a specimen of Imperforate Anus and Colles' Fracture.

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BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

Photograph Clinique of the British Hospital for Skin Diseases. Edited by Balmanno Squire, M.B.

Surgical Inquiries. By Furneaux Jordan, F.R.C.S. London; J. and A. Churchill.

Handbook of the Theory and Practice of Medicine. By F. T. Roberts, M.D. London: Lewis.

Introductory Lecture. By J. E. Erichsen, F.R.C.S. London: Lewis.

An Easy Introduction to Chemistry. By the Rev. Arthur Rigg, M.A. London: Rivingtons.

The American Journal of Obstetrics. La France Medicale. Journal of Dental Science. New York Medical Journal. New York Medical Record. L'Abeille Médicale. American Journal of Chemistry. Allgemeine Wiener Medizinische Zeitung. Medical Record. Public Health. The Practitioner. Nature, &c., &c.

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VACANCIES.

Wilts Pauper Lunatic Asylum. Medical Superintendent. Salary £600 per annum, with residence. Applications to be addressed under cover to A. G. Meek, Esq., Devizes.

Kent and Canterbury Hospital. House-Surgeon. Salary £80, with board, residence, and washing. Applications to the Secretary.

Reigate Rural Sanitary Authority. Medical Officer of Health, at a salary of £600 per annum. Applications to F. H. Beaumont, Esq., Reigate.

Dalton-in-Furness. Medical Officer of Health. Salary £60 per annum. Applications to F. H. Clark, Esq.

Selby Rural Sanitary Authority, Yorkshire. Medical Officer of Health. Salary £500. Applications to the Clerk to the Guardians, Selby.

Royal Free Hospital, London. Senior House-Surgeon. Salary £104 per annum, with board and residence.

Camberwell Workhouse Infirmary. Medical Officer. Salary £250 per annum, with residence. Address the Clerk, at the Vestry Hall.

South Devon Hospital. House-Surgeon. Salary £80, with board. Address the Secretary, at the Hospital, Plymouth.

Liverpool Dispensaries. Assistant House-Surgeon. Salary £108. Applicants must address the Secretary.

Queen's College, Galway. Professorship of Materia Medica. Full information to be obtained at Dublin Castle.

Lincoln Dispensary. House-Surgeon. Salary £150 per annum. Applications to the Secretary.

APPOINTMENTS.

Barker, W. L., M.R.C.S., Assistant-Surgeon to the Milbank Prison.

Bernard, D. E., L.R.C.P.Ed., M.R.C.S.E., Assistant-Surgeon to the Royal Infirmary, Bristol.

Boase, F., M.R.C.S.E., Medical Officer of Health for the Penzance Port Sanitary District.

Donovan, J. I., M.D., House-Surgeon at the North Dispensary, Liverpool.

Douglas, J. G. D., M.B., Hon. Surgeon to the General Dispensary, Bournemouth.

Dowson, C. H., M.R.C.S., Surgeon to the Royal Infirmary, Bristol.

Gray, J. H., M.B., House-Surgeon to the Hospital for Sick Children, Bristol.

Humphreys, Mr. H., Obstetric Assistant at the Middlesex Hospital.

MacCall, T., M.B., C.M., L.M., Assistant to the Extra Physicians of the Royal Hospital for Sick Children, Edinburgh.

M'Cann, T. A. A., M.B., Resident Medical Officer to the East London Hospital for Children and Dispensary for Women.

Mackey, E., M.B., a Physician to the Queen's Hospital, Birmingham.

Nadin, Dr., Medical Officer and Lecturer on Chemistry to Trinity College, Glenalmond, Perth.

Pritchard, R. C., L.F.P. & S. Glas., Medical Officer and Public Vaccinator for the No. 4 District of the Saffron Walden Union.

Purdon, H. D., L.K.Q.C.P.I., L.R.C.S.I., Medical Officer, &c., for the Ballyboggan Dispensary District of the Edenderry Union.

Radley, W. H., M.R.C.S.E., Medical Officer for the Workhouse and the Boston District of the Boston Union.

Sinclair, W. J., M.B., C.M., House-Surgeon to the Clinical Hospital and Dispensary for Children, Manchester.

Smith, Mr. H. H., House-Surgeon to the Middlesex Hospital.

Tomes, Mr. A., Junior House-Surgeon to the Middlesex Hospital.

Warburton, E. S., M.R.C.S., House-Surgeon to the South Dispensary, Liverpool.

Whately, Mr. G. F., a Physicians' Assistant to the Middlesex Hospital.

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OPERATION DAYS AT THE LONDON HOSPITALS.

Wednesday, October 22.

Middlesex Hospital.—Operations, 1 p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
St. Bartholomew's Hospital.—Operations, 1½ p.m.
St. Thomas's Hospital.—Operations, 2 p.m.
St. Mary's Hospital.—Operations. 1¼ p.m.
King's College Hospital.—Operations, 2 p.m.
Great Northern Hospital.—Operations, 2 p.m.
University College Hospital.—Operations, 2 p.m.
St. George's Hospital.—Ophthalmic Operations, 1¼ p.m.
London Hospital.—Operations, 2 p.m.
Throat Hospital.—Demonstration, 2½ p.m.
Cancer Hospital.—Operations, 3 p.m.

Thursday, October 23.

St. George's Hospital.—Operations, 1 p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
University College Hospital.—Operations, 2 p.m.
Throat Hospital.—Demonstration, 2½ p.m.
Royal Orthopædic Hospital.—Operations, 2 p.m.
Central London Ophthalmic Hospital.—Operations, 2 p.m.

Friday, October 24.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Royal South London Ophthalmic Hospital.—Operations, 2 p.m.
Central London Ophthalmic Hospital.—Operations, 2 p.m.

Saturday, October 25.

Hospital for Women, Soho square.—Operations, 9½ p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Royal Free Hospital.—Operations, 9 a.m. and 2 p.m.

Monday, October 27.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
St. Mark's Hospital.—Operations, 9 a.m. and 2 p.m.
Metropolitan Free Hospital.—Operations, 2 p.m.
St. Bartholomew's Hospital.—Operations, 1½ p.m.
King's College Hospital.—Operations, 1½ p.m.
Charing-cross Hospital.—Operations, 2 p.m.

Tuesday, October 28.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Guy's Hospital.—Operations, 1½ p.m.
Westminster Hospital.—Operations, 2 p.m.
Throat Hospital.—Demonstration, 2½ p.m.
National Orthopædic Hospital.—Operations, 2 p.m.
West London Hospital.—Operations, 2 p.m.

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Deaths.

Borrett.—On the 10th of Oct., James Borrett, M.D., of Clifton.

Howitt.—On the 7th of Oct., Wm. Howitt, F.R.C.S.E., of Fishergate Hill, Preston, aged 63.

Murray.—On the 15th of Oct., at his residence in Harley Street, John Murray, M.D., aged 30.

Nichol.—On the 13th of Oct., Robert Nichol, M.D., of Denmark Hill, aged 48.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

. WEDNESDAY, OCTOBER 29, 1873.

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Introductory Address.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

OPENING OF THE SESSION.

On Monday last, before a numerous audience, Professor Mapother gave the Introductory Address, and selected for his theme the lives and labours of the most distinguished Irish Surgeons. We give several extracts from the lecture:—

"Allen Mullen, born about the middle of the 17th century, in the North of Ireland, was one of the ablest anatomists of the time. His account of the anatomy of an elephant burned in Dublin, in 1681, is wonderfully minute, and was quoted by Buffon and successive writers, even to Agassiz in our own day. He communicated this paper to the Royal Society through Dr. (Sir) Wm. Petty, Surveyor of Ireland, the founder of the Lansdowne family. In his next paper, while he was still a Bachelor of Medicine of 'Trinity Colledge, near Dublin,' he describes the tunics of the eye with great accuracy, and announces his discovery of the ciliary vessels and nerves. He is highly praised for this discovery by the illustrious Albert Haller (often wrongly called Baron Haller, as with the modesty of true genius he had humbly declined all titles). He shortly after established a laboratory for Natural Science, attended the Philosophical Society in Dublin, became a Fellow of the Royal Society, and sent capital papers on the quantity of the human blood, and on the ear in birds and fishes. Mullen enjoyed that rare opportunity in those days, the dissection of a human body, that of a malefactor, which Dr. (Sir) Patrick Dun had procured. Dr. (Sir) Thomas Molyneux recorded that 'The remarkables in the body were—the right spermatick vein arising out of the emulgent vein; Pierus' glands in the gutts were not discovered. Dr. Mullen commenced doctor this last Lent commencement.'"

In the course of some allusions to Robert Boyle and Sir Hans Sloane, he said:—

"A constant correspondent of theirs was Dr. John Locke, the immortal metaphysician. Let me read a paragraph from one of his letters, in which is foreshadowed Virchow's great discovery of embolism:—'Polypus's in the blood-vessels are found so frequently that I think they would deserve to be treated of as a particular disease if there were collections enough of their history and symptoms to build any theory on, and lay a foundation for their cure.'

"The great surgeon at the end of the 17th century was Thomas Proby. This volume of the Philosophical Transactions contains his account of a case in which he, with the aid of Sir Thomas Molyneux, extracted a bodkin from the bladder of a girl by the high operation, in 1694. As here set forth, she declared before a justice that she had swallowed it, but the direct route is more likely. The high operation was not performed in England till twenty-five years afterwards. With Molyneux he published several cases of large calculi taken from the female bladder by dilating the urethra. Here is a plate of one 2 inches in the long diameter and 1½ inches in the short. Dean Swift calls Proby 'a person universally esteemed,' and castigates Lord Lieutenant Wharton for dispossessing him of a house, and part of the Phœnix Park where now stands the Military Hospital. He appears to have been the first Chirurgeon-General, and was an ancestor of the Earl of Carysfort. It is a curious coincidence that both sides of the 'Sweet Vale of Ovoca' belong to noblemen descended from members of our Profession, for Dr. Ralph Howard, Professor of Physic, in 1674, was the founder of the Wicklow family."

Having sketched the foundation of the Jervis Street, Steevens', and the Lying-in Hospitals, Dr. Mapother continued:—

"To the generosity and exertions of Medical men either wholly or largely must be attributed the institution of Dun's, the Meath, the Lock, City of Dublin, and St. Vincent's Hospitals. The name of Surgeon George Doyle deserves more recognition than it usually receives, for he was the sole founder of the Lock Hospital in 1755. The only paper I can find of his is in the Dublin Philosophical Society, on the effects of Achillea millefolium (or yarrow) in checking uterine and pulmonary bleeding. Hooker tells us the Highlanders use it as a local and internal astringent.

"Sir P. Dun's bequest has promoted physic almost exclusively, although the deed of 1704 provides 'for one or two professors of physic to read public lectures, and make public anatomical dissections of the several parts of human body's or body's of other animals, to read lectures of osteology, bandages, and operations of chirurgery.' In like manner the Charter of the London College of Physicians, Henry VIII., 1518, was 'for the protection of the science and cunning of physic and surgery.' On condition that Dun's endowment was to be for one chair only, Albinus, Haller, and Van Swieten became candidates, and offered to test their merits by competitive examination—the mode of election then in force. The Act of 1741, however, subdivided the Professorships, and thus was lost the opportunity of gaining for Dublin the greatest anatomist, the greatest physiologist, or the greatest pathologist of the first half of the 18th century—any one of whom, considering that one genius creates and fosters enthusiasm in a seat of learning, might have forthwith rendered our city famous.

. . . .

"Clinical teaching is often said to have originated during the present century in Dublin; but in 1785 four wards of Mercer's Hospital were devoted to the reception of cases for the lectures of the College of Physicians. It is likely that the next-door neighbours, the College of Surgeons, stepped in, for shortly afterwards the wards were closed against lecturers and students, the governors alleging that reluctance had been shown to the amputation of the limb of a girl bitten by a dog—very justifiable reluctance, we may say.

"That bedside teaching was pursued eighteen centuries ago, although in no very pleasant way for patients, appears from the following lines translated from Martial :—

'I'm out of sorts, but Symmachus is here,
His hundred pupils following in the rear;
All feel my pulse with hands as cold as snow,
I had not fever then—I have it now.'

"The provincial cities of Cork and Limerick possessed the two most illustrious Medical men of the middle of last century—Maurice O'Connell and Sylvester O'Halloran. The former wrote, in 1746, a treatise on fevers, calculus, and syphilis, so excellent as to gain for him, from the renowned Professor Gaubius, of Leyden, the title of the 'Irish Sydenham.' Barry, of Cork, about the same time dissected the most rheumatic skeleton on record, and of which these are pictures. The description states—'He is one entire bone from the top of the head to his knees; he was valued by his master on account of his honesty and his fidelity in watching the workmen, for when he was once fixed in his station it was impossible for him to desert it. He could neither sit nor lie down, and slept in a sentry-box.' The town of Strabane had also a surgeon of surprising boldness—John Ferguson, who extirpated the spleen, an operation never before performed.

"In O'Halloran's nineteenth year he wrote his treatise on cataract, and during many subsequent years performed and improved on several ophthalmic operations. It was, perhaps, upon him that the following 'bull' of that day was fathered :—'An Irish oculist having completely restored a woman's sight, related, with astonishment, that while she could thread the finest needle, she couldn't tell one letter from another, he having neglected to ask her if she had ever learned her alphabet. He was just the man, who, before he cured one eye need not have spoiled a hatful—a stupid, but often quoted remark of Guthrie's, which gained for his hospital the title of 'blind manufactory.' O'Halloran is well known as one of our fullest and most reliable historians. Among Medical facts, he tells us that Mr. O'Conor, of Belanagare, gave him a translation of Hippocrates into Irish, which was made many years before the Venetian—that usually supposed to be the first European edition. Again, that 1,900 years ago, Feighnin Feathig trepanned Connor, King of Ulster; and he quotes the good surgical advice which that monarch got but disregarded. The axiom generally attributed to Sir A. Cooper that symptoms of compression alone warrant trephining, was propounded by O'Halloran over 100 years ago.

"His writings probably suggested the formation of our College, for in 1765 he proposed the election of professors who shall examine and license all surgeons. Also, that their examination 'hold for three days—the first entirely for anatomy; the second for disorders of surgery, and if a candidate for midwifery, for this also; and the third to finish with performing all the operations of surgery on a body with their apparatus and bandaging. When a proper faculty, signed by the professors, is given to the candidate, if some little honour were annexed it might add greater stimulus to the young students.' This last proposal I have advocated as a substitute for that hurtful farce, the giving of testimonials. This College, on its foundation, recognised his merit by electing him Honorary Fellow—a distinction only shared by John Bell. The College has always been chary of this honour, but this year it has been conferred upon an Irishman of undoubted genius. O'Halloran was very proud of his heraldic arms, although his motto was not happy for a great operative surgeon, the Irish words signifying 'I wound and kill.' An operator seeking a motto might take '*Festina lente*,' that of the Plunkett and Onslow families. The latter name is a fair translation of the Latin words."

After an interesting account of the barber-surgeons, the lecturer said :—

"Two bodies may be regarded as the precursors of our College, the earliest being the Examiners for Surgeoncies to County Infirmaries, appointed by the Act of 1766. They met first in the Music Hall, Fishamble Street, to frame regulations, and afterwards, accordingly as candidates offered, in Mercer's Hospital. George Daunt, for his bold operations often called "Undaunted Daunt," was Chairman of nearly all the meetings for the first ten years. Soon after this College was chartered it assumed this examining power, and in 1789 qualified Percival Banks for the Clare Infirmary, he having been refused, on some technicality, examination by the older board.

"Our more direct parent, the 'Dublin Society of Surgeons,' met for the first time on March 29, 1780, in the 'Elephant' Tavern, Essex Street, which was built where the elephant was burned 100 years before, as I have said when speaking of Mullen. It is remarkable that their meeting days were the first and third Thursdays of each month—days still retained by our Council. The President was Henry Morris, and James Henthorn was chosen Secretary—an office he held in the College till 1832, performing his duties with amazing industry and punctuality. At an early meeting it was unanimously resolved 'that a Royal charter dissolving the preposterous and disgraceful union of the surgeons of Dublin with the barbers, and incorporating them separately and distinctly upon liberal and scientific principles, would highly contribute not only to their own emolument and the advancement of the Profession in Ireland, but to the good of society in general, by cultivating and diffusing surgical knowledge.' The reading of essays seems to have been part of their proceedings, but I can find no record of them. In 'Baratariana,' which that charming writer, Fitzpatrick, has proven to be the production of Grattan, Flood, and Langrishe, Cunningham, a leading member and the chief founder of the Meath Hospital, figures as 'Don Alexandro Cunningambo del Tweedalero.'

"This Society laboured nobly for the establishment of the College, and visited several foreign universities and colleges in order to understand the best principles of surgical education. At last the charter (the formidable parchment on the table) was granted (Feb. 11, 1784), and humble premises near Mercer's Hospital were secured.

"The preamble of the charter declares 'that the reputation of the profession of surgery is of the utmost importance to the publick and highly necessary to the welfare of mankind, and that the publick sustain great injury from the defects in the present system of surgical education in our kingdom of Ireland; and that the regularly-educated surgeons of the city of Dublin (who are become a numerous and considerable body) find themselves incompetent (from want of a charter) to establish a liberal and extensive system of surgical education.'

"At the first annual meeting, Jan. 3, 1785, at the Lying-in Hospital, the following officers, nearly all of whom were nominated in the charter, were elected. *President*—S. C. King, 26 Jervis Street. *Censors*—J. Whiteway, 28 Stafford Street; P. Woodroofe, 2 St. Andrew Street; R. Bowes, 49 Jervis Street; W. Dease, Merchant's Quay; J. Neale, 3 Dominick Street; G. Hume, 3 Suffolk Street. *Assistants*—W. Vance, College Green; A. Lindsay, 92 Dame Street; T. Edwards, 7 Great Britain Street; F. Lestrange, Eustace Street; C. Boulger, Exchequer Street; G. Stewart, 32 Mary Street; T. Costello, Jervis Street; R. S. O'Brè, 18 Abbey Street; W. Hartigan, South King Street; R. Sparrow, Capel Street; J. Sullivan, 4 Fisher's Lane; and F. M'Evoy, 13 Abbey Street.

"When this list is placed beside the council-roll of to-day, one cannot fail to be struck with its greater proportion of Hibernian names, and the fact that the heads of our Profession then resided in very second-rate streets in Dublin. They probably consoled themselves with the reflection that the grand houses were occupied by nearly four-score noblemen and by many wealthy commoners who paid fine fees. I am told the fee-book of the President (of whom Wellington was a patient) shows sums for surgical operations incredible in the present day. But in these days of rising prices surgical fees are sinking if paid by the visit, for antiseptic treatment heals a stump in as many days as it took weeks ten years ago, and the aspirator in a day cures an abscess which would then have drained both the patient's blood and pockets for weeks.

"Justice is done to the wise intentions of our founders by the Rev. Mr. Whitelaw, the learned historian of Dublin, who wrote as follows:—'Their projects for the public good and for the advancement of the Profession were not circumscribed by narrow tenets nor actuated by those selfish monopolising motives which so frequently influence the acts and proceedings of incorporated societies. Men of all persuasions were admitted, and the most lucrative and honourable situations were as open to the licentiates of every sect as to those of the Established Church.'

"Two good old surgeons, although mentioned in the charter, do not appear to have taken office, owing, probably, to their consciousness of the disabilities of age—George Daunt and Henry Morris. The former is well remembered by his lithotomy instruments, for which the Academy in Paris voted him thanks in 1754.

"Morris, from the dedication of Dease's work, and his constant Presidency of the Society of Dublin Surgeons, seems to have been an acknowledged leader. He cut out, in 1773, in Mercer's Hospital, perhaps the largest calculus ever successfully removed; it weighed 15½ ounces, and here is its full figure. That stones were more frequent in the past than in the present century, and that persevering efforts were made to prevent or dissolve them, appears from an able paper in the Royal Irish Academy (1805), by Thomas Egan.

"Another senior, Gustavus Hume, also soon passed away, but his sixty years' service and benevolence are attested in the ward in Mercer's which bears his name—and his wealth, by his having built several streets, Hume Street amongst others. He was a great believer in the once-famous Lucan Spa, which one of these days may be revived; for it and the adjoining house—wherein was established an Idiot Asylum through the generosity and benevolence of two of our fellows—Drs. Stewart and Kidd—are now for sale.

"Sir Henry Jebb was also a member of the Society of Dublin Surgeons, and became Professor of Midwifery, and finally President of the College in 1800. It was probably owing to the fact of such able obstetricians as Dease and Jebb being among the founders of our College that midwifery, despised by contemporary bodies, was at once fostered. According to that excellent poem, the 'Medical Review,' by Dr. Gilborne (1775), in which about 200 Irish doctors are noticed, nearly all the surgeons practised midwifery. Many of them insisted on maternal nursing, and in those days milk was always on draught, never in bottle. One of the original surgeons of the Meath Hospital is alluded to in the following lines of the poem:—

> 'With well-contrived utensils, good Hawkshaw
> An aching, useless, hollow tooth can draw,
> With straight, diverging, or converging fangs,
> And gives the jaw and tender gum no pangs;
> But if the pain proceed, in young or old,
> From scurvy, rheumatism, or humours cold,
> He sooner would the expected fee forego,
> Than make a breach in fair enamelled row.'

"A few years after Sir P. Crampton's father, Blake, and Lestrange, the ancestor of our great surgical mechanist, made Dublin dentistry famous; yet the Profession is still unregulated. Our London sister has set a good example.

"Subsequent to its incorporation the two great events in the history of our College are—the erection of this splendid building in 1806, and its enlargement in 1825. The College recognised the services of Surgeon-General Stewart and George Renny, in procuring the Government grant, by a bust, and the splendid painting which adorns our board-room. The first stone was laid by the Viceroy, the Duke of Bedford, on Patrick's Day, 1805. The ground had been the Friends' Cemetery, and amongst the remains transferred were those of Dr. Rutty, our most voluminous writer in the last century.

"In 1825 the building was enlarged, and rendered more uniform and perfect by the addition of the Museum. The cost of the whole structure was £40,000, which seems in these days a most moderate sum. In that year the College lost one of her most earnest servants, Charles Hawkes Todd, whose works on hernia and aneurism were so admirable. His fame has been eclipsed by that of his son, Robert Bentley Todd.

"From this year the College increased in prosperity, and gave 314 licenses during the ten years, 1826-35. During the same period the University conferred 145 Medical degrees, the College of Physicians 43 licenses, and the Apothecaries' Hall 572. How vastly have these proportions altered of late years!

"Since the erection of the Museum its largest benefactors have been the Duke of Northumberland, whose grandfather, the first Duke of the present line, was a member of our Profession, and the eloquent teacher John Kirby; and the College attested their gratitude by the busts which grace our largest room. This collection is almost unrivalled, and includes over 7,000 specimens; while our library contains 17,000 volumes. For both more space is sadly wanted.

"Among the original founders of our College (and Professor until his death) was Wm. Dease. He improved Daunt's lithotomy instrument, which Peile afterwards perfected. He was accused by John Bell and Liston of having concealed his mode of operating. Hear Sir P. Crampton in his defence:—

"'He gave a public course of operative surgery annually at the College of Surgeons, and demonstrated his operation with staff and knife with the utmost minuteness, always dissecting the parts immediately after the operation, so as to exhibit to the class the direction and length of his incision. It was also his custom to demonstrate his operation—of which he was, naturally enough, not a little proud—to all foreign surgeons who happened to visit Dublin; and, among the rest, I remember to have been present when he operated upon the dead subject for Gimbernat, the celebrated anatomist. I feel that it is due to the surgical profession at large, and to the memory of one of the greatest surgeons that this country has produced, to vindicate his character from a charge which would sink him to the level of the Colots and Raus.'

"Another calumny was that he always carried a calculus in his pocket, which he would slip into the bladder if he had found none through a mistaken diagnosis.

"His work on 'Injuries of the Head' is invaluable, and his 'Observations in Midwifery' is still a classic. Dr. M'Clintock has kindly pointed out to me that the analogies of surgical and puerperal fever, generally said to have been first perceived by Sir J. Simpson, were clearly laid down by Dease.

"Two versions, equally lamentable, are given as the cause of his death, in January, 1798. Dr. Madden states, in his 'Lives of the United Irishmen,' that being warned by Surgeon-General Stewart, through Peile, then President, that he was about to be arrested, 'he went home from the College, where the intelligence was given to him, opened the femoral artery, and died of hæmorrhage.' Others assert that having opened an aneurism which had suppurated, and which Richards had diagnosed as an abscess, in the Meath Hospital, he was so horrified by the man's death that he inflicted the same mortal wound on himself.

"His co-professor, William Lawless, a relative of Lord Cloncurry, was also warned, escaped, and died in 1824, a Major-General in the French army. Many others of the Profession appear to have been United Irishmen—Richard Dease, Adrien, and Macneven, for example. The College does not appear to have regarded political feelings a bar to promotion, for Dease was elected to his father's chair, and Adrien, the surgeon who staunched Lord Edward Fitzgerald's wounds, became Professor of Medical Jurisprudence. Macneven became a great practitioner in New York, and his biography has been written by the famous Professor Francis."

The lives and labours of McDonnell, of Belfast, and Jacob, of Maryborough, were then reviewed, and it was stated that amputation through the hip-joint was performed first by the latter surgeon in 1809.

"The Dublin Almanack for 1796 first mentions Abraham Colles, of Chatham Street, as a Licentiate of this College, and six years after he was elected President—his promotion being the most rapid on record. His apprenticeship to Woodroofe only began in September, 1790. Having lectured—or ground, as we say now-a-days—like the German private teachers, he quickly qualified for the Anatomy and Surgery Chair of this College, which he held from 1804 to 1836. In the latter year the College unanimously voted that his ability was 'the principal cause of the success and high reputation of the School of Surgery in Ireland.' He was a successful lecturer, because he was always in earnest, lively, but not too fast, and availed himself fully of his practical opportunities, and of the splendid specimens in our museum for illustrations. He often filled this theatre with 300 anxious listeners, and all of the thousands he taught, when they became practitioners, regarded him as their consultant. Their confidence was, moreover, always maintained, for they found Colles displayed, besides skill and learning, 'the chastity of honour,' to use the term of our Edmund Burke.

"Colles was Examiner also for thirty of the thirty-three years during which he was Professor, without a suspicion of favouritism; yet the new charter made the two offices incompatible.

"His works on 'Surgical Anatomy,' in which he first described glandular mammary tumour, on 'Fracture of the Radius,' on 'Syphilis,' and on other subjects in the Dublin Hospital Reports, gave him world-wide fame; yet he was not forward in publishing, for some of his best writings were printed after his death by his son and worthy successor, and by Professor M'Coy.

"Throughout a long controversy on syphilis and mercury, Colles and Carmichael were most careful of each other's reputation. They were, indeed, 'living epistles known and read of all men.' His long illness was somewhat obscure in its nature, and he wished, therefore, that a *post-mortem* examination should be made. Professor R. W. Smith accordingly examined his body, and found a dilatation of the vena cava, like that discovered by Houston in diving animals, with a like office, that of being a lie-by for the blood during obstructed breathing. The desire that science should benefit by the examination of their remains has actuated many Medical men, and the great Warren, of Boston, willed that his skeleton should be prepared for his anatomical museum. Colles's funeral is reported to have been more largely and respectably attended than any in Dublin for forty years before. His humility is shown by the fact that, like Abernethy, and for like reasons, he declined a baronetcy—a resolve which is to be regretted, for everyone in our Profession would have felt himself honoured in the decoration of its greatest member, the more so as there was a worthy surgical heir.

"No career could be more worthy of commendation than that of Richard Carmichael, whose industry gained him the Presidency of this College at thirty-three, and whose benevolence will be remembered in it for centuries. Having been wholly educated in this school as Peile's apprentice, he served a few years in the army, and having settled in Dublin, rapidly gained consulting practice. His noble appearance, scholarship, and lordly birth may have contributed to his success, but on these he by no means relied. Although he believed he could claim the Earldom of Hyndford, he abstained from doing so for reasons which attest his unselfishness.

"Let me detail a few of the many instances which portray the generosity of his character. In 1835 Adams and M'Donnell sought the Surgeoncy of the Richmond, vacant by Ephraim M'Dowell's death. Other candidates, acknowledging their claims, had stood aside. To gain two such men for the hospital Carmichael himself resigned, and both were elected.

"Although receiving many and large apprentice fees, he carried in 1828 the abolition of the system by which no one could become a Licentiate of this College without apprenticeship. If indentured, a candidate could present himself without ever having entered a dissecting-room or hospital. Those who could not afford the large fee had to resort to England or Scotland, and the change trebled the number of our licentiates.

"The monopoly was not confined to our College, for at the same time the Edinburgh College charged for its Fellowship the sum of £250 to non-apprentices. This title is now given on quite too easy terms, for the holder of any surgical license, if recommended, may obtain it without even appearing at the College.

"In replying to an address of a great number of the Fellows and Licentiates of the Royal College of Surgeons, presented by Dr. Whistler, Mr. Carmichael made the following generous announcement:—

"'Since the termination of my year of Presidentship of the College (the third time I have had that honour), I have relinquished all practice, except in my own house, or out-of-doors, in consultation with a qualified practitioner. This determination has, in a great measure, arisen from a wish to show a good example to my contemporaries, which, I trust, will, in due time, be followed for the benefit of their juniors.'

After dwelling on the munificence of Carmichael, some of the facts in the career of Sir P. Crampton were stated, and the lecturer continued:—

"Good fortune did not, however, spoil him, for, leaving his relative's house in Merrion Square, he entered into a most laborious mode of life. Behind his house, 49 Dawson Street, from 1804 to 1813, he lectured on 'Anatomy Physiology, Pathology, and Surgery. Practical Anatomy, as usual, under the direction of Mr. Crampton and Mr. Harkan.' So runs the advertisement in the 'Dublin Medical and Physical Essays.' In 1804 he published his famous essay on Entropeon, and in 1813 discovered in the eyes of birds the muscle which bears his name. By this perfect development of the ciliary muscle the lens is so adjusted that the pigeon and migratory birds find their way in the trackless air, and the rapacious birds sight their prey whether close by, or a mile below them on the ground.

"Throughout life Crampton was an ardent worker at comparative anatomy, like other great ornaments of our profession. Sir A. Cooper, while making £20,000 a year by practice, held the chair of Comparative Anatomy in the College of Surgeons, and habitually rose at four to make his dissections.

"Crampton's splendid *personnel* is indicated by the following anecdote:—At the King's levee here, in 1821, Crampton appeared in the uniform of Surgeon-General, which was completely military. The King, struck by his noble appearance, said to Lord Norbury, 'Fine man! General officer? in what branch of the service?' Norbury, being too much of a courtier to allow that royalty could be mistaken, and too inveterate a punster to miss an opportunity, replied, 'May it please your Majesty, that is Crampton, a General in the *Lancers*.'

"The scientific works of Crampton, some of which have been alluded to, indicate striking ability, and his scholarship is apparent from his introductory address in 1835, and his 'Outline of the History of Medicine, intended to illustrate the connexion between the progress of anatomy and the perfection of the healing art,' delivered in this theatre in 1838.

"As the very personification of a practical surgeon, who as president and secretary served this College well, Cusack claims attention. Although a highly-educated man (for he had been a scholar and gold medallist of our University), he wrote but little. His descriptions of the few cases he has published were, however, most vivid and faithful. Sir W. Fergusson lately wrote that he had a lively recollection of having read, as far back as 1827, 'the exciting descriptions of certain operations on the lower jaw by Mr. Cusack.'

"As a student he had a strong repugnance to operations, and it is remarkable that he never wholly conquered the feeling. When he was over seventy, he is reported to have said:—'It was not that my hand was not steady, but I am so anxious before operating that I feel the strain too much for my system. You will be surprised when I tell you that from my first to my last operation, I have never been able to sleep the night before, but lay thinking how I should operate, what difficulties would arise, and how I should meet them.'

"He would never operate by time, feeling that haste was unjustifiable, even in pre-anæsthetic days, and that it often risked caution and thoroughness. He was most careful of the dressings of his cases, and in this particular he might be styled '*maximus in minimis*.' His great popularity as a teacher is shown by the fact that he entered seventy-eight apprentices on the books of the College—a number nearly thrice that entered by any other.

"Beginning without the small certainty which has so often idled and ruined young men, he amassed a vast fortune by his profession."

After a notice of Professor Macartney, and some anecdotes regarding the procuring of subjects fifty years ago, Dr. Mapother said:—

"To none of its Fellows should this College be more grateful than to Shekleton and Houston, curators, almost founders, of its museum. During his apprenticeship to Colles, Shekleton showed such skill and industry in dissection, that he was urged to seek the curatorship. The exhibition of specimens being required, he produced, among others, this injection of the lymphatics of the lower extremity, which has excited the wonder of all anatomists who see it. To the museum and dissecting-room he wholly devoted himself, meanwhile recording such original observations as those on dissecting aneurism. In 1824, a year before his cherished hope of a new building was realised, a dissecting wound terminated his valuable life when he was but twenty-nine years old. His example—and still more that of Bichat, who also died when twenty-nine,—show how much zeal and industry will in a short time accomplish. The same fatality deprived the College of two other eminent officers—Richard Dease, Professor of Anatomy, in 1819, and Maurice Henry Collis, in 1869.

"Among the mourners at Shekleton's funeral was his apprentice and fellow-labourer, John Houston; and it happened that it was the very day fixed for his examination. His answering, despite this depressing influence, was so brilliant, and his character as a student so high, that for the curatorship he had no opponent, although, as usual, this important office was open to competition. In addition, he soon after served the College as Demonstrator of Anatomy, and the curatorship he retained till his death. He, indeed, may be said to have died in harness, for while lecturing in Park Street School he was first seized with his fatal cerebral diseas. His 'Introductory,' given in that school a few months previously, is the ablest I have ever read. It has been frequently quoted in America. His most famous papers were those on the 'Rectum,' 'The Section of the Pelvic Organs,' which bears his name; 'The Circulation of Diving Animals;' and the Treatment of Fractures.'

"His great work is, however, the Catalogue of the Museum, now out of print; its re-issue, therefore, with additions, would be a fitting monument, the more called for as neither marble nor canvas perpetuate his fame within these walls.

"It is an odd coincidence that to a namesake of Houston, and to a namesake of his contemporary, Ephraim M'Dowel, is assigned the first performance of ovariotomy. Professor Gross, in a memoir of the great Kentuckian of the latter name, asserts that in 1809 he performed ovariotomy for the first time; but I find, by the thirty-third volume of the Philosophical Tornsactions, that it was done successfully by a Dr. Houston in 1701.

"The career of one of Houston's contemporaries, Valentine Flood, illustrates the loss which medical science in Dublin suffers from her votaries so often deserting her to seek for practice. Here was a profound anatomist, a writer already famous by his work on the arteries, a lecturer so able that he fired his pupils with enthusiasm, who deserts all for practice among the poor and the hopes of gaining the favour of the rich. Being disappointed in this, and having lost his class, he was forced to accept an appointment to a village fever hospital in Tipperary, where typhus soon ended his career.

"Many other examples and many arguments could be adduced to show that the pursuit of medical science should be encouraged by the endowment of chairs, or the amalgamation of those already too numerous, and therefore unremunerative.

"And now, gentlemen, several considerations suggest that I should bring these commentaries to a close—firstly, the desire to respect your patience; and secondly, that others whom I would wish to notice are too lately taken from us to receive dispassionate treatment at my hands.

"On some future day justice will be done to the memories of Rawdon MacNamara *primus*—too early lost to surgery—of William Henry Porter, most eloquent of lecturers, and most elegant of surgical writers; of John Hatch Power, my revered master; of O'Bryen Bellingham, the most earnest friend of the Surgical Society; of Robert Williams, the sturdy advocate of the College rights, and of the benevolent Kingsley—all of whom are commemorated by bust or portrait. Still, to the catalogue of great Irish surgeons must be added the names of Peile and Wilmot, O'Ferrall and O'Beirne, Hutton and Ellis, Harrison and Ledwich, Smyly and Banon (lost to us whilst Presidents-elect); and from the lives of any one of them good and fruitful lessons may be deduced. None of those whose careers we have studied to-day gained any position through nepotism. Of those who depend on such influence alone, it has been said by Sir D. Corrigan, in an address last July at St. Mary's Hospital:—'I have occasionally—nay, often—seen men raised by the influence of connexions or extraneous circumstances into temporary eminence; but if they went up like a rocket, they came down like its stick.'

"A universally-regretted death and two resignations have changed our professorial staff during the year.

"Charles Benson and Wm. Hargrave—than whom the College never had more tried or trusted servants—have sought well-earned repose; and Wm. Barker, who, although not a surgeon, was the teacher and well-loved friend of a thousand, has passed away. Younger but no less earnest men fill their chairs.

"Let me end this lengthy lecture by reminding you how largely the leaders of our College for several generations owed their positions to honour and industry, and verified the words of Wm. Hunter:—'A young man cannot cultivate a more important truth than this, that, apart from future recompense, merit is sure of its reward in this world.'"

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INDIAN MEDICAL NOTES.—No. VIII.

(FROM OUR SPECIAL CORRESPONDENT.)

MEERUT, UPPER INDIA,
September, 1873.

MALARIA—ENTERIC FEVER—HARDSHIPS—ADVICE.

IN the month of September, those with long purses who can obtain leave fly to the Hills, which, on very clear mornings, can be seen from the parade ground, just a faint blue line above the horizon 100 miles distant, the snowy range occasionally visible. Of the many who can only contemplate the Himalayas with wistful feelings similar to those experienced by Moses, when from Mount Nebo he gazed on the land of Gilead, the majority are either stricken with fever, or are affected by the sufferings of those about them. What is malaria? Why are the swamps and jungles of Australia and New Zealand exempt? Why do dry, lofty elevations, far away from marshes, sometimes become malarious? Why do old Indians occasionally have their first attack in London? We cannot tell. Three ships left a certain port with 800 men, bound for Marseilles, the soldiers in one vessel (the *Argo*) before embarkation drinking stagnant water. Out of 120 such men, thirteen died, ninety-eight were affected with paludal fever. The crew of this vessel, the soldiers and crews of the other two vessels, who had *not* drank water from the marsh, remained in excellent health. All these things are great mysteries, however. Until the hot winds lose their force, and the rage of Sirius is abated; until the vindictive glare of the September sun ceases to draw dank, sickly vapours from rivers, marshes, ponds, and ditches impossible to drain, the pale-faced European must share with the dusky native the prostration of malaria. A lady who for years escaped, is now down, unable to rally, and must to-night flee to the mountains, there shake off the invisible, cruel, destructive tormentor. A poor woman, accustomed to the climate and not long married, for the fourth time lay stricken for five days before the temperature lowered and quinine could be given. All one could do was to keep her up with plenty of wine, milk, egg-flip, beef-tea, to meet the waste. Eventually she did very well. In such cases the thermometer may indicate 105°, 106°, or even more. Hypodermic injections of quinine are no longer allowed, instances of inflamed arms and of tetanus having occurred. Personally, I have never had any such misfortunes, beyond an intermittent pulse occasionally; and before the subject is forgotten, it is worthy of mention that quinine, of the two, appears to do harm in enteric fever, keeping up the diarrhœa.

Changing the subject. It will ever be the custom to praise up the good old times, for old Indians to dilate on the splendid men who fought so bravely, turned out so smartly, took their liquor so splendidly, knowing nothing of punkahs, tatties, and thermantidotes, nor of the blessings of cool clothes, ice, and Hill stations. They came out here prepared to remain, perhaps, the whole of their lives, married native women, who presented them with coloured children innumerable, and a bond of union between the races was attempted. Of those good old times but scanty statistics are now available, telling of the extent of mortality, drunkenness, and insubordination. The fact being that, whilst the strong salamanders survived, the places of the soon-forgotten weakly men were easily filled by recruits of Herculean mould, some of whom occasionally came out here to retrieve fallen fortunes, perhaps to hide disgrace, and to spare their relatives further shame. Others were attracted by the fabulous tales of oriental wealth and splendour, of diamonds, pearls, emeralds, rubies, sapphires, to be picked up in gorgeous palaces open to every European, who had richly-caparisoned elephants to ride upon, with nothing to do but to recline on soft silken couches, listening to the cool splash of the marble fountains surrounded by lovely, sweet-scented flowers, or be fanned with peacocks' feathers by beautiful young ladies attired in Alhambra ballet costume. Others, attracted by the love of sport and adventure, the very men for the country, eagerly enlisted, and I would strongly advise such lads inclined to be steady and sober to come to India, where they are certain to succeed, besides enjoying themselves. There could be little pleasure enjoyed by the King of Oude, who got drunk every night on champagne and madeira; tired of cock-fighting, conjuring, bored by dancing girls and elephant combats, kept under the thumb by a barber, who returned to France with £240,000; waking up with a splitting headache of a morning—what an existence! Said another of these monarchs, "My wife is about being confined; if she does not make me the father of a son, I will flog her to death with my hunting whip." A *daughter* was born, and the woman's body was burnt two days after.

In my note-book constantly, curious facts are accumulating; for instance, a kind and clever colleague (a good doctor all round, who can nurse, cook, or even wash a baby at a pinch) states that during a great eclipse here, five women gave birth to deformed children, their minds during pregnancy frightened by native superstition. What a comfort it is, by the way, to have a professional brother thoroughly to one's liking, who can enter into, share and sympathise in the anxiety of work! To-day there was a *post-mortem* on a case of enteric fever, with probably more to follow, judging by the extreme debility, the high morning temperatures, the frequency of meteorism, all reacting on young subjects enfeebled by nearly seven months' heat. These are new comers; the remainder of the troops wonderfully healthy, sometimes not three per cent. in hospital, excepting on feverish days. These new comers eat and drink heartily, in fact gorge themselves, go to sleep, gorge again; run about with bare feet, or without their helmets; expose their bowels to chills at night; eat any trash; bathe after food in dirty tanks, and unless carefully watched, will neither drink filtered water nor take the trouble to carry out the earth system of conservancy. Then the sun is ever at work, and there are certain points connected with drills, horses, stables, work-rooms, forges, canteens, water supply, in fact a number of subjects for the medical officer to be mindful of. For instance, the horses may be very rough, whether stud-breds or walers; the flies ever tormenting. The riding school may be very dusty, un-watered, and some of the lads or old men cannot grip very long without stirrups. At stables the men may be very careless, exposing their necks to the sun whilst grooming; the floors of the stalls may be saturated with offensive deposits. The forges, in addition to heat, are somewhat trying, unless the fumes of the charcoal have free exit; a horse requires an hour and a-half for shoeing, the work involving much stooping. However, a farrier is very well off; everything found him almost, in addition to £5 a month pay, besides the allowance for wife and children. The medical officer looks to the quartermaster-sergeant for much assistance; if the latter has never been in India before, things must go wrong at the most critical time. When the wife of the canteen sergeant dresses herself and children in purple and fine linen, constantly tastes the men's beer in the barrack-room; it may be adulterated with unfiltered water, may be as sour as vinegar, enough to assist the sun in establishing enteric fever, or soap may have been added to give a fine head of froth. Some authorities are in favour of having beer engines, and of keeping every kind of wine in canteens so as to make a change, anything rather than continual spirits, and the chance of men taking native liquor—so much poison. Whatever may be the cause, one set of men just now are affected with enteric fever. What can be done specially for such cases besides constant watching, good nursing, iced milk, and lime water, judicious stimulants, astringents, acetate of lead and opium, chlorodyne, sulphuric acid, turpentine, hot applications over the abdomen, or packing the bowels in cotton wool? Gallic acid, sulphate of copper, nitrate of silver, chlorate of potash inert. Carbonate of potash will keep up the exhausting diarrhœa, so will injections, whether astringent or nutritive, suppositories of very doubtful benefit in my experience. Excepting by those blessed with placid temperaments, such cases can never be shaken off the mind, the strain intensified by climate. When thoroughly worn out and wretched, it requires a Mark Tapley to be in good humour, when knocked up to a bad case at night even in England. Here, perhaps, inclined to fever, tossing about for hours thinking about patients, unrefreshing sleep comes at last, when the creaking punkah stops, the mosquitoes enjoy their bloody banquet, and you dream *still* about cases. In the deep darkness that can almost be felt your toe is pulled, a light is struck by an apparition clad in white, whose black face, glistening teeth, horrid eye-balls, and noiseless tread suggest the devil come for his due. It is only a servant who wakes you with a summons from the hospital. The musk rats race about the bed, the owls flit about the ceiling, the frogs and the crickets hold a noisy public meeting. Sometimes the matches will not light, everything, including boots, damp and mouldy. Eventually the servant leads the way with a lantern, avoiding the cobras; and again shouldering your pack of care you return to the anxious business which brings in daily bread. Before closing this paper to-day, one word about doctors. India is not the place for idle or stupid men, for the battles with disease require unremitting energy, combined with ready skill, presence of mind, and the gift of never being flurried or taken aback. Those who are honestly pursuing their medical studies with diligence, unless they have a snug opening ready, should know that the army is a thousand times better than struggling for years in town or country practice, the lot of very many with increasing expenses and hungry competition before them. Therefore, writing from many years' experience, I say to every medical student—try the army, try India.

STUDENTS' COLUMN.

LECTURES ON HUMAN ANATOMY.

By Walter Rivington, M.S. Lond., F.R.C.S. Eng.,

Surgeon to the London Hospital and Lecturer on Anatomy at the London Hospital Medical College.

Lecture VIII.—(*continued.*)

Whatever may be the degree of scientific value and interest attaching to learned investigations and determinations of planes, diameters, axes, and angles, the practical student has no need to burden his mind with details both arid in their nature and incapable of an obvious application to the ordinary conduct of labour and the pursuit of obstetrics. An intelligent apprehension of the main features in the construction of the Pelvis, a capacity for detecting alterations of proportion and contraction of the space necessary for the passage of the fœtal head, attention to the points which should guide the judgment of the practitioner in determining whether a case ought to be left to the unaided efforts of Nature or whether interference and assistance are needed, constitute the sum and substance of the requirements which should be demanded at his hands. It is sometimes necessary for the teacher to introduce into his discourses matter which has neither an obvious bearing on practice nor any real educational utility, solely because the requirements of examining boards are as inexorable as destiny, and must be obeyed by all who pass beneath the pillar'd shade of the portals of the colleges in which they sit. But the chief aim of all knowledge imparted at a Medical School is that it may be used in the daily practice of Medicine and Surgery. To this end the lines of the Medical Curriculum should converge—by this standard we might be allowed to recommend what the student should learn and what he might venture to leave unassimilated. I do not say that connection with practice should be the sole guide to the teacher, for a subject may possess a high educational value which cannot be clearly shown to bear upon practice. The cultivation of habits of accuracy and observation, intelligent thought on the uses of parts, the discovery of contrivance and design, and the application of general knowledge may be allowed considerable weight. The chief stress must be laid on important practical points, and yet room may be found for matter of another kind. In dealing with the Pelvis we could not pass over in silence the remarkable adaptation which it exhibits in the female sex to the function of parturition, even if many of the particulars adduced to prove the adaptation should seem rather to furnish illustrations to Natural Theology than to bear upon Obstetric practice, and we might more readily be allowed this latitude, because, so far as I know, professed writers on Natural Theology have entirely passed over this most fruitful topic, and left the field to professional authors. Adequately to deal with it would require more time than we can spare, for it embraces the subjects of development, the differences between the Male and Female Pelves, the behaviour of the Fœtal Head in its passage through the Pelvis, and the changes which occur in the joints of the Pelvis in the course of pregnancy and parturition. Here we must touch these matters briefly, and leave much of the application to your own intelligence.

In regard to development, it has been well observed by a late eminent author, "Perhaps no part of the human skeleton, rife as the whole is with adaptation, evinces more evidences of design than the bones of the female Pelvis. The progress of ossification shows this in an eminent degree. Up to the time of puberty the Cartilaginous division between the ilium, ischium, and pubes is complete. Under the stimulus of the Ovaria, the Pelvis enlarges considerably at and previously to the occurrence of the catamenia, and the separation of the bones which compose the Pelvis greatly facilitates those operations of growth by which its Cavity is expanded to the mature standard. In the other parts of the body there is no instance of any such sudden change after the time of birth, not even in dentition, as that which occurs in the pelvis and its contained organs, during the two or three years in which puberty is prepared for and completed. The development of the sterile girl into the fruitful woman is almost as striking as the metamorphoses which occur in the lower orders of creation. All the changes of this epoch have for their great object the preparation of the organism for the functions of impregnation and childbearing. Of these the expansion of the bones of the Pelvis before the union of the three parts which compose the os innominatum, the slow union of the bones of the Sacrum, the formation of the numerous Epiphyses which enlarge the Pelvis and contribute to its strength at and before the era of puberty; and the ossific union of the different parts of the Coccyx, and of the whole bone with the Sacrum, only after the function of childbearing has altogether ceased, are among the most remarkable." Place side by side a male and a female Pelvis, and the contrast must be obvious to the most superficial observer. The male Pelvis is rough, heavy, and massive; the female Pelvis is smooth, light, and expanded. The prominences, the ridges, the crests, the tuberosities of the male Pelvis, are all strongly pronounced, whilst the corresponding parts of the female Pelvis are subdued and softened. The integument of compact tissue covering the surface of the female Pelvis has the appearance of being tightly drawn over the bones; whilst that of the male Pelvis exhibits numerous asperities and wrinkles. The crest of the Ilium in the Female is less arched, the Iliac Fossæ are lower than in the male, and the cotylo-sacral rib is longer, more slender, and less arched.

It is generally stated by authors that the crests and spines of the Iliac are wider apart in the female than in the male, and my own measurements perhaps have not been sufficiently numerous to justify a positive conclusion on the point, although, so far as they have extended, they do not corroborate the statement. The Iliac Alæ in the Female pass outwards more obliquely from the Brim of the Pelvis, but they are not so wide nor do they rise to so high a level as the Iliac Alæ of the Male. If you drew a straight line from before backwards from the anterior superior to the posterior superior spine on a Male and on a Female Pelvis, you would find that the depth of Ala above this line is considerably greater in the Male; and it is because of the greater size of the Masculine Ala that the crests of the Male Pelvis are as far apart as in the female, in spite of the greater obliquity of the feminine Alæ. The inferior height of the Iliac Alæ in the female allows room for the formation of a marked feature of the feminine form—the slim and elegant waist. The Acetabula, again, are said to be further apart in the Female than in the Male, and the great trochanters of the Femur to be more projecting, and it is this superiority of breadth which causes the distinctive prominence of the female hips, which, when associated with a moderate and natural but not an abrupt excessive or artificial contraction of the waist gives to the figure a flowing outline, which proves an agreeable object of contemplation to the sterner sex. The greater substance of the soft parts in the well-covered female increases the transverse measurement, and inasmuch as the thigh bones are directed more inwardly, and approach each other at the knees, a movement to and fro is imparted to the hips of the female when she walks, but especially when she runs, which is shared by the rest of the trunk, and is very evidently seen in the shoulders. "These characteristic marks of the female figure," says Dr. Rigby, "upon which its beauty in a great measure depends, are well seen in all great works of art, whether of sculpture or painting. 'The ancients,' as Mr. Abernethy has observed, 'who had a clear and strong perception of whatever is beautiful or useful in the human figure, and who, perhaps, delicately exaggerated beauty to render it more striking, have represented Venus measuring one-third more across the hips than the shoulders, whilst in Apollo they have reversed these measurements.'"

But the most important distinctions belong to the Cavity of the Pelvis. In the male the cavity is narrow, contracted, and deep; in the female it is wide, capacious, and shallow. The depth of the Symphysis is greater in the male. The male Sacrum is generally described as being narrow and rough, with a curvature both greater and more evenly distributed over the bone; the female Sacrum is described as wider and shorter, with a curvature chiefly confined to the lower end (*a*). Moreover, the female sacrum stands backwards less obliquely (*b*) from the Sacro-Vertebral Promontory, and is less arched in the transverse direction.

In the male the Arch of the Pubes is narrow, not exceeding 80° or 85°, the rami are thick with rough and spiculated edges. In the female the Arch is characteristically wide, measuring from 90° to 100°, the rami are thin, slender, with smooth and everted internal margins. The greater width of the Pubic Arch in the female necessarily causes encroachment on the space devoted to the obturator Foramina, diminishing their size and altering their shape from the oval figure observable in the male Pelvis to the triangular shape distinctive of them in the Female (*c*). At the same time the narrowness of the rami compensates in some measure for the diminution.

The upper part of the pubic arch is smoother and more rounded in the female on account of the greater thickness of the Symphysial Cartilage, whilst the horizontal branch of the pubes is longer, more slender, and passes more directly outwards. Hence the greater distance of the symphysis pubis from the acetabulum, and that superiority of the transverse diameter of the brim over the antero-posterior, which constitutes one of the most characteristic differences between the male and female pelvis. The shape of the inlet in the female is oval; in the male triangular or rounded, but with a more prominent and sharper sacral promontory. In the male the planes of the ischia on each side slope further inwards towards each other, so as to bring the roughened spines and tuberosities nearer together, and to create an effectual obstacle to the passage of so large a body as the fœtal head. In the female, on the contrary, the spines and tuberosities, smoother and less prominent, recede sufficiently for the end desired.

(*To be continued.*)

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Reports

ON

DISEASES OF THE THROAT.

Edited for the "Medical Press and Circular,"

By Prosser James, M.D., M.R.C.P.,

Lecturer on Materia Medica and Therapeutics at the London Hospit

LARYNGOSCOPAL THERAPEUTICS.

(*Continued from page* 234.)

Growths in the Larynx, and Modes of Removing Them. Electricity.

The laryngoscope revealed to us that morbid growths in the organ of voice are much more frequent than had previously been suspected, and at an early period attempts were accordingly made to remove them by mechanical means. *Ecraseurs*, wire loops, guillotines, and forceps of various kinds have been designed for this purpose. At first the *écraseur* was much in favour, but it seems to be losing ground. I believe the first person in England to remove a laryngeal growth by mechanical means was Dr. T. W. Walker, of Peterborough, who described his *écraseur* in the *Lancet* in November, 1861. It will easily be understood that there is no small difficulty in carrying a simple loop of wire round a growth in the larynx. Many, however, prefer this method of operating. Gibb's instrument, made by Weiss, is suitable for the purpose. It consists of a proper carrying handle for the wire, and a sliding cross-piece, against which the two first fingers rest. The wire being passed through two small holes at the point is carried along the groove and through the holes of the cross-piece, leaving a loop at the point of the size required. Two or three twists round the cross-piece suffice to fix it firmly. The instrument is to be very carefully introduced by the aid of the mirror, and the loop passed round the tumour like a noose, when it can be tightened by gentle, steady pressure between the thumb and fingers. The base of the polypus is thus divided, and its substance withdrawn in the loop.

Before introducing this or any similar instrument, the loop must be placed in such a position as to pass over the growth to be extirpated, and its size and shape should

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(*a*) Much discrepancy of statement exists on this and other points of comparison between the male and female Pelvis. Some anatomists—*e.g.*, Cloquet and Cruvelhier—state that the curve of the Sacrum is deeper and more regular in the female. Ward, Humphry, Wood, Quain, Meckel, &c., are of the opinion stated in the text. A good deal may depend upon the age of the bones used for comparison, as Mr. Wood states that he has found a great vertical curvature of the Sacrum in old women. Mr. Ward is of opinion that the male Sacrum more commonly assumes the form of the female than the female the form of the male.

(*b*) Professor Humphry says "more obliquely." Mr. Wood's measurements, however, make the average Sacro-vertebral angle in the female 130°, and in the male only 117°, and he observes that "this remarkable average difference of 13° shows the much greater suddenness of the alteration of direction of the spinal column at its sacral extremity in the male subject." His "results also contradict the assumption somewhat indefinitely stated by Blumenbach, on the authority of Bonacioli, of Ferrara, that the Sacrum inclines more backwards, and that the Sacro-vertebral angle is more prominent in the female than in the male." Quain observes: "The Sacrum usually inclines backwards from the lumbar vertebræ to a greater extent than that of the male."

(*c*) Professor Humphry states that "the obturator and sacro-sciatic, as well as the other foramina, are larger" in the female. "Human Skeleton," p. 444.

also be properly adjusted. If the growth be located on one of the true vocal cords the loop must correspond with the antero-posterior diameter of the larynx, while if the growth be situated in the anterior commissure, or on the under surface of the epiglottis the loop must be arranged transversely to that diameter.

Contact with any part during its introduction will alter the shape of the loop, and so render it useless when it reaches the growth. Thus, supposing the loop to have been made round, and of a certain size, so as to pass over a growth, should it come in contact with the wall of the pharynx, or any other part, either accidentally or through reflex action on the part of the patient, it is obvious that the round opening will be made oval by the pressure, and so not adapted to pass over a globular growth. Moreover, spasmodic contraction of the larynx will sometimes occur, by which the loop may be bent to either side, or backwards or forwards. To meet these difficulties Stoerk contrived his guarded wire-loop *écraseur* (Fig. 46), in which the flexible wire is protected by a solid metallic loop. By this instrument very thin wire may be employed with greater ease than stouter wire without the protector.

In Stoerk's guarded *écraseur* a metal tip bored with two holes is screwed on in such a way that the holes can be placed either antero-posteriorly or transversely, and thus the loop arranged for growths in various positions.

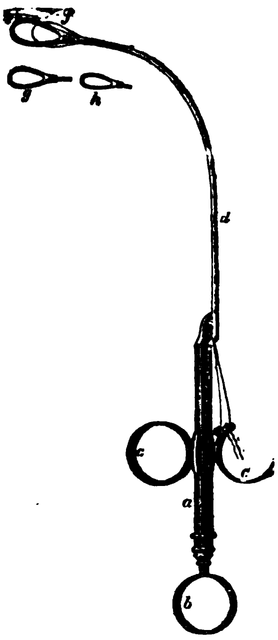

FIG. 46.

STOERK'S WIRE-LOOP ECRASEUR.

(*a*) Handle. (*b*) Ring for thumb. (*c c*) Ring for middle, and half-ring for index finger. (*d*) Wire carrier. (*e*) Protector. (*f*) Loop. (*g h*) Additional protectors.

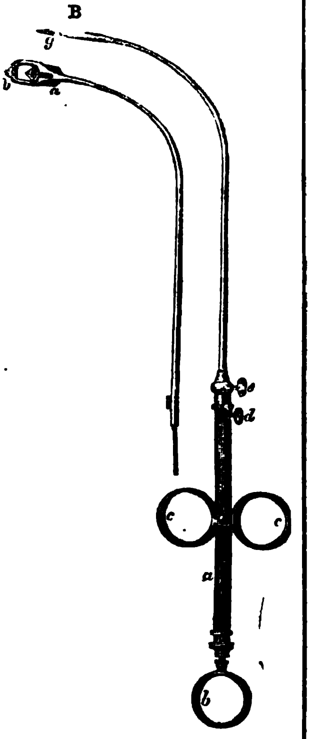

FIG. 47.

TURCK'S GUILLOTINE AND LANCET, WITH LEITER'S HANDLE.

(*a*) Handle. (*b*) Ring for thumb. (*c c*) Rings for fingers. (*d e*) Screws for fixing tube and contained wire. (*g*) Laryngeal lancet. The guillotine is separate, its blade and sheath being marked A, B.

In favourably situated growths it is possible with but little training of the patient, to introduce an unguarded loop, but for this purpose the wire employed must have a certain degree of firmness to enable it to retain its form. Good steel thread is perhaps the best for this purpose. That used for musical instruments is both stiff and elastic, and not too easily misshapen. Silver and platinum wire are both very flexible, and therefore need the guard.

Sometimes the operator may be successful in his first attempt to snare a growth. It more often happens, however, that many fruitless efforts are made. This is especially the case when the patient has not been properly trained, and in all cases it is desirable that the larynx should be accustomed to the contact of instruments before the attempt is made to extirpate a polypus. It will be readily conceived that some forms of growth are better adapted for this operation than others, and therefore that other instruments have found favour.

Among these we may next consider guillotines. Türck designed one of these which is used by some to this day. A handle somewhat like that of Stoerk has been adapted to Türck's guillotine by Leiter. The engraving, Fig. 47, shows this modified instrument. The guillotine itself (A) is seen to be of a square shape. The blade, which in the figure is retracted (*a*), is either lance-shaped or has only one cutting edge. It acts by being pressed forwards, and therefore can be easily employed with the same handle as is the laryngeal lancet (B). If this form be employed it is better to use the handle which Türck himself contrived for it, and in which the required forward movement is most easily made.

Stoerk's guillotine differs from Türck's in its shape and mechanism. The handle is very convenient and adapted

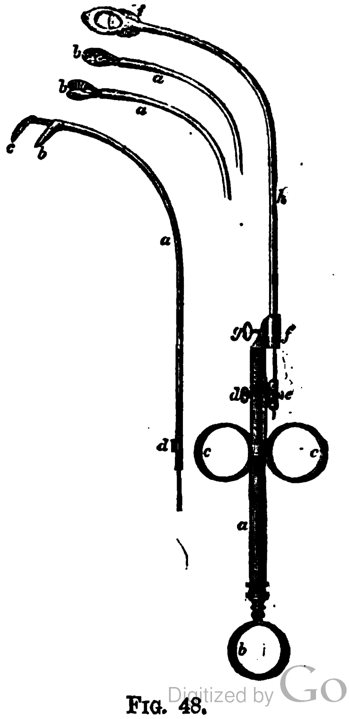

FIG. 48.

to a variety of instruments, as will be seen on reference to the engraving, Fig. 48. This handle consists of a rod *(a)*, a ring for the thumb *(b)*, two others *(c c)* for the index and middle fingers. Into this handle the guillotine is fixed by passing through two apertures, one for the tube, the other for the wire which is connected with the blade, each being retained in position by screws as seen at *d, e, f, g*. The wire passes through the tube to the blade. When the screws are properly fixed the tube itself does not move, but traction can be made on the wire by pressing the fingers towards the thumb, when the rings slide along in the handle, drawing the wire, and of course the blade to which it is fixed, forwards.

It will be observed that this instrument cuts by being drawn up into its sheath, the motive power being the simple approximation of the fingers and thumb in the rings of the handle. This movement is certainly easier than the reverse one. Another advantage of Stoerk's guillotine is the shape of the blade, owing to which it cuts at three surfaces instead of one. Moreover, in the square shape the corners project, and are more liable to touch and irritate the larynx. This instrument is well adapted for the removal of large tough growths where some force is required. It sometimes happens that firm pressure is required to push the growth into the fenestrum, and in this case the strong frame is very valuable.

For smaller growths Stoerk has lately made a great improvement in his guillotine (a). He found that the first form was not unfrequently too large, so that a small growth might slip out before the blade could be drawn up. The size of the fenestrum also prevented its employment when the growth sprang from a vocal cord close to the anterior commissure. Then the protecting sheath covered its own thickness of the neoplasm, and so left that depth of its base unremoved. To obviate these inconveniences the following changes were made :—The lower part of the protector was dispensed with altogether, only the upper portion, of a crescentic shape, remaining. It fits to the same handle as the older form. The engraving, Fig. 49, shows the new guillotine, which I look upon as the best ever designed. In Fig. A the fenestrated knife is seen projected. In B it is withdrawn towards the hollowed-out crescentic protector. The blade must always be so placed in the sheath that the flat side of the knife is turned towards the side of the larynx where the polyp is situated, for the concave side of the knife does not permit of so accurate approximation to the laryngeal wall, and, therefore, the incision may not be deep enough. This guillotine may be pressed with such a degree of firmness as to cut away as exactly as possible the whole of the neoplasm. Obviously the more we have of the growth in the fenestrum of the guillotine the more completely will it be extirpated. Experience has shown how often a portion of the base may be left behind and prove the seat of renewed growth. It is for this reason that cauterisation is so often recommended after the operation. Certainly Stoerk's new guillotine is the best instrument for ensuring the removal of the whole growth, and he himself thinks that it is as well to cut away the normal tissue to the extent of one line rather than to be in uncertainty as to the removal of the base.

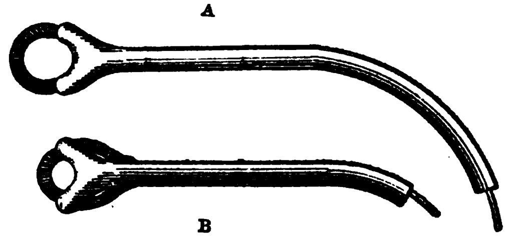

FIG. 49.

Several forms of tube-forceps have been designed, one by Türck, who seems to have contrived almost all sorts of laryngeal instruments. Leiter makes a pair to fit into Stoerk's handle, as seen in Fig. 48 B. In the same handle also fit Winterich's forceps, Fig. 48 C., consisting of two concave blades, which when closed form a half-sphere. The inner edges are sharp, and the blades on their concave side are furnished with two small nooses to catch the growth when cut off. This instrument therefore acts on the principle of scissors. Several other forms of scissors have also been made. Stoerk has modified Winterich's instrument by removing a heart-shaped portion from the points so as to avoid the risk of catching part of the healthy cord when the growth is situated in one.

Crushing forceps are made of various forms and sizes. One of the commonest is seen also in Fig. 48 C, as adapted for the same handle. Schroetter has modified this instrument for large tough growths by adding strong sharp teeth to the upper blade, and to the lower blade a groove to receive them. The great objection to all crushing instruments is the risk of healthy structures being seized, in which case the tearing away after the crushing would be excessively dangerous.

This brings us to one of the greatest advantages of the common forceps. In using them there is much less danger of such an accident. If a portion of the laryngeal structure be included in the blades it is easy at once to open them and withdraw the instrument. Even when a hard tough growth has been seized, but does not yield to such force as we deem prudent to employ, it can be instantly released.

The common forceps are made of several shapes and sizes, and the blades may be like ordinary dressing forceps or with cutting edges. The latter are the more useful, but should not be too sharp. Fauvel and the majority of continental operators have the forceps curved like the other instruments depicted in Figs. 47, 48, 49. I have from the commencement recommended a right angle, or, at any rate, a near approach to it, and in this am supported by British and American writers. I have also had made forceps bent at angles of about 105° and 75°. The latter are useful in some cases of growths at the anterior commissure. A question has also arisen as to whether they should be slender or comparatively stout. For myself I prefer a medium degree of strength. The engravings, Fig. 50 and 51, show several sizes and shapes. Each figure shows, at A those opening laterally, at B those opening in the antero-posterior direction. In the second figure they are stouter, and at C other forms of blades are seen. The advocates of stout forceps insist on their greater strength, and what is more important, the less degree of vibration. Those who prefer slender instruments assert, truly enough, that they are strong enough for any justifiable degree of force, while they do not obstruct the line of vision so much, and can therefore be more easily watched in the mirror until the growth is actually seized. In connection with this it may be observed that Jellenffy does not pretend to see his forceps after they have entered the larynx, but is guided entirely by his previous knowledge of its position.

(a) Laryngoscopische Operationen, F. 2, 1872.

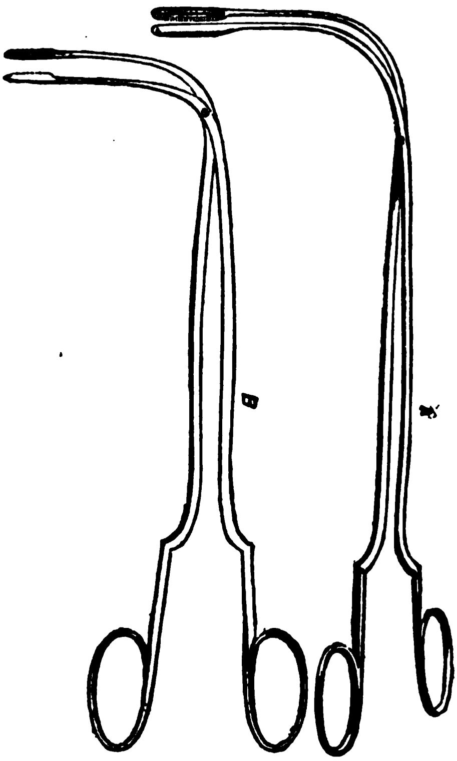

Fig. 50.

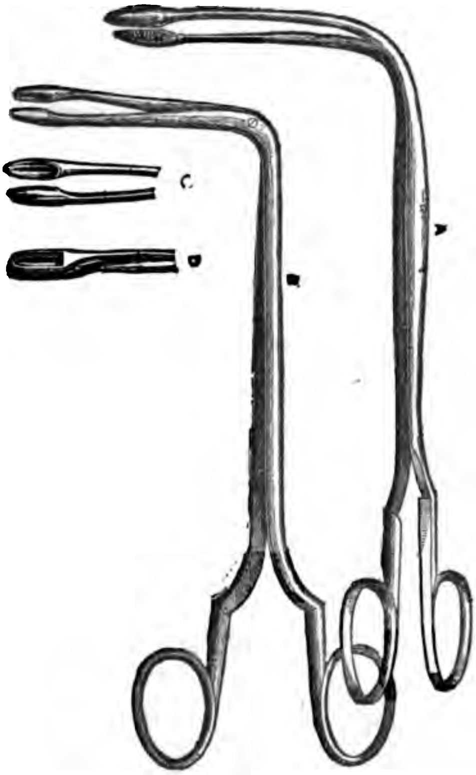

Fig. 51.

ELECTRICITY.

Besides the operations already described growths may be removed by other means. Caustics have been mentioned in prior reports, and electricity remains to be considered.

One of the most delicate operations that have been performed is that of electrolysis within the larynx. Professor Fisher, of Vienna, has related several cases of growths which he has succeeded in removing by this method. I was at the time occupied in making efforts, but was anticipated by him in the publication of the results, and therefore contented myself with recording his cases *(a)*.

The galvano-cautery may be employed instead of the other methods of removing growths. This operation is one of great nicety, but has proved very successful. The instruments I employ are modifications of those recommended by Von Bruns, Soltolini, and others.

Here may be mentioned one other application of electricity, though it has nothing to do with growths.

Faradisation of the larynx has been found very successful in functional aphonia. It is accomplished by means of a properly insulated electrode of the form of a laryngeal sound, which having been attached to the wire of one pole is carried into the larynx, the other pole having been previously applied to the neck. The circuit is completed by pressing the index finger on a spring. This operation is a simple one; only a small battery is required, and the result usually satisfactory.

Either the intermittent or the constant current may be also employed for various diseases in the throat without the introduction of one pole into the larynx. Those familiar with electricity will find no difficulty in this, and as it scarcely belongs to *laryngoscopal* therapeutics, it is unnecessary to say more of it in this place.

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Transactions of Societies.

MEDICAL SOCIETY OF LONDON.

MONDAY, OCTOBER 20, 1873.

DR. S. O. HABERSHON, President, in the Chair.

THE CHAIRMAN opened the proceedings with a short address, in which, after alluding to the recently-deceased fellows of the Society, he congratulated the survivors upon the acquirement of their new premises, and expressed his hope that the Transactions of the Society would now no longer remain unpublished.

(a) MEDICAL PRESS AND CIRCULAR, 1872.

Dr. **Richardson** read a paper upon

STRICTURE OF THE ŒSOPHAGUS,

giving a general recast of his clinical experience on the subject, and detailing ten cases which had been under his care, in all of which the disease had been of a malignant character, and he had been able to trace a history of the taint; he recognised the strictures due to spasm, and dwelt briefly upon them, but believed persistent organic strictures of the œsophagus to be malignant, and in most cases to possess the history of a cancerous taint. He described their development, diagnosis, progress, and treatment, giving very minutely the points for the differential diagnosis between stricture of the œsophagus from organic change, from thoracic aneurism or abscess, and from tumours pressing upon the tube. His experience had shown the disease to affect both the sexes equally, usually appearing about the middle period of life, the youngest of his cases being twenty-two, the oldest fifty-five; that the constriction was most commonly situated in the middle third of the tube, and generally made painless progress until it caused obstruction to the passage of food, which symptom was frequently the first that called the patient's attention to the disease. The author dwelt upon the expression of great mental depression which was present in these cases, the whole of which progressed to a fatal termination. He said, with regard to treatment, that the use of the bougie or tube for the purpose of dilatation must only be secondary to its use for the introduction of nourishment; that every attention must be paid, in the administration of food by the stomach and rectum, to the introduction of only such matters as could be absorbed by the respective mucous membranes in contact with which they were placed. He considered that dilatation in these cases was often even fatally wrong, and gave the account of one striking instance in which its attempt proved so. To facilitate the efficient introduction of nourishment into the stomach in these cases he employed a bottle constructed like Wolf's, from which the quantum of well-warmed fluid was propelled by the action of a small bellows; the same apparatus could be used for the administration of enemata by the patients so long as they retained the requisite power. Dr. Richardson exhibited an œsophageal tube, constructed with a central finer slightly longer tube, through which fluid might be injected into the stomach in those cases in which gases would prevent its entrance unless an opportunity were afforded for their exit at the same time. He showed a short tube which he had designed with a view of its being introduced upon a stilet till its upper end was below the glottis; it should be worn during the swallowing of a meal, subsequently to be withdrawn by a cord attached to its upper end. The inventor thought that the necessary manipulation for the use of this instrument might be acquired by a patient. When it was desirable to dilate a constriction of the œsophagus, he considered that pressure should be applied only in a lateral direction, and not at all in a downward one. With this view he had contrived an instrument, one part of which was constructed so as to be capable of distension by the injection into it of air or water. He spoke of the bougie introduced by Mr. Durham as being the best he had met with for the œsophagus; and mentioned the importance of maintaining the warmth of the body, stating that a decreasing temperature had marked the progress of his cases, and was not unfrequently followed by rapidly fatal coma. From what he had gathered he was strongly adverse to the employment of gastrotomy in these cases.

Dr. **Semple**, who commenced the discussion, remarked upon the pathological character of the disease, which he believed to be more often epitheliomatous, though at times fibrous. In the main points he supported the views of Dr. Richardson. Dr. Semple classed cases of stricture of the œsophagus as those which could and those which could not be cured.

Mr. **Mason** mentioned a case which he had treated successfully by forcible and rapid dilatation, on the suggestion given to him by Mr. Holt.

Mr. **Durham** pointed out that his œsophageal bougies would immediately assume and retain any curve given to them, owing to their being made upon a fine, soft pewter tube, and mentioned the obvious advantage of their shape, especially when it was desired to pass a large-sized instrument through the constriction. He spoke positively as to the occurrence of organic stricture of the œsophagus which was not of a malignant character, such, possibly more often than was supposed, having a traumatic origin, resulting from simple ulceration, or following the exanthemata. He narrated the history of a case of non-malignant organic stricture which he had cured, and spoke strongly in favour of the performance of gastrotomy to relieve the sufferings of those whose cases without it must be agonising as well as hopeless, as also of the comfort derived from the use of a continued milk-and-water bath at the close of these cases.

Shortly after 10 p.m. the discussion was adjourned until the next meeting of the Society, when it was announced that Mr. Durham would bring forward a case in which he had removed from the pleura a foreign body that had been accidentally introduced through a canula inserted for the relief of empyema.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, October 14, 1873.

Dr. C. J. B. Williams, F.R.S., President, in the Chair.

CASE OF IMPERFECT DEVELOPMENT OF THE CIRCULAR MUSCULAR FIBRES OF THE RECTUM AND VAGINA.

By Henry Lee, F.R.C.S.,

Surgeon to S^t. George's Hospital.

The case is one in which a large accumulation of fæces occurred in the lower bowel. It formed a tumour, which extended six inches above the pubis, and was five inches broad. The perineum was deficient, and also the circular muscular fibres of the lower part of the rectum and vagina. These two passages opened in common. The rectum and vagina were always relaxed, and the uterus very imperfectly developed.

CASE OF IDIOPATHIC HYALITIS; ACUTE INFLAMMATION OF THE VITREOUS HUMOUR OF BOTH EYES.

By W. Spencer Watson, F.R.C.S.,

Surgeon to the Royal South London Ophthalmic, and to the Central London Ophthalmic, Hospitals.

A man, æt. 30, a coal-porter, was seized with dimness of vision, which increased so rapidly that in the course of a few days he could not find his way across the room without a guide, his aspect being characteristic of amaurosis. The ophthalmoscope revealed an uniformly-distributed turbidity of both vitreous humours. The diagnosis was uncertain, the patient being a free drinker, and having smoked to excess; he had also an ulcer of a suspicious nature on one leg, but no other traces of anything like constitutional syphilis, and no appearance or history of any other disease. Under a course of mercury, rapidly administered to the extent of rendering the gums spongy and tender, vision rapidly improved, and was completely restored in ten days. The progress of the case (taken in connexion with the simultaneous healing of the ulcer on the leg) points to syphilis as the origin of the disease. It is concluded from this case that inflammation of the vitreous may occur, independently of injuries, without any iritis or choroiditis, and without any impairment of the retina. The rarity of the affection and the very rapid improvement under treatment, make the case remarkable.

Mr. **Henry Lee** said he wished to make a remark on one point in the paper. It was implied that increased action was necessary for repair. But when increased action was going on in one part, there was a diminution in another; so he would say, a diminution of activity in the hyaloid, not an increase, cured.

Mr. **Cooper Forster** said the author of the paper doubted the presence of syphilis because no scars were found on the penis. If found, they would only indicate one kind of sore; and their absence was no proof that the patient had not had syphilis. He thought the abuse of tobacco had more to do with producing hyalitis than syphilis.

Mr. **Spencer Watson**, in reply, said there was no enlargement of the glands of the groin. He thought the hyalitis was due to syphilis. He had never seen the excessive use of tobacco produce it; its action was rather upon the nerves. He agreed with the remark made by Mr. Lee, that increased action was not necessary for repair.

PRESERVATION OF THE SOLDIERS' HEALTH IN WEST AFRICA.

To Sir Garnet Wolseley, the Officers, Civilians, and others composing the Expedition to Ashantee.

Gentlemen—The last idea that enters into the mind of an average Englishman is to eat and drink less than the appetite prompts. Nothing, however, is more certain than that eating and drinking considerably less than what appetite prompts, are greatly conducive to the pleasant and effective work of the organism, its immunity from disease and suffering, and the prolongation of life. This is true of Europe, but it is vastly true of Africa. The Englishmen, soldiers, sailors, and civilians who go to Africa, mostly robust adults, are freighted with a mass of blood much greater than their actual requirements. The consequence is that when disease, especially fever, ensues the action of the heart and arteries becomes violent in the extreme. The reaction in fever, in truth, is oftentimes perfectly frightful, the cutaneous transpiration is arrested, the blood rushes to the vital centres—in short, the derangement of function is so immediate and excessive as to terminate existence within, perhaps, a few hours. Thus it is that ships have been left, perhaps, without a soul on board, or with greatly diminished crews. The British sailor, for the most part, is the best fed man in the world. He eats fleshmeat three, possibly four, times daily. His allowance of grog, at least in ships of war, is twice or three times as great as it ought to be. He reaches a port, we shall say in Africa. There is no awning. He sleeps in a close and crowded forecastle. His allowance is consumed undiminished. He pulls and hauls and drives beneath a fervid sun. He goes ashore, falls into the hands of the harpies, who lie in wait for him, drinks to excess—I have seen him stretched senseless on the street—contracts fever, and too often perishes. Our carpenter, I can now recall, as if it were but yesterday, his innocent florid cheeks, his light blue eyes and flaxen hair, as he passed me, smiling, with his fellows. On the same day he fevered, grew rapidly worse, and, it might be the next day or the day after, passed away. I went to see him both when he was ill and when he was dead. All traces of disease had disappeared, and he lay like one who slept calmly and well. Now, soldiers and sailors, I submit, should be well looked to both before and after they reach land. I would have licensed houses of entertainment at all our ports, with regulated charges and fares, placed exclusively in the hands of respectable, responsible people.

The doctrine and the practice of medicine, for well-nigh two thousand years, have decided with tolerable unanimity that fever, when it does ensue, should, in general, be treated with more or less depletion. Bleeding will not remove the terrible reaction attendant on African fever, but a dozen or twenty ounces taken from the arm of a full-blooded, robust European will tend to abate that reaction, and help to keep it in bounds compatible with life. There cannot be a question about the propriety of clearing out, with some simple and sufficiently active aperient, the long tract of the intestinal canal. Sometimes, this being premised, a smart emetic will check the further progress of the fever at once. If not, I would administer quinine in twenty-grain doses, preferably during the remission, if happily a remission of the fever ensue. The hair should be cut or shaved, cold applications applied to the head, and a sheet wrung out of cold water to the body generally. The air must be carefully renewed, and the insatiate thirst properly appeased. Generally the fever abates, when it does abate, as rapidly as it began. But sometimes the remissions lead inexperienced persons to imagine, too often most erroneously, that the fever has departed altogether. The utmost prudence, therefore, must be exercised, since an ounce of solid food, premature effort, any incaution in fine, may cost a life. Relapses, too, are not unfrequent. In short, the convalescence, when convalescence haply ensues, has to be as carefully watched and diverted as the fever itself.

Occasionally, however, the fever runs a more protracted course, and the sufferer then sinks into a condition of excessive prostration. In no case must watchfulness be omitted or hope given up—at least while life endures. It is hardly necessary to observe that in cases like these due warmth must be maintained, and such sustenance and stimuli had recourse to as are most judicious, practicable, and expedient to employ. The cummerband or waist-belt, and the avoidance of evening and night chills, prove great preservatives against dysentery. As for the actual treatment of dysentery, the same general rules—at least during the inflammatory period—subsist as with regard to fever itself. Otherwise, the invaluable aid of topical, warm, moist applications, along with opium and ipecacuanha internally, is now too well appreciated to need insisting upon.

After all, however successful we may prove in the treatment and management of disease, the greatest benefit will accrue from preventing it altogether. No stone, in fact, must be left unturned to compass this. I am intimately well assured that with care and caution more may be done in this respect than has ever yet been achieved.

Tents, in my opinion, Africa being in question, are not nearly so desirable as improvised huts. Tents are hot, narrow, and cumbrous to convey, whereas the improvised hut is cool and roomy, while materials for construction are everywhere at hand. They can be built at once, and strong enough to resist any casual blast, with three walls reaching to the roof, and the fourth and front wall short of it by two or three feet, as in houses in the Brazils; a veranda extending over an open piazza, also in front, and supported by posts. The doors and windows, or other apertures, may be covered with gauze or network, so as to keep out insects. Such a structure, shielding at once from the dews by night and the sun's fierce rays by day, comparatively roomy, cool, and airy, could be set up in long ranges almost as quickly as tents, with trestle-bed, table, and stool, also a calabash of water. There is now beside me an ashen trestle-bed, or easy chair, with canvass, constructed at St. Malo, in France, the woods at the points of junction being let into each other by slots. Beds of this kind are very light. One man could easily carry two of them, and a small trestle-table and chair as well. With a leaf awning above, and a light pole on each side as bearers, they would serve admirably as an ambulance for sick or wounded men, who cannot well be left behind or otherwise safely disposed of. Coomassie might, I think, be safely reached in marching order within a fortnight or three weeks from the sea, and any opposition effectually put down. I hope, however, when the place is within hail that it may be assailed, and, if needs must, destroyed from a distance, and valuable lives subjected to none of the risks of an assault.

Africa is a great country, and the inhabitants are a most interesting section of God's creatures. It will not do to take our opinion merely from the dicta of whilom slave traders or rum dealers. The Africans, properly dealt with, are infinitely susceptible of culture; but, if so, it must be by being brought into immediate contact with those who are fully capable of imparting it, both through the medium of their native vernacular and the acquisition of English. Let a thousand, or if such a thing be practicable, ten thousand African children be brought yearly to England and taught the useful arts and trades, writing, reading, English, music, drawing, the elements of science, and such moral and religious culture as their instructors may think it expedient to instil. Were all the children of Africa thus dealt with, Africa would vie more advantageously than it has done hitherto with Europe and the world. I never saw finer races than are some of the African women and men, Hebe and Antinous in bronze, and with a winning grace of motion elsewhere, in Europe assuredly, difficult or impossible to be seen. The unburied bones, by land and sea, of the multitudinous victims to the slave trade testify to our heretofore shortcomings by them. We have very much, indeed, to retrieve. Meanwhile, the followers of Mahomet, and let us remember that no Mahometan is a slave, have invaded Africa. On the North, to the South, East and West alike, Arabic is more or less spoken and written. Forty miles inshore from Sierra Leone there is, I am informed, a school or college which little boys and girls attend daily for culture and instruction. And I myself heard Arabic spoken, and saw it as neatly written as it might be at Aleppo or Mossul. Even to this day the accents sound in my ears of a worshipper from the far interior as, turned to the East and kneeling on his praying mat, he, five times daily, proclaimed, in sonorous Arabic, the infinite mercies of a pitiful and compassionate God. We are bound, I think, to impart the gentler culture of Europe—in fine, all the conquests of civilisation, to the people of Africa, while persons sufficiently conversant with the Arabic vernacular should, I submit, be among the associates of the approaching expedition.

Henry MacCormac, M.D.

Belfast, October 8th, 1873.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 29, 1873.

HOSPITAL SUNDAY, 1874.

THIS day week a large body of gentlemen interested in the Hospital Sunday movement met in the Egyptian Hall to organise the executive for 1874. The Bishop of London made his first appearance at the Mansion House meetings, and in a few well-chosen congratulatory sentences on the successful termination of the first year's efforts, moved a resolution to the effect: "That the success of the Hospital Sunday of 1873 has been such as to justify the promoters of the movement in making arrangements for a similar collection in 1874." This was unanimously accepted, and Sunday, the 14th of June in the ensuing year, was accordingly fixed upon for simultaneous collections. Other resolutions were submitted to the meeting; the only one which provoked discussion was that relating to the appointment of the "Distribution Committee." This drew forth an expression of opinion from several speakers, that dispensaries had not received due consideration at the hands of the Committee. Ultimately Canon Miller moved: "That, in accordance with the wish contained in the Report of the Committee of Distribution, to the effect that some expression of opinion should be given as to the relative claims of hospitals and dispensaries upon the sympathies of the public, a committee be formed to consider and confer with the Council; the committee to contain representatives of both classes of institution, whether members of Council or otherwise."

The reverend gentleman, speaking to the terms of the resolution, said: without wishing to cast any reflection on the work of the Committee of Distribution, it had, he thought, a far more important duty to perform than that of simply making what might be thought an equitable distribution of funds; it had also to discriminate between the deserving and the undeserving, and to see that a right use was made of money obtained from the benevolent, for the use and support of institutions devoted to cure the sick, and quite irrespective of whether they were hospitals or dispensaries. Canon Miller believes, as we do, that there are no rival claims to satisfy, for we see in various places, as in his own parish, dispensaries frequently called upon to supplement the work of hospitals. When it is considered that there are only about 4,000 beds available for accidents and the treatment of graver forms of disease, in this vast metropolis of three millions of people, and that not five per cent. of those beds can be utilised for special maladies, there can be no doubt in the mind of any reasonable person that at the present moment we can no more spare dispensary beds than we can those in daily use in special hospitals. Give us larger hospital accommodation, double the number of beds and the working staff of every hospital, and then we shall be ready to believe that dispensaries may either be closed or converted into provident institutions. It is, however, quite clear that the Distribution Committee did not see that this matter of dispensaries resolves itself into two questions: first, do these institutions fulfil rightly and usefully the part they are expected to take in administering to the extreme necessities of the sick poor? and, secondly, are they required to supplement hospital work? We believe these questions may be honestly answered in the affirmative; and, if so, then have they not equal claims on the Hospital Sunday Fund? To say that because in some instances the cost of the executive appears to be high when looked at by comparison with the larger institution, the hospital, is certainly no reason for reflecting upon the work of all dispensaries, or treating them in an illiberal spirit. Indeed, a member of the Distribution Committee betrayed ignorance of the whole subject, and in a peculiar way had jumbled the cost of the drugs *dispensed* in the out-patient department of an East-end hospital with the cost of dispensary work in general, and cited this as an instance of extravagant expenditure on the part of one of the humbler institutions. The cost of the drug and out-patient department of the hospital referred to was said to be £5,000 a year, but this certainly must be a mistake.

There are, no doubt, in connection both with hospitals and dispensaries evils to be redressed; and it is incumbent on managing committees to satisfy the public that there is neither misdirection nor waste of funds, and that these institutions fairly assist in removing the causes which create or aggravate want.

The Lord Mayor, in his able opening speech of last year, said that if the movement be made a success, "the Council would eventually become a supervising body for testifying to the good and faithful management of the hospitals which may be placed on the list of recipients." If this be a fact—and we trust it may—how necessary for circumspection and discrimination in the doings and decisions of the Distribution Committee! It should also exercise great care before venturing to brand any of the existing institutions with waste or extravagance, and thus eventually destroy them, by shutting them out of a list which will hereafter become a guide for the benevolently-disposed. If the conditions are faithfully fulfilled that we have indicated, then we contend that dispensaries as well as hospitals have established a far better title to share in the Hospital Fund than it appears possible to arrive at by any "estimate considered in relation to incomes, based upon a calculation of the last three years' expenditure," after certain deductions, which may mean anything or nothing, towards the annual support of the institution. In short, the stability of the Hospital Sunday movement will only be secured by a distribution based upon intelligible principles, that commend themselves at once to the sympathy and judgment of common-sense people.

Notes on Current Topics.

Incremation.

This method of sepulture has received additional support abroad, and M. Brunetti gives the result of some incremations. A body of 52 kilos. left but two kilos. of ashes; in another case, 42 kilos. gave one kilo., 294 grammes. A furnace is specially adapted for this purpose.

Styptic Collodion.

The following will be found a most useful formula:—

Tannin . . .	2 ozs.;
Alcohol . . .	4 ozs., fl.;
Ether . . .	12 ozs., fl.;
Soluble cotton .	1 drachm and 2 scruples;
Canada balsam .	1 drachm.

Dissolve the tannin in one part of the alcohol, and ether with the Canada balsam; then add the cotton.

Phenic Acid in the Treatment of Cholera.

M. Declat recommends the use of phenic acid in various stages of cholera. In the promonitory diarrhœa, and in the more marked form, should the attack be severe, he uses subcutaneous injections of phenic acid in small 2½ to 5 parts, diluted in 100 of water. Should the algid sleep appear, phenate of ammonia should be administered as a drink, dissolved in water in the same proportions, and should death appear imminent an injection drop by drop should be made into the veins, even up to 150 to 200 drops of the same solution.

He states that he has seen by this treatment positive resurrections.

Cigarettes of Cannabis Indica.

The use of cannabis indica as an antispasmodic is well known, but its application as a means of relieving asthmatic attacks is interesting. It can be used in the form of resin or extract rolled up in touch-paper, or by steeping the paper in it with nitre.

The smoke is to be inhaled by the mouth and expelled through the nose; thus by its exposure to the mucous surfaces, relief of the spasm is obtained. This is, in fact, another mode of using the celebrated "harchish" which the orientals use in various forms, and which causes a voluptuous stupor. Thus, objects appear at an enormous distance, instants of time appear eternities, agreeable and soft sounds fill the ears; one feels raised off the earth, and to have a thorough contempt of all sublunary matters or cares. These effects last from one to several hours, according to constitution, age, &c. The repeated indulgence in this excessive use, however, leads too often to madness or marasmus and imbecility.

Lime-Baths in Membranous Croup.

In the *Chicago Medical Examiner* Dr. John Bartlett lately commended the following method of using lime-baths in membranous croup:—

"Having formed a small enclosure by covering a clothes-horse with sheets, or by taking advantage of the favourable relation of a door to the corner of a room, so as with bed-clothes to close in a suitable space, the preparations proceed as follows: To one side of the tent, on a piece of old carpet, is placed a small tub; in it is put a common wooden bucket, one-quarter filled with boiling water; at hand is a supply of unslacked lime, and a kettle of boiling water. The nurse and child, or the child alone, if of such age as to remain without an attendant, take position towards the middle of the enclosure, the face of the patient being turned from the tub; by raising the sheet several pieces of lime as large as the fist are placed in the bucket; after a few minutes the evolution of the vapour begins. The physician, through that fold of sheeting forming the door of the tent frequently takes a view of the steam within, estimating its density by the sight, taste, and smell. It is impossible to indicate the proper degree of this density. I should say it should be somewhat less than that of the cloud of steam escaping from the exhaust-pipe of a steam-engine. The smell and taste of lime should not be too pronounced. The nurse should be instructed to give notice if the steam or heat oppress her, so as to produce a feeling of faintness, sense of suffocation, or irritation of the air-passages. Should the vapour be deemed too dense, its intensity may be diminished by opening the flap of the enclosure, or, if need be, by withdrawing the bucket. The pulse of the patient should be noticed from time to time, in view of the possibility of exhaustion supervening, an event said to have occurred in the pactice of some physicians. More lime and hot water may be placed in the bucket as required. The tub is intended to receive any overflow from the bucket, which, in prolonged cases, will be required to be emptied."

He further says, "The *modus operandi* of the agent is uncertain; of course, the simplest theory is that it dissolves the false membrane. Some, as Drs. Meigs and Pepper, refer all benefit from its use to the heated steam evolved. Dr. J. L. Smith suggests that the lime-bath may be an improvement on the steam-bath in this, that in the latter, on account of the necessity of keeping the room closed, the air soon becomes charged with exhaled carbonic acid, whereas in the former case the expired acid is speedily destroyed by the vaporised lime. May it be possible correctly to extend this idea of Dr. Smith's? Thus, the dyspnœa is in great part a result of the inability of the respiratory organs to relieve the blood of its carbonic acid. By using air, as in the lime-bath, charged with a chemical having a remarkable affinity for this acid, may it not be that the pulmonary interchange of gases is advantageously supplemented?

"I have knowledge of four cases of membranous croup treated by lime; of these two were speedily relieved. In a third, recovery ensued, though the lime-baths were abandoned for the potash treatment, when the child, though very near death, was thought to be a little better. In the fourth case, the disease had existed one week before medical treatment was sought; an indifferent article of lime was inefficiently used for a time; death resulted. In the last two cases relief was afforded by the baths; and although they were finally abandoned in one case, and imperfectly used and neglected in the other, there was, in both instances, reason to question the curative power of the agent. In none of these cases was the lime used to the exclusion of other remedies. So far as observed, however, improvement was in no wise referable to the medication.

"This mode of treatment is useful in those cases in which the attendant is uncertain of his diagnosis; in which, while he believes he has to do with a case of simple laryngitis, he fears membranous croup. In such instances the lime-bath relieves the distress of the patient, and tends to quiet the anxiety of the practitioner, seeing that he is treating the apprehended disease with no danger of injury to his patient from the *nimia cura medici*."

On Constipation in Children.

Dr. A. Monti says (*Jahrbuch für Kinderheilkunde*) that constipation in children is not rare, particularly the first degree in children at the breast, by which he means one passage in twenty-four hours.

The fæces become hard, friable, lighter, mixed with mucus or blood; defecation is difficult, painful, often preceded by colic; the abdomen is tense and bloated.

The consequences are: Dyspepsia, anorexia, insomnia, inter-current diarrhœa, in predisposed children of rachitic, hydro- and micro-cephalic diatheses, convulsions, herniæ, retention of urine. The causes are:

1. Mechanical, congenital malformations of the intestine or acquired impediments, incarcerated herniæ, invaginations, fissura ani, constriction of the intestine, &c.
2. Want of sufficient nutriment, too strong dilution of the milk in artificial nutrition.
3. Defective nutrition, superabundance of casein in the milk, too frequent nursing or feeding the child, too little fat in the milk, particularly the habit of giving children under one year solid food instead of the fluid nourishment alone suitable to their age; Liebig's soup is apt to produce constipation.
4. Defective peristaltic motion of the intestine in rachitic children, on account of atrophy or partial paralysis of the muscular coats of the bowel, particularly after protracted diarrhœa.
5. Diminution of the intestinal secretion in anæmic children, diseases of the brain and spinal cord, the use of astringents, opium, &c.; in larger children, want of exercise.

Diphtheria.

THE following papers in *Virchow's Archiv.* will interest many:—

Nephritis Diphtheritica. By Dr. Litzerich.—The investigations of Litzerich, on the fungous origin of diphtheria (Die Diphtherie, eine Monographie, &c., 1872) are known, and have been published from time to time in the *Berliner Med. Wochenschrift* and *Virchow's Archiv.* A new experiment is the following:—If filtering paper, through which urine from diphtheritic children has been filtered, is washed with tepid water, dried, and laid on the mucous membrane of the cheek of a rabbit, twenty-six to thirty-six hours later the same fragments of fungi will be found in the urine, and later still the specific diphtheritic nephritis. The fungus entered the system at the spot where the filtering-paper was applied; the mucous membrane shows nothing but a slight milky discolouration.

At the autopsy of a boy, two and a-half years of age, who died of pharyngeal diphtheria, and who had suffered from retention of the urine fifty hours before death, the kidneys were found much enlarged, the capsule tense and friable; on incision the cortical substance could not be distinguished from the medullary; it was of a dirty-yellow shiny colour; in the pyramids near the papillæ reddish striæ. On microscopical examination, the canaliculi recti and contorti were found filled with fungous masses in various degrees, the epithelium in parts entirely destroyed or filled with granules and enlarged to double its normal size. On picking the specimens to pieces, a fine net-work of fungous filaments and spores was found, of various size and development. In the corpora malpighiana there were black masses filled with bright round bodies, which could easily be distinguished as spores; in the pyramids the spores were accumulated in great quantity; in some of the tubuli recti the epithelium was well preserved, others were filled with translucent, cylindrical bodies (hyaline cylinders), &c. The fungous spores were to be found not only in the arterial vessels, but also in the interstices of the tissue between the uriniferous tubules, where they may have arrived by way of the lymphatic spaces (*Saftkanälchen*). The fungi reached the circulation by means of the lymphatic vessels, and their transmigration into the renal epithelium and tubuli appears to be particularly favoured in some manner or other. The hyaline cylinders are formed in those tubuli where the epithelium has remained whole, and violent congestion and croupous exudation have taken place. The paralysis in diphtheria is caused by the destruction of the intra-muscular nerve-fibres by the fungi.

The treatment consists chiefly in the chemical and mechanical destruction of the fungi, and their removal from the system by diuretics, warm baths, fomentations, &c.

On Diphtheria. By Dr. Senator.—Dr. Senator does not believe in the specific nature of the fungus which is certainly found in diphtheria, which generally is the vegetable parasite known as leptothrix buccalis, and which thrives very well on diphtheritic ground, and may spread the poison of diphtheria by entering the circulation and carrying the poison all over the system. By itself it does not produce diphtheria. The causes given by Senator for his non-belief in the fungus as the specific cause of diphtheria are:—

1. The same bodies found in diphtheria are also seen in other inflammatory processes in the cavity of the mouth and pharynx, and if put into the urine undergo the same changes into chains and necklaces.
2. Muscular fibre retained for several hours between the teeth, presents the same appearance as the diphtheritic muscular fibres described by Oertel, minus the increase of nuclei.
3. In freshly-expectorated mucus and fragments of tissue of the air-passages, the fungous elements are either entirely wanting or very scarce.
4. On examining the real diphtheritic membranes in the throat, we find fungi only in the superficial layers, but less and less as we leave the surface.

Degeneration of epithelium with leptothrix buccalis may eventually produce contagious diphtheria, by causing decomposition of the tissues, and thus forming a source of contagion. Paralysis diphtheritica, according to Senator, is a neuritis migrans. Senator does not approve of strong irritant applications, but recommends mild gargles or swabbing with chlorate or permanganate of potash, or other alkalis, and antiphlogistic measures.

Clinical Society.

AT the Clinical Society of London, on Friday, the 10th inst, Dr. T. Fox exhibited a living subject affected with parasitic sycosis. The disease began at the outer angle of the mouth six months ago by a patch of eruption having all the characters of ordinary ringworm of the surface (tinea circinata). This patch gradually spread until it invaded the whole of the left cheek, the left upper lip, and the left half of the chin. The spreading edge of the patch was always red, very well defined, and herpetic; whilst the central portion became pale, and desquamated slightly. The use of remedies destroyed the disease about the cheek, and the malady now consists of a red, slight scaly surface, occupying the left half of the upper lip, a little of the right half of the same, and the whole of the left side of the chin. In addition, there are eight or nine small tubercular swellings, one of which is slightly pustular in aspect, and scattered here and there over the diseased area. These lumps began to come about a month since. The hairs in the site of these little tubercles lie loose in the follicle; they come away very readily; they are swollen, lustreless, opaque, and loaded with fungous elements. The man, in addition, has a small circular patch possessing all the characters of ordinary ringworm in the middle of the chin beneath the jaw.

Dr. Theodore Williams brought forward three cases of spasmodic asthma treated by chloral.

Dr. R. Southey read an account of a case of chronic Bright's disease in a syphilitic patient. The patient, a young man æt. 21, had had scarlet fever when a child, and had suffered with dysentery several years previously.

Rheumatic Iritis.

Dr. Fano (*France Médicale*, No. 67, 1873) recommends solution of atropine used as an eye-wash, and the nightly administration of ten grains of Dover's powder. The patient to be warmly clad in flannel, and to abstain from the use of neat wine, strong coffee, and spirits. The solution of atropine is made to the following strength: Distilled water, five ounces; sulphate of atropine, one grain; to be used in an eye-basin every three hours, during five minutes. The eye to be shaded during the day.

Sanitary Hints for Soldiers on Service in Western Africa.

Surgeon-General Dr. C. A. Gordon, C.B., who lately contributed to our columns an article on the Gold Coast, which was republished by the *Times*, has been requested to draw up a few rules for soldiers themselves, such as could be printed on a card. He has done this and embodied them in an article in a contemporary. They are as follows:—

1. Avoid needless exposure to the sun, rain, night-dews, and fogs.

2. After being exposed to the sun, bathe the head, face, and if possible the whole person. If wet, change your clothing with the least practicable delay, and rub yourself with a rough towel. If exposed to dews or fogs, take a cup of hot coffee or soup, and a little quinine wine.

3. Avoid stagnant water, or such as contains "bush" plants, whether they be dead or living. Use only such as is filtered or otherwise purified. On the march, or while at work, cold tea is the best beverage. Rinse the mouth before swallowing the first draught, and take only two or three mouthfuls at a time. This will relieve thirst as effectually as a longer draught.

4. Avoid all spirits or other "drink" offered by natives. All of them are more or less unwholesome to Europeans, and may be absolutely poisonous. Whenever a ration of spirits may be considered necessary for purposes of health the medical officers can recommend it.

5. The moderate use of tobacco in *smoking* may have its use during the prevalence of damp malarious fogs. In excess, however, it ceases to have any good effects, at the same time that it produces those that are injurious to health. In no other form than smoking has it any good effect whatever.

6. In regard to food, the more you restrict yourself to the rations issued to you the better it will be for health. If in the bush be careful to have in your havresack a small supply of pepper, mustard, salt, onion, and perhaps a lemon rind. Have also the means of heating the contents of your mess-tin. In this way you may be able to have a hot and savoury repast.

7. To guard against the bites of insects, apply a little lime-juice to the hands and face.

8. In the "bush" beware of unknown fruit. Some kinds, tempting in appearance, are poisonous in reality.

9. Cleanliness of person and of clothing should be as far as possible observed. The daily use of a tooth-brush and powdered charcoal for the teeth is enjoined. The under clothing should be changed as often as possible, and if it cannot from any cause be washed, it should be hung up in the sun and well shaken.

10. A respirator or veil of thin linen or cotton gauze worn over the face may act as a guard against malaria in the "bush." Vegetable fibre was long ago found to be useful in the West Indies in this way.

11. Never lie down upon the bare ground nor in the thick grass. In the one case you run risk of attack by fever or dysentery, in the other of snakes, scorpions, &c. Avoid remaining in the vicinity of newly turned-up soil.

12. Do not believe in your own strength, however great it may be, being "proof" against climate. The belief will sooner or later prove delusive. You can lessen the risks and severity of illness by due care and precautions, but the attempt to *brave* those risks will surely and speedily end in your own prostration.

13. The sooner, on being attacked by illness, you consult your medical officer the better your chance of recovery. If you suffer from headache, dislike to food, pain or sense of coldness in the loins, you are probably about to have an attack of fever. If from gnawing pain, coldness in the stomach, and repeated occasions to visit the *rear*, you have the early stage of dysentery. In either case medical treatment should be immediately sought.

The Medical Council.

The Executive of the Medical Council met last week, and amongst the business transacted was a final decision with regard to the new edition of the British Pharmacopœia, which had been somewhat delayed by Professor Redwood. We are informed that some of the revised proofs have gone to press this week, and the complete work, including the new appendix, will be published very shortly. The term of office of some members expires next month, but no change of representation is expected, with the exception of Professor Sir Robert Christison, Queen's nominee, who will not seek re-election. The offer of the premises in St. Martin's Place by Her Majesty's Government, at a yearly rental of £600, has been very properly declined by the Council. Whoever may be the responsible party for the very shifty conduct in this affair, it is the reverse of creditable; but we are warranted in believing that it had neither received the sanction of Mr. Gladstone nor of Mr. Lowe. We would counsel the executive to seek their new premises elsewhere; they will get more liberal concessions from private owners of property than from Her Majesty's Government.

St. Thomas's Hospital.

A week or two since we felt bound, for the honour of the Profession we represent, to call the attention of the staff of this hospital to the objectionable practice adopted by one of its members, in offering "twopenny consultations" in a newspaper written ostensibly for mechanics, and edited by the gentleman whose name we then gave. It affords us, therefore, great pleasure to announce that the gentleman in question has renounced all further connection with that newspaper, thus quickly and frankly atoning for an error of judgment as distasteful to his colleagues as it might have proved serious to his position amongst the members of so honourable a staff.

The Royal London Orthopædic Hospital.

Our readers will remember the not very creditable game which was played at this institution in the early part of last year, and in which, as we stated in our numbers for May 15 and 22, 1872, all parties seemed more or less losers and defeated. We understand that, although it is so long since, it is not to be allowed to die out. An agitation is talked of, and the wire-pullers are already at work with a view to reopen that question, and also to enforce, if possible, Mr. Brodhurst's resignation at St. George's Hospital. Time, the umpire of all men and all things, will doubtless show the solution.

The Late Election at the Dublin College of Physicians.

We give below the complete list of the officers of the Dublin College of Physicians, and the newly-elected Fellows. A full report of the proceedings on St. Luke's Day, with the number of votes polled by each candidate, appeared in one of the Dublin morning papers, which, as we believe that its publication was unauthorised and contrary to the wish of the Fellows, we refrain from republishing; at the same time we would say that it is quite time that the affectation of privacy which is maintained in reference to the proceedings of the Irish Colleges and their administrative Councils should be laid aside. As a matter of fact any metropolitan medical man who takes the trouble to inquire has no difficulty in obtaining substantially correct information on such matters. The Fellows, if not the entire Profession, have in our opinion an intrinsic right to be acquainted with the doings of the administrators of their College, and that right has been long since recognised in London, where the minutes of the Council of the College of Surgeons are regularly published under their own authority.

The list of officers of the College of Physicians is as follows. Four Fellows were elected—namely, J. Hawtrey Benson, M.B.; Robert Cryan, L.K.Q.C.P.I.; George F. Duffey, M.D.; and John William Moore, M.D. The following officers for the ensuing year were elected:—*President:* James F. Duncan, M.D. *Vice-President:* Henry Kennedy, M.B. *Censors:* Henry Kennedy, M.B.; Robert D. Lyons, M.D.; W. B. Jennings; Walter G. Smith, M.D. *Registrar:* J. Magee Finny, M.B. *Treasurer:* Aquilla Smith, M.D. *Examiners in Midwifery:* John Kingland, M.D., and Lombe Atthill, M.D. *Professor of Medical Jurisprudence:* Robert Travers, A.M., M.B. *Representative on the General Medical Council:* Aquilla Smith, M.D. *Agent to the Trust Estates:* Charles Uniacke Townshend. *Law Agent:* Charles Woodward, B.A.

Scrofulosis, and its Local Treatment as a Prophylactic against Tubercular Disease.

Prof. Heuter (*Volkmann's Sammlung Klin. Vorträge*, No. 49, 1872) says—We are surrounded by various influences tending to produce inflammation, against which we are protected by the epidermic or epithelial covering of our body; unfortunately this coating has defects, pores, through which substances that give rise to inflammation can enter. Certain susceptible individuals possess this property in a marked degree, and of this class are scrofulous persons especially, in whom an inflammation, once started, has a particular tendency to spread and last an unusual time.

The beginning of the pores are the superficial terminations of the system of sap-canals (*Saftkanalsystem*), which in children possesses numerous wide ducts filled with nutrient fluid, whence "pastous constitutions" are chiefly met with in childhood; or, in other words, scrofula is a disease of childhood.

The sap-canals continue into the lymphatic ducts, and thus the phlogogonous elements reach the lymphatic glands; lymphadenitis is therefore one of the first consequences of scrofula.

The lymphatic glands of scrofulous persons thus become inflamed, but only undergo a hyperplastic, occasionally caseous, metamorphosis rarely suppurating.

Scrofula therefore begins with local inflammation, which is situated beyond the subsequently to be infected lymphatic glands, and finally culminates in the caseous metamorphosis of these glands; thus the scrofulous inflammatory conditions of the skin and mucous membranes (eczema, conjunctivitis, rhinitis, pharyngitis, &c.) are reinstated to their "former prominent position."

Caseous infiltrations *may* heal by absorption, but only under the same rare conditions as an abscess, when unusual means of communication with the abscess or caseous deposit are developed.

This is generally not the case, but the caseous deposit, as a rule, after long existence and under unknown conditions, becomes the seat of subacute inflammation, which, in most cases, leads to the elimination of the caseous matter and cure, but frequently only to the formation of fistulous canals of very long duration.

The development of abscesses in caseous infiltrations is not unfrequently accompanied by serious general symptoms, which herald the developing tubercular disease; sometimes this occurs before subacute suppuration has set in. According to the present state of the investigations, we can in all probability conclude that the minute detritus of the caseous infiltrations leads to embolisms in the capillaries and the sap-canals, which give rise to the formation of miliary tubercles. The special predisposition of scrofulous persons to embolism of the sap-canals is caused by the excessive dimensions of the latter. The possibility of this infection of the system by the detritus of caseous deposits points out to us a new therapeutical indication, besides the usual internal anti-scrofulous treatment, viz., to remove the cause of this infection, the caseous lymphatic glands, with the knife, wherever and as soon as possible, and to destroy the first link of the chain, the primary local inflammations which produce lymphadenitis, with early and energetic measures.

The extirpation of the hyperplastic and caseous lymphatic glands is generally an operation of no danger, and is, under all circumstances—particularly when the caseous infiltration changes to suppuration—a most valuable prophylactic against tubercular disease.

Besides the caseous deposits in the lymphatic glands, the caseous epididymitis and orchitis, the caseous suppuration in the ischio-rectal cavity, and of the synovial membrane of joints, of the medullary canal of bones, &c., are of equal importance.

A number of deposits in the internal organs, inaccessible to surgical interference will, nevertheless, still remain as abundant sources of tuberculosis.

A Non-representative Medical Guardian.

We found it necessary in a recent issue of our journal to animadvert upon the conduct of a medical man, named Atkinson, who, in his capacity of guardian of the Croom Union, in the County Limerick, distinguished himself by being the only dissentient in a crowded meeting of guardians to a proposed increase of salaries to his medical brethren.

Since our notice of this fact, Dr. Atkinson has added additional honour to his name by opposing violently the addition of a smaller sum than that originally voted, his antagonism being, however, rendered nugatory by the unanimity of opinion which prevailed in the board. The Council of the Irish Medical Association has found it necessary to take notice of such conduct, and have temperately and becomingly expressed their disapproval in the following terms:—

> "That the course adopted by Dr. Atkinson at a recent meeting of the Croom Union having been brought under the notice of the Council of the Irish Medical Association, it was resolved, that whilst most reluctant to interfere with the conduct of any guardian in the discharge of what he might conceive to be his public duty, still the Council have heard with surprise and regret that any one member of a board of guardians, more especially a medical man, should set himself in opposition to so very considerable a majority (themselves largely interested in keeping down the rates), which showed itself so anxious to treat its medical officers in a just and liberal spirit, as did the guardians of Croom on the occasion of voting an increase of salary to the medical officers of the union."

We do not, as journalists, entertain the same scruple in expressing our opinion of Dr. Atkinson's conduct, which restrained the Council of the Association from a stronger enunciation of their disgust. Dr. Atkinson, in his many and windy speeches, claims credit for being coerced by a supreme sense of duty to the rate-payers, to oppose his medical brethren, but the force of that statement is somewhat impaired by the fact of which he was reminded, that he himself paid more than half the rates of the Ballingarry district, and his magnanimity is therefore open to the suspicion of not being altogether unselfish. This gentleman could find no better argument wherewith to prove that medical men were better off than they used to be, than the statement that a few articles of consumption are now cheaper than they were forty years ago, and we are not surprised that the guardians were restive under the infliction of such nonsense. If it were needed to aggravate the disgust which the medical profession entertains of this medical guardian's conduct, we find it in the statement from his own lips, that he—a man of fortune—busies himself with gratuitous practice amongst well-to-do people, and while repudiating private practice, takes fees which would more legitimately be the due of the local poor-law surgeons.

The Professorship of Chemistry in the Royal College of Surgeons in Ireland.

The three candidates for the post vacant by the death of Dr. W. Barker whose names we mentioned last week—Dr. Davy, Professor of Medical Jurisprudence in the College; Dr. Cameron, Professor of Hygiene and City Analyst; and Dr. Emerson Reynolds, Professor of Chemistry in the Royal Dublin Society—presented themselves before the Council on Friday last, when Dr. Reynolds obtained the approval of the seven Councillors who were appointed to elect. The new Professor is one of the most rising chemists in Ireland, having already attained a scientific rank second only to that of Prof. Apjohn. He is an explicit and comprehensive lecturer and a very successful experimentalist, and whatever opinions may have existed as to the merits of other candidates, all who are conversant with the state of science in Ireland will concur that the appointment is an unexceptionally good one.

Nitrous Oxide as an Anæsthetic for Dental Operations.

If it be true—as we have been accustomed to hear—that the use of nitrous oxide is perfectly safe and practically unobjectionable, we should be glad to be informed why it is that its employment in the special dental hospitals of London is now restricted to a very small percentage of operations. The reports of the Dental Hospital of London and the National Dental Hospital, published in the *British Journal of Dental Science*, inform us that in these institutions—calculating the annual work of the first-named institution from its monthly average—almost exactly 20,000 extractions are performed in the year. Of this vast number only 2,431 are performed under the anæsthetic influence of nitrous oxide. It would thus appear that eight out of ten patients are—either by their own choice or that of their dentist—obliged to submit to the pain sooner than encounter the dangers and inconveniences of the much-lauded anæsthetic.

The Dublin Introductories.

The address introductory to the session of the School of the Irish College of Surgeons was delivered in presence of the President and Council on Monday last, by Professor Mapother. The inauguration addresses of the Dublin Schools will be delivered during the coming week as follows:—Ledwich School, by Dr. A. W. Foot, on Saturday the 1st, at twelve o'clock; Catholic University, by Dr. Lyons, on Tuesday the 4th, at four o'clock; St. Vincent's Hospital, by Dr. Quinlan, on the 29th of October, at eleven a.m; The Meath Hospital, by Dr. Foot, on the 3rd of November, at ten o'clock. There will be no introductory lectures at the Carmichael School, Dr. Steevens' Hospital, Mercer's Hospital, or Adelaide Hospital. The Secretaries of the City of Dublin, Jervis Street, and Sir Patrick Dun's Hospitals, and of the School of Physic have not yet favoured us with a reply to our request for information.

The New System of Examination in the Irish College of Surgeons.

The Council of the Royal College of Surgeons in Ireland has, we learn, reaffirmed the adoption of the new scheme of examination which has been before them for the last three years, and the operation of which has been from time to time postponed, pending the arrangement of the Conjoint Examination Scheme for Ireland. The new Scheme will come into operation on the first Tuesday in December, and will be compulsory on all students who commenced study after September, 1871.

Modern Surgery.

Under this title Mr. Erichsen has published (Lewis) his Introductory Lecture at University College.

The Progress of Medicine.

Dr. Prosser James has published (Baillière) under the above title his Introductory Address at the London Hospital.

The Training of the Mind.

Mr. Brudenell Carter has in the press (Baillière) his Introductory at St. George's Hospital, by request of the staff and students.

The Unhealthiness of Ireland in the Early Part of the Year.

The official returns of the Irish Registrar-General for the first quarter of the year have only just been published, having been held over for the purpose of striking the averages on the population as fixed by the census of 1871. The returns are more valuable and interesting than they used to be, inasmuch as comparative calculations have been made as to the proportion of deaths from each disease in the four provinces of Ireland. The most noteworthy fact which these comparisons have elicited is, that Munster suffered severely in the first quarter of the year from the inroads of zymotic disease. Out of 159 small-pox deaths in all Ireland, Munster had 104. Of 491 deaths from measles, the same province contributed 358. From all epidemic diseases Munster suffered 1,334 deaths out of 3,127 which occurred in all Ireland, and its ratio of deaths from this cause was as high as 96·4 per 100,000 against a ratio in other provinces of about 40 per 100,000.

The new President of the Royal College of Surgeons of Edinburgh is James Simson, M.D.Edin., F.R.C.S.Edin., &c. Dr. Simson was President of the College 1844-6.

Dr. Smethurst, who, fourteen years since, was condemned to death for the murder of Isabella Banks, received free pardon, and then suffered two years' imprisonment for bigamy, died suddenly last week at Brompton.

The Hospital Sunday has been inaugurated at Newcastle-on-Tyne, by the attendance at one of the churches of the friendly societies of the town. £150 was collected after the service.

Dr. F. Crace-Calvert, F.R.S., whose name has been prominently before the Profession for many years past in connection with disinfectants, and carbolic acid in particular, died at his residence on Friday last, at the early age of fifty-three.

Dr. Macleod, Surgeon-Major Madras Army, has been committed for trial at the Carlisle Assizes, for causing the death of his wife by an overdose of muriate of morphia. We chronicled the death in our last, expressing our sympathy with Dr. Macleod. From the evidence since given at the coroner's inquest, we have no reason to alter our opinion that death was purely accidental; and we further sympathise with him in his increased misfortunes.

The death-rate of Ireland for the first quarter of 1873 appears to have been considerably higher than usual. The ratio was 23·2 per 1,000, against 20·8 for the same quarter of the previous three years. This increase was owing, in some respect, to the severity of epidemic disease in Munster, the death-rate of which province was as high as 27·1, while that of Connaught was only 18·7.

Literature.

POPULAR LECTURES ON SCIENTIFIC SUBJECTS (*a*).

The above lectures were written at distinct periods of time, and if we except two, without any link. The range is as extensive as a scientific man could well deal with. Thus "Goethe's Scientific Researches," "Harmony in Music," "The Theory of Vision," and "Ice and Glaciers," are as wide as the Poles.

Herman Ludwig Helmholtz, the now celebrated author of these occasional lectures, was originally a Prussian military physician, who was made Professor of Physiology at the University of Konigsberg, and after some time devoted himself to Physics. He is now Professor of Physics in the University of Berlin.

Endowed with profound learning, we find him at the age of 52 full of that vigour and mature knowledge which render some of the lectures given in this volume (written a few years since) particularly valuable as instalments to scientific literature.

Professor Tyndall's estimation of the value of such writings, or the remarks of Du Bois-Raymond, are not overstated. "I could not forget my indebtedness," says the first-named writer, "to Helmholtz and Clausius, or fail to see the probable influence of their writings on the science of the coming time. For many years, therefore, it was my habit to place every physical paper published by these eminent men within the reach of purely English readers."

Although ostensibly edited by Dr. Atkinson, we find that only two are really translated by this gentleman. The first lecture is "On the Relation of Natural Science to Science in General," then one "On Goethe's Scientific Researches," both of them translated by Mr. Eve. The lecture upon the "Physiological Causes of Harmony in Music" is translated by Mr. Ellis, "Ice and Glaciers," by Dr. Atkinson, whilst the fifth, "On the Interaction of the Natural Forces," with the introduction, forms Professor Tyndall's instalment. Then we have a series of three lectures delivered at Frankfort in 1868, on the "Recent Progress of the Theory of Vision," which are translated by Dr. Pye-Smith :—1. The Eye as an Optical Instrument. 2. The Sensation of Sight. 3. The Perception of Sight.

Then we have the two concluding lectures, "On the Conservation of Force," and on "The Aim and Progress of Physical Science," by Drs. Atkinson and Flight.

Having thus given a kind of catalogue of these lectures, we will devote ourselves to the consideration of the last, as from this stand-point, *i.e.*, "The Aim and Progress of Physical Science," we shall be best able to consider the value of this book. It is the lecture written in 1869.

In fixing upon this, the last of the lectures, we are not actuated by a feeling that it is the best, or that it is the best translated, or even that it is the most original. In fact, there is some slight indication of its being weak, probably in the English rendering of it. Thus, in speaking of the training of an original observer the author is made to say, "His hand" (the observer's) "must be equally trained to the work of the blacksmith, the locksmith, and the carpenter, or the draughtsman and the violin player." Now we have not seen the original, but we do not think it likely that Helmholtz means to convey that a man to be an original investigator must be a violin player and a draughtsman. We have known many physicists and other investigators of high standing who are neither one nor the other. The phrase that follows puts the meaning in its proper light, "And when operating with the microscope must surpass the lace-maker in delicacy of handling the needle," or in other words, the experimenter must possess an agility of fingers which surpasses that required in lace-making. The experimenter must possess a distinct mani-

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(*a*) Popular Lectures on Scientific Subjects. By H. Helmholtz. Translated by E. Atkinson, Ph.D. London: Longmans, Green, and Co.

pulatory proficiency which is on a par with the dexterous arts, and which may be said to culminate in violinists. We do not think a man will not be better able to deal with physical instruments if he can play one of Paganini's studies. Unfortunately, however, as a rule, the attention required by the one perverts the mind from the other.

This soloism is carried out in the study of the divisions of science itself. In taking a view of the whole subject of "The Aim and Progress of Physical Science" this is strikingly evident, and the individual worker in science is compelled to narrow the sphere of his work. As science extends so do the workers become specialists. Do we not even see this practically carried out in the science of Medicine? In concluding this short notice of a very important addition to our literature we will quote Helmholtz's views on the science of Medicine from the same lecture:—

"I was educated at a period when medicine was in a transitional stage, when the most thoughtful and exact were filled with despair.

"It was not difficult to recognise that the old predominant theorising methods of practising medicine were altogether untenable. With these theories, however, the facts on which they have actually been founded had become so inextricably entangled, that they were mostly thrown overboard. How a science should be built up anew had already been seen in the case of the sciences, but the new task assumed colossal proportions. Few steps had been taken towards accomplishing it, and these first efforts were in some measure but crude and clumsy. We need feel no astonishment that many sincere and earnest men should at that time have abandoned medicine as unsatisfactory, or on principle given themselves over to an exaggerated empiricism. But well-directed efforts produced the quick result more quickly even than many had hoped for. The circulation and the respiration, the better interpretation of thermal phenomena, the more refined physiological study of the nerves, soon led to practical results of the greatest importance. Microscopic examination of parasitic structures, the stupendous development of pathological anatomy irresistibly led from nebulous theories to reality. We found that we now possessed a much clearer insight into the mechanism of the disease than the beats of the pulse, the urinary deposits, or the fever type of older medical science had ever given us. If I might name one department of medicine in which the influence of the scientific method has been perhaps most brilliantly displayed, it would be in ophthalmic medicine. The peculiar constitution of the eye enables us to apply physical modes of investigation as well in functional as in anatomical derangements of the living organ. Simple physical expedients, spectacles, sometimes spherical, sometimes cylindrical or prismatic, suffice in many cases to cure disorders which in earlier times left the organ in a condition of chronic incapacity. A great number of changes, on the other hand, which formerly did not attract notice till they induced incurable blindness, can now be detected, and remedied at the outset. From the very reason of its presenting the most favourable ground for the application of the scientific method, ophthalmology has proved attractive to a peculiarly large number of excellent investigators, and rapidly attained its present position, in which it sets an example to the other departments of medicine of the actual capabilities of the true method, as brilliant as that which astronomy for long has offered to the other branches of physical science."

If the lecture on "Goethe's Scientific Researches" is weak, that on "The Interaction of Natural Forces" is strong. To be appreciated it must be read carefully and quietly; and with such a recommendation we will close this notice by quoting Helmholtz's concluding paragraph in the above lecture, where, after discussing the transient, or temporary conditions of mundane existence, and which we are perhaps too much inclined (from a transient experience) to consider permanent, he says:

"Thus the thread which was spun in darkness by those who sought a perpetual motion has conducted us to a universal law of nature, which radiates light into the distant nights of the beginning and of the end of the history of the universe. To our own race it permits a long *but not an endless existence*, it threatens it with a day of judgment, the dawn of which is still happily obscured. As each of us singly must endure the thought of his death, the race must endure the same. But above the forms of life gone by, the human race has higher moral problems before it, the bearer of which it is, and in the completion of which it fulfils its destiny."

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Medical News.

Society for Relief of Widows and Orphans of Medical Men.—The half-yearly general meeting of the Society was held on Wednesday, October 22nd, in the library of the Royal Medical and Chirurgical Society, Berners Street. The chair was taken at half-past 8 o'clock by the President, Dr. Burrows. It is much to be regretted members do not evince more interest in the affairs of the Society. At the hour appointed for the general meeting, there were only eight members present, not sufficient to form a quorum; business was in consequence postponed for some time. The minutes of the Courts of Directors held since last general meeting were read. Mr. Edward Tegart was elected a Vice-President, Dr. Quain one of the Treasurers, and Dr. Fuller and Sir John Fisher Directors. From the half-yearly statement of accounts, it appeared that 56 widows had received £1,053, divided in accordance with the urgency of the wants of the applicants; 34 children had received £176, including grants to 3 from the Copeland Fund; the total grants for the half year had been £1,229. The expenses for the same period amounted to £107. A legacy of £500 had been received from the executors of Mrs. Jane Lyon. A special grant of £30 was made to a widow of a deceased member, whose case did not come within the description specified by the laws for ordinary grants. A vote of thanks to the chair closed the meeting.

We learn with much regret that Professor Flower, of the London College of Surgeons, has been obliged to seek leave of absence for six months in consequence of ill-health, and will proceed to Egypt at once to recruit.

A man named Ryan was lately arrested in New York, charged with sending obscene literature through the mails. He waived an examination, and gave bail in 5,000 dols. to await the action of the Grand Jury. Ryan has been known by no less than thirteen aliases, and has carried on the trade of medical swindler in fourteen different localities.

The Yellow Fever in America.—According to inquiries made by a special committee, the Shreveport pestilence is genuine yellow fever, and between fifty and sixty per cent. of the cases are fatal. The fever took a fresh impetus in the end of September, and many new cases and 17 deaths were reported. The destitution was terrible, and it cost the Howard Association $2,000 per day to nurse the sick and support the penniless widows and orphans. Up to October 4th, 502 deaths from yellow fever occurred in Memphis.

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NOTICES TO CORRESPONDENTS.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

Local Newspapers, &c.—When forwarding newspapers containing news or articles to which our attention is wished to be drawn, correspondents will oblige by marking the copy, as it is impossible for us to wade through all the country papers we receive.

Testimonials.—Dr. Hassall is severely handled in *The Grocer* newspaper of Saturday, and certainly not without reason; as few men have given more testimonials at a price of articles of food, diet, and drink than he. One of the manufacturers now comes down upon him with this reminder, because of his letter on "purity" in the *Times* stating that he has manufactured an article from the doctor's own recipe, which contains the very articles he now condemns as adulterants in others.

Mr. B., London.—You will find on reference to our columns this week, an answer to your inquiries.

Dr. J., Swymbridge.—There is unfortunately nothing at present.

Student.—The front page of our advertisement sheet will supply you with the information desired.

Politics v. Pharmacy.—Our facetious contemporary, *Punch*, was very smart last week over the Dover and Taunton elections. In the cartoon Mr. Gladstone as the patient, in answer to his physician's inquiry, experienced great loss of spirits from the effects of Dover's Powder (Conservative, elected), whereas James's Fever Powder (Lord Justice James, Liberal, elected), acted as a most powerful reagent and stimulant.

"In practice, *Dover's Powder* is exhibited
As diuretic, opiate, sudorific,
With powers of forwarding reaction credited,
For lowering purposes a strong specific.

"But *James's Powder*, till now thought more fitted
To lower than raise one's corporal harmonics,
Must henceforth to new functions be admitted,
As one of the most pick-me-up of tonics!"

Hygiene.—You do not state for what purpose you require the work. There is Parke's Hygiene, the best for general reference; Gordon's Military Hygiene, the best for army medical officers; Wilson's Handbook, for medical officers of health, &c.

A Sad Case.—We beg to acknowledge with thanks the receipt of £3 from Mrs. Gurney Barclay through Dr. Robert McKelvie, of Cromer, and 5s. from Dr. McKelvie, in response to the appeal contained in our last number.

APPOINTMENTS.

Baker, W., F.C.S., Public Analyst for the West Riding of Yorkshire.

Brigham, H. G., L.R.C.P.Ed., M.R.C.S., House-Surgeon and Pathologist to the Victoria Hospital for Sick Children, Chelsea.

Cameron, J., M.B., an Assistant Medical Officer to the Crichton Royal Institution, Dumfries.

Campbell, J., M.B., M.R.I.A. (Lecturer on Chemistry at the Carmichael School of Medicine), Professor of Chemistry at the Catholic University, Dublin.

Durrant, C. M., M.D., Visiting Physician to the Lunatic Asylums in Ipswich.

Gardner, R. C., L.R.C.P.Ed., Medical Officer for District No. 6 of the Stroud Union.

Hall, F. A., M.R.C.S., House-Physician to St. Bartholomew's Hospital.

Hart, P. J., L.R.C.P.Ed., L.K.Q.C.P.I., Medical Officer, &c., for the Clonbur Dispensary District No. 2 of the Oughterard Union, Co. Galway.

Heslop, T. P., M.D., a Consulting Physician to the Birmingham and Midland Free Hospital for Sick Children.

Howkins, T., M.R.C.S.E., Consulting Surgeon-Dentist to the Birmingham and Midland Free Hospital for Sick Children.

Hoyle, G., M.B., C.M., Junior House-Surgeon, House-Surgeon to the Halifax Infirmary.

Jepson, E., M.R.C.S., a House-Surgeon to St. Bartholomew's Hospital.

Jessop, J., L.R.C.P.Ed., L.F.P. & S. Glas., Medical Referee (for the Braintree District) to the Essex Provident Society.

Lane, E. Stavely, M.D. Harv., L.F.P.S. Glas., Medical Officer and Public Vaccinator to the Clun District of the Clun Union, Salop.

Letheby, H., M.B., a Public Analyst for East Suffolk.

Mahon, C. J., L.K.Q.C.P.I., Medical Officer, &c., for the Ballycroy Division of the Achill Dispensary District Newport Union, Co. Mayo.

Mills, J., M.R.C.S., a House-Surgeon to St. Bartholomew's Hospital.

Ryan, C. E., L.K.Q.C.P.I., L.R.C.S.I., Medical Officer for the Emly Dispensary District of the Tipperary Union.

Ryan, R., L.R.C.P.Ed., L.R.C.S.Ed., Medical Officer, &c., for the Midleton No. 2 Dispensary District of the Midleton Union, Co. Cork.

Scott, T. B., M.R.C.S., a House-Physician to St. Bartholomew's Hospital.

Sharman, M., M.R.C.S.E., a Consulting Surgeon to the Birmingham and Midland Free Hospital for Sick Children.

Stevenson, W. E., M.R.C.S., a House-Surgeon to St. Bartholomew's Hospital.

Strugnell, F. W., M.R.C.S., an Ophthalmic House-Surgeon to St. Bartholomew's Hospital.

Taylor, H., M.B., M.R.C.S., a House-Physician to St. Bartholomew's Hospital.

Tidy, C. M., M.B., a Public Analyst for East Suffolk.

Venn, A. J., M.D., a Midwifery Assistant to St. Bartholomew's Hospital.

Waylen, G. S. A., M.R.C.S., a House-Surgeon to St. Bartholomew's Hospital.

VACANCIES.

Wilts Pauper Lunatic Asylum. Medical Superintendent. Salary £600 per annum, with residence. Applications to be addressed under cover to A. G. Meek, Esq., Devizes.

Kent and Canterbury Hospital. House-Surgeon. Salary £80, with board, residence, and washing. Applications to the Secretary.

Reigate Rural Sanitary Authority. Medical Officer of Health, at a salary of £600 per annum. Applications to F. H. Beaumont, Esq., Reigate.

Dalton-in-Furness. Medical Officer of Health. Salary £60 per annum. Applications to F. H. Clark, Esq.

Selby Rural Sanitary Authority, Yorkshire. Medical Officer of Health. Salary £500. Applications to the Clerk to the Guardians, Selby.

Royal Free Hospital, London. Senior House-Surgeon. Salary £104 per annum, with board and residence.

Liverpool Dispensaries. Assistant House-Surgeon. Salary £168. Applicants must address the Secretary.

Cork Ophthalmic and Aural Hospital. Resident Pupil. (See advt.)

Swansea Union. Medical Officer under the Rural Sanitary Authority. Salary £250 per annum. Applications to be addressed Mr. G. B. Haynes, Swansea.

Mansfield and Southwell Unions, Notts. Rural Sanitary Authority. Medical Officer. Salary £500. Applications in writing to the Clerk of either Union.

Metropolitan Dispensary, Cripplegate. Physician. Honorary.

Castle Ward Union, Northumberland. Medical Officer. Salary £31 per annum, with fees extra.

Ramsgate Dispensary, Resident Medical Officer. Salary £100 per annum. Address the Secretary.

Carmichael School of Medicine, Dublin. Lecturership on Chemistry.

Births.

Yorke.—On the 19th inst., at the Cottage Granard, the wife of C. F. Yorke, Esq., M.D., of a daughter.

Marriages.

Harvey—Hogg.—On the 15th inst., at Kill Church, Reuben J. Harvey, M.D., of Upper Merrion Street, Dublin, to Mary, daughter of the late Wm. Hogg, Esq.

Niall—Collings.—On the 22nd inst., at the Church of Our Lady, Hanwell, E. H. Niall, L.R.C.P.Ed., to Charlotte Matilda Anne, daughter of the late T. Collings, Esq., of Hampton Wick.

Deaths.

Calvert.—On the 24th of Oct., at his residence, Clayton Vale House, near Manchester, Dr. F. Crace-Calvert, F.R.S., aged 53.

Dorward.—On the 18th of Oct., at Haddington, Inspector-General James Dorward, Madras Army, retired.

Marchbank.—On the 11th of Oct., at Glasgow, J. Marchbank, L.F.P. and S. Glas., of Oakenshaw, Willington, Durham, aged 63.

Smethurst.—On the 18th of Oct., Thos. Smethurst, M.D., of Brompton square.

Advertisements.

ROYAL SCHOOL for OFFICERS' DAUGHTERS, at BATH and LONDON.—The Munster Bank, Limited (late La Touche and Co., Castle Street, Dublin), have kindly consented to receive, on account of Assistant Staff-Surgeon H. J. G. ATKINSON, on half pay, suffering from Paralysis, any Subscriptions, to be applied to the purchase of a Presentation for his Daughter to the above School. The desirable object of benefiting the Institution *will, in like manner*, be promoted.

ROYAL FREE HOSPITAL, GRAY'S INN ROAD.—The office of SENIOR HOUSE-SURGEON to this Hospital is now vacant. Candidates must be possessed of a Medical or Surgical qualification from one or more of the Examining Boards of the United Kingdom, rendering them eligible for registration under the Medical Act. The salary is £104 per annum, with board and residence in the Hospital. The appointment will be made for twelve months only, but the holder will be eligible for re-election. The engagement will be terminable by three months' notice on either side. Preference will be given to a candidate who has had experience in a similar capacity. Candidates are requested to send in their testimonials to the Secretary on or before Wednesday, the 29th inst.
JAMES S. BLYTH, Secretary.

MEDICAL SOCIETY of LONDON, instituted 1773.—The FOTHERGILLIAN GOLD MEDAL, value 20 guineas, is offered annually for a Dissertation on some subject connected with Medical Science, for which the learned of all countries are invited to compete. The subject selected for 1874 is on "Therapeutic Means for the Relief of Pain." Dissertations, which must be written in the English or Latin language, and not in the handwriting of the author, must be delivered to the Registrar, at the Society's Rooms, on or before the 1st November, 1873. Accompanying the manuscript shall be delivered a sealed packet, having a motto or device on the outside, and within the author's name and designation. The same motto or device shall be inscribed on the dissertation. The successful essay shall become the property of the Society.
ALFRED WILTSHIRE, M.D.,
F. WOODHOUSE BRAINE, F.R.C.S., } Hon. Secs.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 5, 1873.

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INJURIES OF THE EYE.

By Jabez Hogg,

Surgeon to the Royal Westminster Ophthalmic Hospital, &c.

Injuries of the eye may, for the sake of convenience, be divided into superficial and penetrating. In the first we group together all injuries inflicted by small foreign bodies of every kind; as grains of dust, sand, &c., as well as burns, scalds, chemical agents, and other substances, brought in contact with the cornea and conjunctiva, and producing pain, redness, and other symptoms of discomfort and alarm. In the second group we place all penetrating wounds of the eye-ball, injuries inflicted in the several textures, the cornea, iris, lens, &c. The first group embraces a very large proportion of the cases that come under treatment in the out-patients' department of the Royal Westminster Ophthalmic Hospital. They are, for the most part, unattended with danger to sight, and in the course of a few days, and by the use of simple remedies, all trace of the injury passes away, and the eye has recovered its normal condition. The second group consists almost exclusively of cases of a more complicated nature, difficult to manage, and nearly always attended with dangerous inflammatory symptoms; when neglected a single day may suffice to destroy vision.

It is a fact, however, that foreign bodies comparatively insignificant in themselves, will occasionally give a considerable amount of trouble and inconvenience to the patient, and cause opacities and ulceration of the cornea, or set up a traumatic keratitis and interstitial mischief.

Again, a very simple injury to the eye will be converted into a complex one if rude attempts are made to remove the foreign body, and a meddlesome kind of treatment be resorted to, as the application of a strong lead lotion, leeches near the eye, and other depleting measures. Generally, this mode of dealing with slight injuries arises out of a circumstance forgotten or overlooked by those not constantly treating eye diseases; that the organ of vision is as tolerant of simple injuries as it is of the knife of the surgeon; will, indeed, quickly recover from most injuries if kindly treated. Early in hospital experience I noticed this. I was once particularly struck by the case of a young fellow, in whose eye a grain of barley lay concealed beneath the lower lid for upwards of a fortnight. When he applied for relief, it was for what had been pronounced "a cold in the eye." The lid had become swollen from the growth of the seed, the only inconvenience, however, that it had occasioned was a muco-purulent discharge, which ceased in twenty-four hours after the removal of the body. That a clean incised wound through the whole extent of the cornea will do little mischief, save evacuating the aqueous humour, I observed in the case of a myope, who, accidentally coming in contact with a projecting corner, shattered his spectacle-glass, and forced a sharp piece of it into the eye. The cornea being cut across, the aqueous continued to escape through the small opening for several days, producing a considerable disturbance of vision. However, by padding the eye with cotton-wool, and at the same time applying a firm bandage to preserve the eye at rest, it completely recovered. Even the cicatrix in the cornea disappeared in the course of a few months.

Chips of metal, stone, wood, &c., when they strike the eye-ball with force, nearly always penetrate the deeper-seated, as well as the more superficial structures, and thereby inflict an incalculable amount of injury. A good deal of difficulty is always experienced in the extraction of such bodies, and even when skilfully and quickly removed, will be followed by prolapse of the iris, rupture of the capsule, and displacement of the lens, or ophthalmitis. It is likewise a question of interest, what are the tissues which, being injured in the one eye, are likely by sympathy to give rise to inflammation in the other? A penetrating wound with protrusion of the iris, keeping this tissue perpetually on the stretch, and implicating the ciliary nerves, is undoubtedly most provocative of sympathetic ophthalmitis. Wounds about the junction of the cornea and sclerotic coat are more dangerous to vision than those situated in other parts of the globe, although all penetrating wounds of the eye demand the most watchful care in their treatment, and to secure integrity of vision, for I have seen a slight prick of a needle destroy sight.

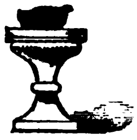
If the lens has been wounded, keep the pupil dilated, and the eye at rest; take an early opportunity to remove the swollen lens. If a portion of iris prolapse, endeavour to return it; if this be impossible, snip off the protruded portion and bandage the eye. But without entering further on the treatment of these injuries, I shall at once proceed to give a few selected cases, which came under my care at the Royal Westminster Ophthalmic Hospital during the past year. The facts narrated will, I believe, afford abundant proof of the necessity for care and skill in the treatment of the various injuries of the eye, and serve to show that the student will do well to make himself perfectly familiar with them in an extensive and well-conducted eye hospital.

Traumatic Cataract Produced by the Prick of a Needle.

Hugh Guild, æt. 36, a shoemaker by trade, admitted Jan. 6th, with an injury to the right eye. The account given by the patient was, that on stooping to speak to his wife, who was seated at needle-work, he received a blow from her hand on the eye-ball. He felt considerable pain, and on examining the eye he found it very red, and it then occurred to him that the needle must have passed into the eye. The tears continually flowed down the cheek, and the sight appeared to be very dim. Fomentations of warm water afforded no relief, and the pain so much increased that he was obliged to send for a medical man, who prescribed lotions and leeches. He felt somewhat relieved, but as the sight appeared to grow dimmer, he was advised to come to the hospital. He could distinguish daylight, but saw nothing clearly; the pupil was somewhat irregular, the swollen lens pressing into the anterior chamber. A slight opening was made, and a portion of the lens removed with a grooved needle. This afforded relief, and by a free instillation of atropine partial sight was retained, and subsequently improved by the aid of a convex lens.

Injury to Left Eye—Total Loss of Sight.

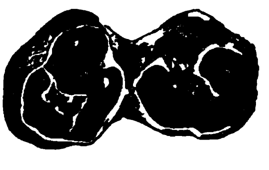
William Maynard, æt. 21, employed in Woolwich Arsenal, admitted Jan. 31. On passing a fellow workman a piece of gun metal flew up and penetrated the left eye. The piece was seen to be firmly impacted in the cornea, and therefore an attempt was made to remove it, but without success. On the following day he presented himself at the Royal Westminster Ophthalmic Hospital complaining of great pain in the eye and with some chemosis of the conjunctiva. Methylene was at once administered, and the opening in the cornea enlarged; an exploration was made with a probe, and a hard body distinctly felt. With a pair of small narrow-bladed forceps a large chip of metal was removed, together with portions of swollen lens. After washing and drying, the fragment weighed 4½ grains. It is represented in the accompanying wood-cut mounted on a small stand. The eye was padded and bandaged as after cataract operations. No pain or inflammation occurred, and the patient was able to leave the hospital on the second day. Although sight was utterly lost, the other eye was in no way affected. He was able to resume his work ten days after the accident.



Fragment mounted on stand.

Penetration of the Globe by a Stick shot from a Catapult—Suppuration—Enucleation of Eye-ball.

John Amery, æt. 10, admitted Feb. 18th. The account given of the accident was, that the boy was playing with other boys with a catapult when he felt something strike his right eye. He made no complaint for a day or two afterwards, and when he did the eye was seen to be very red. The mother fomented it with warm water, and also obtained an eye-lotion from a chemist's shop, but as the redness and pain increased, and the boy could not see, she at once brought him to the hospital. The eye-ball was then very tense and swollen, and suppuration had already set in. Fomentations were ordered, and on the following day an opening made through the junction of the cornea and sclerotic gave exit to the collected pus. A warm poultice also afforded considerable relief and allayed pain. Ten days after the accident all urgent symptoms had subsided but with shrinking of the eye-ball. In June the boy again returned to the hospital complaining of pain and weakness of the left eye. Enucleation was recommended and performed under methylene.



Upon cutting open the eye, the vitreous was entirely converted into a very black-looking fluid. The lens had nearly disappeared, and its nucleus, together with the remains of the retina and choroid, were drawn into the pupillary space, and with the atrophied optic nerve had the irregular-shaped appearance represented in the drawing.

Nebulous Opacity of the Cornea—Injury by a Corrosive Fluid.

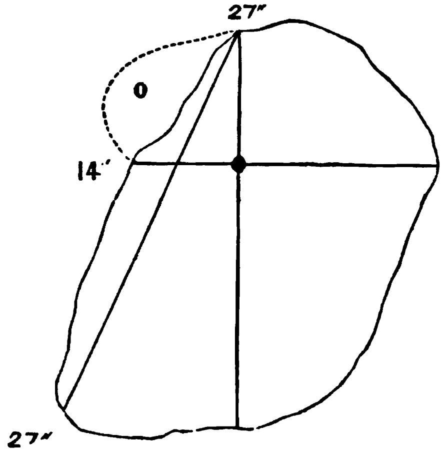
Henry Masters, æt. 22, admitted March 18th, a dentist's assistant, while replacing a bottle of strong hydrochloric acid on a shelf he slipped and a quantity of the contents of the bottle splashed over him and into his right eye. After bathing it with water he came to the hospital. The eye was much reddened and swollen, and the cornea appeared quite rough and somewhat opaque. It was washed with a warm weak solution of bicarbonate of soda and a few drops of castor-oil applied, and well padded with cotton wool and bandaged. On the following day the swelling and pain had greatly subsided, but the cornea appeared to be more opaque and the pupil quite contracted. The eye to be frequently fomented with belladonna, and to take the iodide of potassium mixture. In the course of a few days the cornea cleared and the eye perfectly recovered.

Traumatic Cataract from a Penetrating Wound.

Francis Stone, æt. 4, admitted March 20th, while struggling with a brother for the possession of a pair of scissors fell, and the point of one of the blades penetrated the right eye on the inner side and about one-eighth of an inch from the junction of the cornea with the sclerotic. As no one was aware that the sight had been seriously injured, a week elapsed before he was brought to the hospital; a white spot was then noticed in the pupil. Cannot distinguish daylight; a good deal of conjunctival injection; lachrymal secretion very troublesome; lens substance occupies the anterior chamber. A small quantity removed by a grooved needle, and to take, as the boy was very pale and anæmic, syr. ferri iodid. c. ol. morrhuæ. To keep the pupil dilated with atropine. The lens dissolved in about three weeks from the date of his admission. When discharged the boy was able to make out the letters on face of a watch and name objects.

Penetrating Wound of Left Eye—Partial Loss of Sight.

George Haigh, æt. 25, admitted April 13th, engineer, two days ago, while employed in finishing a gun, a piece of metal flew off and struck, and, as he believes, penetrated, his left eye. At about an eighth of an inch to the inner side of the cornea there was redness and swelling; the foreign body had probably here cut through the several coats of the eye. The conjunctiva was injected throughout, and the patient complained of pain and dimness of sight. On dilating the pupil a small shining spec could be detected with the ophthalmoscope behind the pupil, apparently lodged in the vitreous body. Vision was affected only in the region indicated by the dotted line in the accompanying diagram. I therefore determined to leave the eye at rest, and for the present make no attempt to remove the foreign body. Alterative doses of hyd. c. cretæ were ordered to be taken and the pupil kept dilated with atropine.



The patient absented himself for two or three weeks from the hospital, and when I again had an opportunity of examining the eye, opacity of the lens had commenced where the foreign body had been seen. He was again lost sight of for some time; the sight, however, appeared to be gradually diminishing when last seen.

(*To be continued.*)

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SUDDEN DEATH DURING LABOUR.

By John A. Spencer,
Medical Officer, Crossroads Dispensary District.

"No fact connected with pregnancy, labour, or child-bed, however trifling, when added to many others of the same kind, but may acquire a great importance and aid in solving many of the problems which embarrass us." These are the words of a great obstetrician, and it is in recognition of their truth, as well as in justice to himself, that the writer has ventured to publish the following details, which, although imperfect in the manner of their relation, were taken from notes made on the day after the occurrence.

Case seen at 8 o'clock p.m. on the 1st January, 1873.—Mrs. D——, wife of a farmer, resident in one of the most isolated parts of this remote district; said to be in labour of her first child. On arrival the apartment was found crowded by the relatives and friends, and a state of confusion prevailed. The room having been cleared and order restored. attention was directed to the woman, who lay upon the bed half dressed. She was a *brunette;* her face was pale, and there were dark circles under her eyes; the tongue was moist and slightly coated; the pulse 108, small and compressible. At regularly recurring intervals of short duration, she was seized with pains, and moaned in the usual way, complaining also of the pain in her back. She was thirsty, and they gave her occasionally small quantities of whey.

On examination *per vaginam*, the head of a fœtus was felt through the os, which was soft, dilatable, and readily admitted the finger; there was no operculum nor evidence of "shows," and neither the placental murmur nor the sounds of the fœtal heart could be heard; the abdomen was as prominent as it generally is at the full period.

On inquiry it was ascertained that her age was three-and-twenty, and that she had been married a year; but there did not appear to be actual certainty as to the length of time she had been pregnant.

It was stated that from the date of her marriage she had not been in good health, but had been suffering from a "bad stomach," and "out of her heart" (*a*); and that in the morning she vomited some blood and fainted. Portion of this blood, dark coloured and clotted, was shown in a bowl; it was about half an ounce in quantity, and the mother said that as much more was thrown up. The girl had not been known to vomit blood on any other occasion. No medical man had been consulted, and up to a fortnight or three weeks previous, she had been able to go to chapel, travelling on horseback a distance of five miles each way, over a road for the greater part rough and mountainous. The heart sounds were weak, but normal as to rhythm; the chest was resonant on percussion; the respiratory murmur natural.

No satisfactory information could be obtained with regard to the excretions, and accordingly a simple enema was administered, which was retained for a minute or two. The girl then rose with slight assistance, and emptied her bladder and rectum; there were scybalæ of a yellow colour in the vessel, but nothing approaching red or black discharge.

Some little time after this she remarked that the bed was too hard, and the opportunity was taken to have it arranged. While the few alterations were being made, she sat unsupported on a heap of straw, getting out of, and returning to, the bed with but trifling help. She was then undressed, and appeared to be weak, but at this time there were no symptoms present calculated to excite alarm.

The os was again examined. There was no appreciable change; the pain in the back was persistent, and pains, apparently of the first stage of labour, came on with short intermissions.

A little after nine o'clock she began to complain of being cold, crying out that she was "starved" (*b*). The temperature of the body was felt to be very low, and its surface damp; so bottles were procured, filled with hot water, and applied with as little delay as possible to the feet and calves of the legs. Her respiration, however, became sighing, and then was performed in gasps; a drachm of aromatic spirits of ammonia slightly diluted was swallowed, but immediately afterwards the expression of the face commenced to change, the pupils dilated widely, the globes became fixed, and the pulse at the wrist ceased. The cold dash on face and chest was now freely used, but after one or two snoring inspirations she moved her right hand up to her mouth, and the breathing stopped. The lower jaw did not fall, but remained firmly clenched against the upper one, and it was with difficulty that a forefinger was introduced behind the last molar in the desperate hope of exciting reflex action in the fauces; there was no response, and an appeal was made to the relatives on the instant to permit the child's removal. There was demur at first, but on the proposal being urged, they yielded, and within a quarter of an hour after the decease, the section was commenced. The body appeared well nourished, there was no emaciation, the breasts were fully developed, and were surrounded by dark brown areolæ. No sooner had the peritoneal cavity been opened than fluid blood gushed forth, pouring over the edges of the incision on the bed; there was a considerable quantity of this, it continued welling up and overflowing during the subsequent steps of the manipulation. The uterus was perfectly healthy, and from its cavity were removed twin infants, male and female; the surfaces of their bodies were blanched, their hands were tightly shut, and it required a little effort to unclasp them; the nails on the hands were formed, those on the toes were not; the eyelids were closed; there was a downy covering on the scalp of each; one placenta, bi-lobed; the cords were about a foot in length, not so thick or twisted as at the full period. From the appearance of the bodies, it is supposed they had been seven months *in utero.*

Upon the points of interest attached to the foregoing

(*a*) Local phrase signifying flatulence from indigestion.
(*b*) Local word expressive of a feeling of intense cold.

details, a few remarks have been made. These possess no claim either to originality or literary merit, having been compiled by a country practitioner from scanty material.

Although many instances of sudden death *after* delivery have been placed on record by authors, amongst whom may be mentioned Drs. Churchill (*c*), McClintock (*d*), Ringland (*e*), Cazeaux (*f*), and Cock (*g*), its occurrence during labour is comparatively rare. Dr. Churchill mentions two cases related by Denman, and adds: "The two last cases are the only ones I have found in which death took place before delivery;" and in his appendix, "Obstetric Morality" (*h*), he says: "Sudden deaths at the end of pregnancy, or in the last two months, are very rare. . . . Dr. McClintock informs me that in the seven years he has been assistant and master in this hospital (*i*), he has seen but two cases of death during pregnancy. I myself have seen two or three women (in consultation or dispensary practice) die undelivered from hæmorrhage, and two from rupture of the uterus, but no others in twenty-six years' practice." In the celebrated "Report of Private Obstetrical Practice" for thirty-nine years, which Dr. Churchill laid before the Society on the 20th April, 1872 (*j*), it appears that in 2,547 cases of labour there were 17 deaths; of these, one (No. 14) died suddenly undelivered. The autopsy "showed a large transverse rent on the left side, involving the cervix."

The reports of the Rotunda Hospital for the years 1871-2 (*k*), made by Dr. Johnson, the master, constitute a record of 2,354 labours; among them there is no example similar to the one under consideration; nor in a report of 280 labours (*l*) made to the Society by Dr. Hemphill.

Some years ago (*m*) the late Dr. Purefoy published a case of "Sudden Death during the Progress of Natural Labour," the cause, in the words of the narrator, having been "fatty degeneration and enlargement of the heart." There was a *post-mortem*.

Instances have been related by Cazeaux, Baudelocque, and Davis. In one, quoted by Cazeaux (*n*) from F. Ramsbotham, the woman, æt. 40, mother of three children, "fell dead without uttering a cry," a few hours after the membranes were ruptured, "during a pain, whilst resting one hand on the edge of the bed and the other on the arm of an assistant." At the examination of the body, about three pints of serum were found in the pleuræ, the lungs were healthy but compressed, and there was also a considerable amount of fluid in the pericardium. In Baudelocque's case, mentioned by Cazeaux (*o*), there was repeated syncope as well as diarrhœa and vomiting. The autopsy disclosed the existence of a calculus the size of a small nut in the gall-bladder. The instance given by Dr. Davis is also quoted by Cazeaux (*p*). The patient, "a poor woman, had been five hours in labour at the Charity Hospital. The membranes were ruptured, and a large quantity of waters escaped, but from that moment the patient became exceedingly feeble. Experiencing an urgent desire to empty the bowels, she seated herself on the vessel and made some straining efforts, when she fainted away. The attendants immediately placed her in the horizontal position, and they had scarcely time to get her into bed before she died. Nothing whatever was detected at the *post-mortem* examination that could give a clue as to the cause of death."

Though the evidence as to the cause of Mrs. D.——'s death is incomplete, there is still sufficient to warrant the offering a reasonable hypothesis, consistent with the history, so far as it goes, with the symptoms on the day of, and the signs immediately preceding death.

First, as to the history. This is not altogether reliable, but the mother, husband, and the clergyman unite in testifying to the fact of her having had an ailment for some months before the 1st January. On that day, the mother's statement was in effect that her daughter had been complaining since her marriage of indigestion and flatulence. The husband and clergyman were interrogated subsequently; the former said he had always noticed her breath to be "bad"—the latter, that the girl had been "delicate," and "not herself" for some time past. On the other hand, it will be remembered, that she had been able to ride a rough country pony over a rougher country road, and had become pregnant (*q*).

Second, with regard to the symptoms. These were pallor of the face, dark circles under the eyes, a small compressible pulse of 108, and the vomiting of blood (*r*).

Third, the signs which denoted the approach of the fatal event were, in short, those indicative of death by anæmia (*s*).

Upon these data, then, the opinion put forward by the writer is, that the girl had been a sufferer from simple ulcer of the stomach (*t*), that on the morning in question, perforation of its coats, with rupture of the splenic or coronary artery (*u*) took place, the shock inducing premature labour; that rest in the recumbent position assisted nature in the formation of a clot, which thus arrested for a time the final issue; this having been probably hastened by her getting up to the vessel, and to have the bed made.

It is to be regretted that a thorough examination of the body was not allowed, but the signs which were attendant upon the death, together with the large quantity of blood in the peritoneal cavity, point unmistakably to hæmorrhage from the rupture of a large blood-vessel.

The blood seen when the abdomen was opened showed no disposition to coagulate; this may have been due partly to the ammonia given, partly to the low temperature of the body.

The blanched surfaces and clenched hands of the fœtus, taken in conjunction with the convulsive closure of the mother's jaws and the immediate cause of her death, are worthy of notice.

That the placental murmur and the sounds of the fœtal heart were not heard, may be accounted for by the feeble action of the maternal heart at the time of examination.

Gweedore, 1st October, 1873.

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REPORTS ON SYPHILIS.

By C. R. Drysdale, M.D., &c.,

Senior Physician to the Metropolitan Free Hospital, &c.

In the International Congress, held in Vienna in the month of September last, the question of syphilis and prostitution was debated, and an outline of an international legislative enactment was agreed upon, providing that medical treatment of syphilis should be carried out under the direction of the authorities, who should choose the medical men for the purpose, undertaking also the cost when necessary; that special wards for the treatment of syphilis should be instituted in all hospitals, also under the direction of the public authorities; and that all can-

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(*c*) "Midwifery." 4th edit., p. 554, *et seq.*

(*d*) Papers in Med. Press, 1852.

(*e*) *Dub. Journal*, No. iv., April, 1872, p. 329, *et seq.*

(*f*) "Theoretical and Practical Treatise on Midwifery," p. 827.

(*g*) "Manual of Obstetrics," p. 132.

(*h*) *Op. cit.*, p. 632.

(*i*) Rotunda.

(*j*) *Dub. Journal*, No. vi., June, 1872, pp. 525-532.

(*k*) *Ibid.*, No. ii., Feb., 1872, p. 160. No. xiv., Feb., 1873, p. 182.

(*l*) *Ibid.*, No. x[illegible]., March, 1873, p. 270.

(*m*) *Dub. Quart. Jour.*, No. xxxvii., Feb., 1855, pp 238-239.

(*n*) *Op cit.*, foot note p. 325. For the extracts from Cazeaux the writer is indebted to his friend Dr. Speedy

(*o*) *Op. cit.*, p. 820.

(*p*) *Ibid*

(*q*) *Dub. Quart. Jour.*, No. xxiv., Nov., 1851. Dr. H. Kennedy, "On Diseases of the Stomach," p. 368.

(*r*) *Dub. Quart. Jour.*, No. xix., August, 1850 Article by Dr. Lees.

(*s*) Watson, 4th edit., vol. i., p. 68.

(*t*) Wood's "Practice," 5th edit., vol. i., p. 5[illegible]1

(*u*) Watson, 4th edit., vol. ii., p. 433

didates for licences to practise medicine should undergo a special examination in syphilis. I find in the *Allgemeine Wiener M. Z.* of September 23, a short account of the debate. Dr. Warlomont, of Brussels, opened the debate in the character of President of the Section. This is one of the questions, he said, to which Belgium has given the most prolonged attention, and wherein it has obtained the most favourable results. A paragraph in the law of 1836 says, "The surveillance of individuals and places which notoriously are devoted to profligacy, is in the control of the municipality. For this end it ought to undertake all regulations which are capable of preserving security, morality, and external quiet." The surveillance over prostitution was thus in the department of the municipalities; but the Belgian Government has not remained a stranger to the aims of this admirable organisation. Without wishing to mix itself up in municipal affairs, the Government has, however, held it necessary to instruct the various municipalities in the important mission confided to them, as well as in the way to carry it out. For this purpose the Belgian Government has given to the local bodies a typical formula as to the means of organisation, which gives all details as to hygiene. This regulation is adopted over the whole of Belgium, and is thoroughly carried out. Thanks to these regulations syphilis in Belgium has been reduced to such a minimum that it might be considered as extinct were it not imported from without.

Prof. V. Sigmund said that prostitution must be looked on as the most important fountain-head of syphilis. It must be remembered what an immense amount of travelling there has taken place in modern years, and this had caused an augmentation in the amount of syphilis. The subject of the prophylaxis of syphilis had been brought before this third International Congress, in full agreement with what had been done in the two previous Congresses.

Prof. Zeissl then read the programme, the purport of which has been above stated; and then Prof. Reder, of Vienna, said that an international set of regulations must be instituted with full recognition of the different customs existing in various States. Prostitution had only been meddled with in the rules drawn up, in so far as it was connected with purely medical questions; all other phases of prostitution were left out of account. Prostitution is the affair of the statesman; medical men have only to point attention to the danger to health caused by the existence of that evil.

Prof. Hjelt, from Helsingfors, entirely agreed with the programme, which proposed the gratuitous treatment of venereal patients; but thought the principles of any law about prostitution ought to be modified according to the peculiarities of each country in which it was enacted.

Prof. Crocq, of Brussels, said he had discussed the same question in 1836, in the Medical Congress at Brussels. The question was especially well handled by two men, whose works were of great interest, Santin and Vleminckx. The former of these was compelled to find out for himself practical remedies for prostitution; the latter observed the influence of such rules upon the health of the army. With regard to prostitution, the city of Brussels had made regulations which had remained a model and type for all future time which may adopt the same kind of regulations. He described the surveillance and examination of the prostitutes and also of the soldiers, and added that since the establishment of the system syphilis had notably decreased, so that since 1865, out of 1,000 patients, only from fifteen to twenty were affected with chancres, whilst in the garrison of Antwerp, a very crowded locality, 50 cases appeared in 1,000 patients. The regulations of Belgium ought, he said, to be introduced throughout the world, and the Congress has the power to urge on their adoption.

Prof. Castiglione, of Rome, in opposition to the opinion of Dr. Crocq, would not recommend the entrusting of the surveillance of prostitution to parishes. In an international regulation this is not feasible, since the prostitute has no local character, and is national, international, or cosmopolitan.

Dr. Abdullah Bey, from Constantinople, supported the programme drawn up by Profs. Sigmund and Zeissl, and hoped that it might be accepted by the Congress. In his capacity as representative of the Société Impériale de Constantinople, he remarked his society had for two years past been occupied with the surveillance of prostitution, carrying out thereby a programme forwarded to them by the Turkish Government.

The observations made by Dr. Crocq as to the great decrease of syphilis in Belgium are very important, but require analysis to make them as valuable as they might be made to those who, like the writer of this report, earnestly desire to see syphilis, if possible, got rid of in all civilised States. The main reason, probably, of the great diminution of syphilis consists in the fact that there are now in that country hospitals in all towns and large villages for the treatment of syphilis in the poor of both sexes. That this would have the power of greatly lessening the amount of so preventable a disease is quite evident to all persons who have studied the subject in all its bearings. On the other hand, the compulsory examination of the few prostitutes who can ever in any country be got to submit to the tender mercies of the police is now known to be a most fallacious method of attempting to prevent the disease, because clandestine prostitutes escape; and men being allowed to spread disease go on contaminating the clandestine prostitutes. One would also like much to hear from some other Belgian physicians at what cost to the liberty of women the police laws are maintained. The writer of this report in his own experience has been struck with the timidity and low social position of women in Brussels; and was some years ago much shocked to find that mothers of illegitimate children in Belgium have to undertake the entire charge and expense of the nurture of their children, since the maxim, "La recherche de la paternité est interdite" holds in that country.

English-speaking nations have not as yet done much in the direction of police regulation of prostitution; and if they would but pause a little and try the gentle and humane expedient of numerous voluntary hospitals for the treatment of venereal contagion (leaving aside theological rancour and *à priori* theories about such diseases being caused by the neglect of the dogmas of theology, &c., which have so disgraced the history of mankind for some centuries), they might yet live to compare most complacently the character of their female citizens with that of countries like Belgium, where unequal police laws surround women as with a net, into the toils of which the slightest indiscretion may plunge them.

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INDIAN MEDICAL NOTES.—No. IX.

(FROM OUR SPECIAL CORRESPONDENT.)

MEERUT, UPPER INDIA,
October, 1873.

If there be a regal solitude it is a sick bed. How the patient lords it there! What caprices he acts without control! How king-like he sways his pillow—tumbling and tossing and moulding it to the ever-varying requisitions of his throbbing temples! Thus wrote Charles Lamb, doubtless in a spirit of sad satire. In reality it is the time of all others when unpleasant thoughts previously excluded by occupation add cruel intensity to physical suffering, when the long days find no relief in the longer nights. However, when the temples cease to throb and literary pursuits can, in a feeble way, be attempted, the invalid forgets solitude, and although the grapes are sour he thanks the stars for being a bachelor. As the anxiety of professional work has conferred the monarchical prerogatives of sickness the kind indulgence of the reader is solicited if the fickle pen writes nothing original to-day. For the last few days the rain has been pouring down one continuous cascade; the country is flooded; the parade-ground a sheet of water; the native lines deluged; the stables all slush; the tanks and the drains having no fall are overflowing. No one can tell where the myriads of fish come from, excepting the clouds; everybody believing the story that on one occasion fish fell on the men's heads whilst out at drill, and were collected in buckets. When the rain stops, out comes the sun and into hospital go the men. The native servants strike work, pleading sickness, begging for quinine. In deference to caste all medicines must be given as powders, a convenient arrangement enabling the recipient to turn a penny by selling the quinine. The native, tenacious of the rights of caste, scarcely knows which he loves best—money, bargaining, or litigation. To do him justice, however, the annals of the Mutiny teem with pleasing incidents of native fidelity to Europeans, and in many temples prayers were secretly offered up for the success of our arms. Those who know India well never allow an unkind word to be said; on the contrary, will be loud in praise of the well-formed Sepoys six feet high with forty inches around the chest; and amongst many anecdotes allude to the brave Samaritan water-carrier to whom a certain regiment voted their Victoria Cross. Clive never learnt the language, the first essential for every medical officer, particularly if he hopes ever to get any appointment. On passing the lower standard a gratuity of £18 is allowed, which sum the tutor generally receives for his toil of months if the pupil be stupid, a few weeks if intelligent.

The great mistake (one at first unavoidable) is to employ servants who speak English—as a rule, great rogues, who very soon steal patent keys, when drawers have to be broken open, the Chubb's lock replaced by a worthless native production; so the plan is never to have money in the house. Bring no jewellery out here, and if a watch requires repair, farewell, a long farewell to the jewels and the good mainspring if taken away to be mended. Beyond good brains, a steady hand, and temperate habits I would advise medical officers simply to bring out their clothes and certain medical books, perhaps a few instruments, a pet catheter, one or two hypodermic syringes, above all things a pneumatic aspirator. Medical periodicals arriving by each weekly mail can be bound (each half-yearly volume for two shillings), forming libraries of reference; and from the opening advertisements down to the printer's name, some hungrily read every word to while away the long hours of heat. In England there are so many distractions no wonder the best men are those who spend all their time abroad, ever fighting desperate battles with formidable diseases, often under circumstances of complicated difficulties never met met with in temperate climates. In India, on a political crisis, all the presents of clocks, cutlery, tablecloths, maps, and unicorns' horns had no effect, until Surgeon Hamilton, who had cured the Great Mogul, asked and obtained the concession. Previously he received from his grateful patient £500, clothes, jewels, elephant, and horse, besides models in gold of his surgical instruments. Boughton, another surgeon, was equally fortunate with a great Princess whose clothes caught fire, yet would not call for assistance, afraid of men rushing into the harem, and was badly burnt. The great Aurungrebe, a most abstemious man with a bad heart and good digestion, owed his recovery from severe carbuncle to an English surgeon, and after reigning fifty years died at the age of 89. In this land of treachery and intrigue out of 65 rulers and monarchs from 1001 to 1760 only 27 died a natural death, 24 were murdered or poisoned, 11 expelled, 2 killed in battle, one accidentally. Whilst searching for medical episodes in various books one is reminded of the fact of Warren Hastings falling in love with a mother of a family, who quietly remained with her first husband until a divorce was arranged. It is melancholy to read of Clive at different periods of life bent on self-destruction, and of the insanity of monarchs. A certain emperor, æt. 46, then drank daily a quart of spirits, besides indulging in a drachm of opium. When once the reader turns to the ever-interesting narratives of the Mutiny the names of medical men who distinguished themselves crowd the pages, and alluding to one, now in medical charge at the Gold Coast, occurs the following passage in Martin's History now transcribed: "The unflinching courage with which Dr. Home stood by the wounded during the day and night of the 26th of September, 1857, at Lucknow forms one of the noblest records in the history of the Indian Mutiny." About fourteen miles distant is a house called Sirdhana, formerly the residence of the Begum Somroo, of Dyce Sombre notoriety, a wonderful woman whose wealth, jewels, and soldiers excited great interest, occasionally fear, her cruelty too well known. On one occasion she, in a fit of jealousy, ordered a pretty girl to be strangled, and to prevent any mistake the Begum had her bedstead for a night or two pitched over the grave. Now the house, although empty, is used occasionally as a kind of convalescent retreat. To-day a message comes in that a child has been injured, medical assistance required. The sun blazing hot, the country under water, the road will not permit driving, the darkness comes on suddenly. Men were sent on foot with a stretcher, my colleague rode the twenty-eight miles in the mid-day sun, once or twice all but bogged. Fortunately, the case was nothing serious, and my active friend performed the evening duties at the hospital, attending to our heavy sick list of hepatitis, diarrhœa, dysentery, enteric fever, ague, mania ophthalmia, also an accidental gun-shot wound of the ankle. Lately we have had one or two instances of the fatuity following enteric fever, but on this and other subjects more anon. Lately, the value of European life in India has been agitated by the insurance offices. Dr. Mowatt, who greatly relies on gaol statistics, is supported by Lord Sandhurst in the statement that sickness and mortality have greatly decreased since people have lived carefully. Dr. Ewart, in his elaborate reply, writes that the State has left no reasonably good device untried for the amelioration of the intellectual, moral, and physical welfare of the English soldiers residing in India. As regards the general population, the expenses of living, the unavoidably small houses, the poor quality of fish, flesh, and fowl, all influence health and longevity. In 1861 the difference between mortality in Bengal and England was 36 per 1,000, but in 1870 it fell to 12·42 amongst troops, the most cared-for, class. Dr. Ewart, therefore, is entirely opposed on general principles to the proposition of insuring Indian lives at English rates. Some time ago in the *Medical Times* Dr. Fayrer proved beyond doubt that by careful management infantile mortality could greatly be decreased; out of 130 individuals ranging from one to eighteen years, during a period of eight years, but six deaths occurred in the European Orphan Asylum at Calcutta. Then there are schools at Hill stations, thanks to Sir Henry Lawrence, Bishop Cotton, and others, where children are well cared for. "Remember the asylum, do not let them forget the asylum," cried the dying Christian whose left thigh had been shattered by a shell, the pelvis fractured, the gluteal region terribly torn, the femoral artery, however, escaping. In the opinion of Dr. Fayrer and others amputation was out of the question, and chloroform during those three days of excruciating agony only obscured that great and brilliant intellect. At the very last these schools occupied the sufferer's mind. Eventually, he gave other directions in those memorable words, "Put on my tomb only this—Here lies Henry Lawrence, who tried to do his duty."

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Hospital Reports.

ROYAL OPHTHALMIC HOSPITAL, MOORFIELDS.

(Reported by A. Vickery.)

October 10th.—Mr. Critchett operated on both eyes of a little girl for strabismus, dividing the internal recti by the sub-conjunctival method. Methylene was administered.

The second patient was an elderly man who was operated on by Mr. Critchett for cataract of the left eye. The external canthus was first divided. A corneal incision was made by means of Graefe's needle knife. Iridectomy was not performed. The cataract passed out easily on the application of slight pressure. The patient bore it extremely well without any anæsthetic.

The third patient was a young girl of about 15 years, who had cataract of the right eye. Mr. Critchett performed Graefe's operation (the incision being in the junction of the cornea and sclerotic) with an iridectomy, The capsule (posterior and anterior) was excessively hard. the remainder being of the consistence of spermaceti. Mr. Critchett thought the cataract was very probably traumatic in character.

The fourth case was a man of about 31 years. Mr. Critchett operated on the right eye for cataract by means of Graefe's needle-knife, making the incision entirely corneal, with no iridectomy. The iris was exceedingly tremulous. Mr. Critchett, therefore, removed the cataract by the scoop, in case of loss of vitreous humour.

October 14th.—Mr. Critchett operated on an elderly man who had been previously operated on for cataract, with iridectomy, of the left eye. The right eye was now affected. Mr. Critchett performed Graefe's operation, making the incision in the junction of the cornea and sclerotic. Iridectomy was then performed, and the lens passed out readily on the application of pressure.

The second case was that of a young woman who had been previously tattooed in the right eye. Methylene was administered. Mr. Critchett repeated the operation, puncturing the cornea repeatedly with a grooved needle containing Indian ink.

The third case was a young girl with pannus. Both corneæ were completely opaque, and covered with blood-vessels. The patient had granular conjunctiva. Mr. Critchett performed peritomy, the object being to form a cicatrix, thus cutting off the supply of blood from the corneæ. The patient was under the influence of methylene. The strip of conjunctiva cut away was about an eighth of an inch wide.

The fourth case was a young man with double convergent strabismus. Mr. Critchett divided the internal recti muscles by the sub-conjunctival method without the aid of any anæsthetic.

The fifth case was that of a little boy who had suffered from staphyloma of the left eye, for which Mr. Critchett had excised the cornea, and had placed sutures to bring the opposite sides of the sclerotic together.

Mr. Critchett removed the sutures, and remarked that union was taking place satisfactorily.

Mr. Couper operated on a baby, æt. 7 months, for total excision of the right eye. Ether was administered. On this point it may be remarked that Mr. Couper is now administering ether as an anæsthetic in all cases of operation at the London Hospital. Mr. Critchett also uses ether, and is partial to the administration of a little chloroform before putting the patient fairly off by means of ether. Mr. Critchett is of opinion that ether is by far the safest of all anæsthetics. Mr. Couper uses the ether as pure as possible, and does not, like Dr. Morgan, of Dublin, recommend the re-inhalation of the same ether, which must be mingled with a slight quantity of carbonic acid.

October 17th.—Mr. Critchett operated on a man, æt. 60 years, for cataract of the right eye. The incision was made by means of Graefe's needle-knife entirely within the cornea, and without an iridectomy. No anæsthetic was used.

2nd.—Mr. Critchett operated on a woman who had ectropion of the right, and entropion of the left upper palpebræ. Mr. Critchett removed a strip of skin from the left eyelid, and closed the wound with three sutures. No anæsthetic was given.

3rd.—Mr. Critchett operated on a young man for double convergent strabismus. After ether had been inhaled, the internal recti were divided by the sub-conjunctival method.

4th.—The next case was that of a young man whose right eye had been injured by the use of lead lotion, opacity of the cornea having arisen, in consequence of its infiltration between the layers. Ether was given, and Mr. Critchett removed small portions of the cornea by cutting through its upper layers, its toughness being so great that scraping had no effect.

Mr. Critchett thinks that irritating lotions, alum or sulphate of zinc, are all that is required in cases of mucous discharges. Opium and atropine are sometimes too irritating. For simple lotions the best are rose-water, or water with a very few drops of hydrocyanic acid.

5th.—Mr. Critchett operated upon a man, æt. about 60 years, who had chronic glaucoma of the left eye. The fundus of the eye presented the appearance of cupping of the disc. Mr. Critchett passed a lancet-shaped knife in the junction of the cornea and sclerotic, and performed iridectomy. The great point in this operation, he observed, is to take care that the lancet knife does not touch the lens; so it must be kept as near the cornea as possible after being entered.

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INTRODUCTORY ADDRESS

DELIVERED AT THE

CATHOLIC UNIVERSITY OF IRELAND.

By Robert D. Lyons, F.K.Q.C.P.,
Professor of Medicine in the University.

[Abstract.]

After some general observations on the present position of the Irish University question, Dr. Lyons drew the attention of his hearers to the special circumstances of the profession in Ireland, more particularly in connexion with the Local Government, late Poor-law Medical Department. It was undoubtedly, he said, matter of congratulation that the status of the professional man throughout the country was being slowly but steadily advanced. Not alone was there being gradually developed in the community a higher sense of the public value of medicine as a healing art, but in the various local bodies, corporate and others, the importance of sanitary science, and of measures for the prevention of disease, was becoming practically recognised, while all admitted that to the well-educated physician were they chiefly to look for the efficient guardianship of the health of the population.

In the more complete education of the physician was to be sought the best guarantee of his own future social status, and general recognition as an honoured and valued public servant. The man who, from inferiority of general and professional education, discharged his duties in doubt and uncertainty to himself, not alone failed to win public esteem and confidence, but often took a low, and sometimes a degrading, view of his own services and occupation, and dragged down himself and his profession to the level of the meanest of trades. On the other hand, the physician or surgeon whose professional acquirements were based upon, and fortified by a liberal preliminary education, felt, in the conscientious discharge, towards the humblest of his kind, of even those duties most repugnant to ordinary senses, that by the light of scientific knowledge he was fulfilling a trust from on high in the relief of human suffering, second to none but that of the minister of God. For true it is that the spirit in which it is accomplished alone ennobles the work. The physician in daily charge of the wards of a fever hospital in times of epidemic visitation, is entitled, so far as such human feelings are at all justifiable, to as high a sense of his purpose, his courage, and his acts as the naval commander who paces the quarter-deck of a line-of-battle ship in action. The surgeon who grasps in his forceps the stone extracted from the bladder of him whom the law designates a pauper, is as much a hero as the general who waves his sword in pursuit of a routed foe. The practitioner in midwifery who, after hours of attendance, perhaps from midnight to long after sunrise, saves mother and child after protracted parturition, is fully the equal, if not the superior, of him who has sat down before the beleagured city and compelled a surrender of the fortress. The physician also frames sanitary measures, fulfils the functions of a statesman.

The lecturer said he was ever anxious to impress on students from their earliest days the dignity and importance of their labours and pursuits. Many accidents in life had made him well familiar both at home and abroad with the avocations, the labours, and the thoughts he might even say, of persons in all grades of society, and he could assure them that in no station in life were the daily avocations and thoughts of even the most active members of the community conversant with more important, more high, or more interesting duties than those which fall to the lot of the physician. But while he ranked thus high the duties they would be called on to fulfil in after life, and while he placed their labours above and beyond, in dignity and importance, those of many a "Justice Shallow" or "bucolic lord of ancestral acres," he must warn them against any idle assumption that dignity implied a supercilious disregard for the details of duty, or a hasty despatch of the business of the moment, on the ground of its triviality. No greater pitfall lay in the road of the medical officer in the public service. That which seemed trivial or beneath close inquiry or attention, when hastily dismissed often assumed dimensions of the greatest moment, when it was too late to remedy the effects of an ill-considered judgment or an unguarded action. In his experience, Dr. Lyons stated that he had known more men wrecked in public life by neglecting to recognise serious duty presented under a trivial aspect at first, than by any amount of directly culpable acts. These views, based on a now very considerable experience, he trusted would be taken in good part by those who read as well as those who heard them.

To his young friends about to cast in their lot with the dispensary medical service of this country, as well as to the present holders of those important trusts, he would offer a few additional remarks before concluding. He had at all times sympathised with them, and had more than once raised his humble voice in that theatre and elsewhere in their behalf. Their position was evidently an advancing one, but yet much remained to be done. The red-ticket system required reform, if not abolition, while the enforcement of gratuitous attendance on persons often, for their class in life, fully as independent, all things considered, as the medical officer himself, was a grievance now more than ever likely to be attended to, when in the great metropolis of London attention was so loudly called to the abuse of medical charities.

There was another matter in which he thought the dispensary physicians might materially aid in advancing a much-needed public work, and in improving their own position. He referred to the movement now so general in England, but which had hardly been begun in this country, for the establishment of village or cottage hospitals. Dr. Lyons said that he for one trusted this movement would be earnestly taken up by the local physicians in Ireland. To each of them would be thus furnished a small but valuable centre for clinical study, while the opportunity which such hospitals afforded for the isolation of contagious diseases like small-pox or fever, conferred a boon on the whole community. In the treatment of surgical cases, likewise, the poor would find the cottage hospital, which was near at hand, infinitely preferable to the long journey often now entailed in case of a fractured leg, before the patient could be placed in a suitable bed in the distant workhouse or infirmary. If such institutions were ultimately extended through the country, and partly made self-supporting, a valuable stimulus would be given to the spirit of independence amongst the local populations.

Dr. Lyons concluded his observations by expressing his regret at the great loss sustained by the Catholic University in the person of Dr. Wm. K. Sullivan, called to the Presidentship of the Cork College, but he was confident that in Dr. John Campbell, who now filled the chair of Chemistry, an able successor had been found, and one who would sustain the reputation of the Faculty by his character as a teacher.

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INTRODUCTORY ADDRESS
AT
ST. VINCENT'S HOSPITAL, STEPHEN'S GREEN.

By Professor Quinlan.

The medical session was opened by the inaugural address, which was delivered in the theatre of the hospital, by Professor Quinlan, M.D., physician to the hospital, in the presence of a large number of the friends and of the medical students of the hospital. Among those present were :—

The Right Hon. Lord O'Hagan, Lord Chancellor of Ireland; the President of the Royal College of Surgeons (Dr. Denham), Dr. J. Stannus Hughes, Mr. Joliffe Tufnell, Sir Wm. Carroll, M.D., J.P.; Dr. Moore, Professor Emerson Reynolds, Royal College of Surgeons; Professor Kavanagh, Catholic University, John Quinlan, Esq., Professor Robertson, Ph.D. Catholic University; J. W. Fitzpatrick, Esq., J.P.; Very Rev. the Rector of the Catholic University; Very Rev. Dean O'Loughlin, Catholic University; J. B. Killen, B.A., Barrister; Rev. John O'Malley, St. Andrew's, Westland Row; Dr. J. J. Graham, Rev. J. Doyle, Whitefriar Street; Professor Mapother, Royal College of Surgeons; Dr. M'Dowell, Major Poett, Henry J. Dolan, Esq., J.P.; Dr. Long, T.C.; Dr. Wyse, Dr. Shaw, Dr. O'Leary, Professor Campbell, Catholic University; Dr. A. H. Ringland, Dr. Roe, Rev. Father Brennan, Chaplain of the Hospital; C. T. Boland, Rev. Father Leonard, Rev. L. M. Ginety; Very Rev. J. C. Reffe, Mr. Roche, Dr. Monks, J. H. Parker, Esq.; Dr. Darby, J. S. Carroll, Esq., City Marshal; Surgeon F. Porter, Professor Cryan, Catholic University; Dr. Raverty, Bray; Mr. Keegan, Surgeon Redmond, Waterford Militia; Dr. Armstrong, &c.

After some preliminary observations, Dr. Quinlan said, "In his immortal treatise on 'The Orator,' Cicero proved that perfect oratory is shown in the application to the purposes of eloquence of every branch of classical learning. So, in like manner, we may affirm that scientific medicine consists in the application to the investigation or relief of human suffering and disease, of almost every branch of natural and experimental science. Chemistry and botany are the ancient handmaids of medicine; but in latter days the sciences of electricity, of optics, of heat, of sound, of fluids, and of practical mechanics, have taken their share either in physiological investigations, or else in the examination or treatment of diseased conditions. All these departments of science have, within the lifetime of the present generation, made immense strides; and have, in fact, like astronomy, become departments of applied mathematics. Foremost among them is electricity, which is now so exact a science that the electrician is able to point out, in an Atlantic cable, the exact position of a flaw which is situated hundreds of miles from the shore and hundreds of fathoms beneath the sea. The other sciences are worthily keeping pace; but, when we come to Medicine, we find that her scientific progress is not equal, and that, although a splendid and carefully cultivated art, she has not yet attained the degree of an exact science. And yet medicine has, within the last quarter of a century, accomplished some great discoveries which will stand the test of time and experience, and which are worthy of being placed upon the same pedestal as those of the circulation of the blood or of vaccination. Foremost among those I would place the introduction of the method of producing insensibility to pain in surgical operations, which it would not be too much to say has completely revolutionised operative practice. Formerly the great aim of the surgeon was to accomplish his awful but necessary duty to his agonised patient as rapidly as possible, and a clinical clerk, with a watch, always stood by to note the time so occupied. Mr. Herbert Mayo performed amputation at the hip joint in ninety seconds. Mr. Edward Hutton, whose resident pupil I had the honour of being, amputated at the middle of the thigh in seventy-eight seconds; and I have heard M. Jobert de Lamballe pronounce not very slowly the words *un, deux, trois* while he with lightning speed removed an arm at the shoulder. We have changed all this; we operate, like the sculptor, upon an insensible mass; we go carefully through our work; and, although accomplishing it as quickly as we can, we do not count the seconds. A new class of operations, under the title of conservative surgery, has, to the great benefit of humanity, sprung up, in which we endeavour to carefully remove the precise site of disease or injury, and to leave for future use the surrounding structures. For instance, in incurable disease of the knee, instead of amputating the thigh, the surgeon now removes the actual diseased joint and leaves the sufferer with a whole limb, stiff at the knee, but as good for walking as ever. This operation, like the old revolving pistol of the time of Henry VIII. contained in the Tower Museum, is an example of a discovery made long since, but abandoned because it could not be put into practice. It was first performed in Liverpool towards the end of the last century by Mr. Parkes under the following circumstances:—A sailor presented himself with an incurable knee, and Mr. Parkes proposed, according to the practice of the time, to amputate the thigh. This the sailor refused, saying that the loss of his limb would consign him to pauperism, and that he would sooner die, adding, however, that he would submit to any operation, however painful, which would leave him the limb. Mr. Parkes conceived the great idea, and successfully carried it out. The man recovered; and afterwards went many voyages to the West Indies, mounting the rigging, and doing with facility all the duties of his craft. Although well known and imitated successfully in Paris the following year, this operation fell into disuse for nearly half a century, for the simple reason that it was too slow and painful, and that ordinary human endurance could not bear it. Its successful performance is now a matter of the most ordinary routine practice; and no surgeon thinks of amputation in such a case unless in military practice, where the necessary after-treatment cannot be accomplished. In the late Franco-Prussian War, however, even this difficulty was overcome. This resection of the knee, as it is called, is but the type of a host of operations which anæsthetic practice has introduced, in which the element of pain being eliminated, and that of shock to the system much diminished, we proceed to our work with the calmness and accuracy of an anatomical dissection. I speak of this subject with peculiar pleasure, for in it the Dublin School of Medicine has worthily held its own. Both in chloroform and ether Dublin practice has been distinguished for efficacy, and, above all, for safety beyond many neighbouring capitals; and our ratio of fatal cases has been amazingly low. This has been solely attributed to the complete knowledge on the part of the Dublin faculty of the conditions of safety in anæsthetics, and to their care and caution in using them. Notwithstanding our favourable experience of chloroform, it has occurred to Dublin surgeons that perhaps the original, though disused, agent—ether—might prove the safer of the two. On this question being ventilated, a committee was appointed in our College of Surgeons to consider it; and I refer to that committee with pride, because in this matter medicine will assume the attitude of an exact science. All the hospitals of Dublin are associated together in the great work. Every case of ether or of chloroform occurring in them is carefully tabulated on a fixed uniform schedule. All the facts will thus be ranged into a focus, and by a process of scientific induction a really correct result will be obtained. The application of spectrum analysis to medicine is still in its infancy, but has accomplished already some great things. By it we are able to detect with extraordinary accuracy and delicacy changes in the oxidisation and carbonisation of the blood, the presence of minute quantities of bile in the blood, and secretions and many other important pathological phenomena. The ophthalmoscope, the instrument by which we behold the interior of the living eye, is daily becoming more and more important, not only to the oculist, but to the general physician, for the diagnosis of diseased states of the brain. The tympanic auriscope begins at last to give us some real information as to the amount of action of an affected ear. The living acting larynx—the wonderful organ of the voice—is no longer a sealed book to be guessed at by the comparison of symptoms. The laryngoscope enables the physiologist to watch its action and the surgeon to examine and treat its diseases, even to the removal of polypi or the medication of ulcers. Up to a recent period, we used to grope in the dark for polypi in the back of the nostrils. We now turn the laryngoscope upwards, and, holding aside the soft palate, see the polypi actually in position. It would be a thrice-told tale to show how the wonderful stethoscope enables us in effect to see through the walls of the chest, and to tell the state of the lungs during life with an accuracy which was formerly attainable only after death. For some years past a very ingenious instrument, called the sphygmograph, has been used for the measurement and tabulation of the beatings of the pulse. It first attained notice when its distinguished inventor foretold by its means, long before it was otherwise suspected, the fatal degeneration of the heart which was going to lay low Napoleon's greatest minister. This instrument has been much improved. The actual arterial tension can now be estimated and registered; photography gives its aid to preserve the tracings. Upon the triumphs of the microscope it would be superfluous to speak. It would not be too much to say that it has built up the modern edifice of physiology and pathology. I would merely impress upon you the necessity of making yourselves practically familiar with the appearances under the microscope of every variety of natural tissue, both in its healthy and its diseased states; also with as many abnormal ones as possible. It is not sufficient merely to examine, you must also learn with your own hands to measure; and, with either the camera-lucida or the reflector, to draw microscopic objects. You must, also, practice yourself with the polariscope, and all the other apparatus used in connection with microscopic research. Last, though not least, I would allude to the ingenious endoscope for viewing some of the interior cavities of the body. This, as well as all the other appliances which I have mentioned, you have had and will have abundant opportunities of viewing in the course of the session, both in the laboratory and in the wards. Up to a recent period nearly all therapeutical agents were made to act—firstly, upon the general system—usually through the stomach—and then upon the local part affected. These last few years a great improvement has been accomplished by injecting under the skin of the part affected small quantities of the active principle of different powerful remedies, so as to at once affect the part, but not the system. You have all seen, and the seniors among you have practised under our direction, the subcutaneous injection of the active principle of opium, by means of which the acute local pain is relieved without stupefying the patient. You have all seen dangerous bleeding of the lungs or of the nose checked by the similiar use of ergotin. The lowered pulse showed the active effect of the drug, but there was no dangerous symptom produced by this active poison. Similarly you have seen strychnine employed in cases of local paralysis, stimulating the affected part without distressing the system. I need not impress upon any of you the necessity of general chemistry, and of chemistry applied to medicine. On the portals of both physiology and of medicine are inscribed, "Let no one ignorant of chemistry enter here." In fact, to study either one or the other without an efficient knowledge of organic chemistry is now impossible. I would merely direct your attention to the extreme elegance and facility of volumetric analysis for the quantitative determination of sugar and of albumen in the secretions. Another quick and admirable method of accomplishing this depends upon their influence upon the polarised ray of light. Diabetic sugar can be rapidly and accurately read off by the very ingenious saccharometer invented by Mr. Jellett, or by that of M. Soleil. I wish I could say the same for albumen. Its indefinite and changing character renders it more difficult to deal with in this manner. I am, however, engaged in the problem, and do not despair of success. For the purpose of following effectually up the study and teaching of the application of chemistry and the physical sciences to medicine, it became evident that a special laboratory was required; and I am happy to say that last session we succeeded in carrying out this most useful improvement, by means of which we were enabled to give complete practical courses upon all the instruments and appliances to which I have alluded."

After some further remarks, Dr. Quinlan thus concluded:—

"The more that you devote yourselves to these practical studies the better. All the examinations—both those necessary for obtaining your diplomas, as well as the higher and more important competitive trials for entrance into the public services—have this turn. In fact, the former are now the reflection of the latter. When I passed my professional examination the business consisted simply of verbal questions and answers in neatly-furnished halls; but any candidate could have been prepared for such examinations without even entering hospital, laboratory, or dissecting-room. It was simply a matter of memory; and, in fact, the merely crammed candidate could probably have made a better figure than the practical man. All is changed now. At the great competitive examinations, and even at the diploma examinations, you will be required to make dissections and perform operations upon the subject, to diagnose and treat cases in hospital, to identify and use every kind of medical and surgical apparatus, to identify and describe specimens of the materia medica, to perform chemical operations and analyses, and to examine and identify a variety of physiological and pathological specimens microscopically or otherwise; to use medico-scientific apparatus, and to write medical reports. If you can practically and thoroughly do all this, you are really fit to be entrusted with the lives of your fellow creatures; but let me tell you that to learn to do all this in four years, you must commence from the first day and think of nothing but the great field of duty and responsibility which lies before you. I would here briefly allude to a subject upon which, as far as good intention upon your part is concerned, I feel I need say little—the necessity of great consideration and gentleness to the patients whom you will meet here. If they are sometimes peevish and unreasonable, we must remember that they have much to endure. The illustrious author of the "Analogy" has laboured to prove that pain is not an evil. Our own great dramatist, however, has said that a bad toothache will rout all the theories of philosophy. I agree with the dramatist. Besides, there is the greatest difference in the power of bearing pain by different individuals. Some persons bear it wonderfully, and others, even though possessed of great mental qualities, and entirely devoid of cowardice, are yet physically unable to endure pain. Besides this, the sufferer has come into hospital with something of the same feeling as a storm-tossed sailor who has struggled into harbour, and if he meet there with a quick, impatient, though not ill-intended word, the effect upon him is very bad. And yet you will have your difficulties to contend with. Some patients have a foolish, and to them injurious, habit of endeavouring to deceive their doctor. For instance, upon one of the first days of this session a patient came into our dispensary with impaired sight, and other symptoms, evidently from the excessive use of tobacco. On being questioned as to the smoking, he resolutely denied the impeachment—a denial which was certainly not corroborated by the end of a very dirty black pipe which protruded from his waistcoat-pocket. You will sometimes meet curious patients. Last session we had a Mahomedan Arab, who, on being admitted into the ward, managed to convey to those in charge of it that he would comply with any treatment ordered, save that he could not drink wine or eat pork; and at the same time we had an ex-Zouave suffering from the remote effects of an injury received from the bursting of a shell at Sedan. This present moment we have in the hospital an ex-United States soldier who, in a negro riot some years ago, received a depressed fracture of the skull from a blow of a brick. A fragment of the skull presses on the brain and causes severe epileptic fits at intervals of about a month. This distressing infirmity we trust to remove by trephining out the depressed portion of the skull which contains the seat of injury. With these remarks I declare the session open, with the fervent hope that it will be one of exertion and advancement both to instructors and instructed. For the last four years the new arrangements of this great institution have permitted the proper development of clinical teaching, and the yearly increasing medical classes have proved that the efforts of the medical staff are appreciated by those for whose improvement they labour. I can only say that we are all determined to afford to our class the maximum of exertion and efficiency in clinical teaching, of strict punctuality of attendance, and of *material* and appliances for illustration and instruction, both theoretical and practical, in this and all future sessions. Dr. Quinlan concluded, amid loud applause, by expressing his hope that four years hence he might be able to hold up the new students who were commencing to-day as an example of progress and industry to those who would then be beginning their profession."

Transactions of Societies.

MEDICAL SOCIETY OF LONDON.

OCTOBER 27, 1873.

DR. S. O. HABERSHON, President, in the Chair.

DR. JOSEPH ROGERS showed a patient who had lost the whole of his penis by sloughing; he micturated through a small hole in the centre of a large cicatrix which covered the pubes. The man was admitted into the Westminster Union in a nearly dying state. After promiscuous intercourse while in a state of intoxication, the member had become red and swollen, and when admitted two inches of it was gangrenous, the prepuce was divided, and the glans penis was of a dusky red colour; this deepened, and in forty-eight hours the whole was quite black. Stimulants were given with steel and narcotics, and a line of demarcation formed where the urine escaped; the gangrenous part was then removed with a knife and the surface touched with nitric acid: cicatrization then gradually took place.

Mr. **DENHAM** said that he regarded this as a case of syphilitic sloughing, and remarked that in most of these cases he had noticed, as in the present instance, that the patients had been very drunk at the time of connection. He gave particulars of a case in which, after similar sloughing had taken place, and in which the man suffered from incontinence of urine, from the large size of the ulcerated opening through which it passed, great good had been done by causing the edges to contract by the repeated application of the actual cautery.

Dr. **STOEKER** said that he had seen opium in large doses exert a most beneficial effect in arresting sloughing.

Dr. J. M. **FOTHERGILL** suggested that the cause of the sloughing was vaso-motor paralysis of the vessels of the penis.

Mr. **CHINTON** (of Erith) showed part of the diaphragmatic pleura of pericardium of a child, æt. one year and eleven months, who had died of suppurative pleuritis, accompanied with pericarditis. He stated that his experience was that in the low districts near the river the inflamed serous membranes of patients ran on to suppuration very rapidly.

Dr. FOTHERGILL supported this view, stating that along the shores of the Baltic a low form of pericarditis exists, accompanied by the rapid effusion of blood into the pericardial cavity.

Dr. THOROWGOOD considered cases of this kind very rare, vomiting being generally a symptom, whereas none took place here.

Dr. WILTSHIRE then read the heads of the paper read by Dr. Richardson on

ORGANIC STRICTURE OF THE ŒSOPHAGUS,

and the discussion was continued,

Mr. PETER MARSHALL remarking that he had experienced much difficulty in the differential diagnosis in cases of severe dyspepsia accompanied with vomiting.

Dr. EDWARD CRISP believed stricture of the œsophagus was more frequent in males than in females, and that it existed more generally in the upper and lower parts than in the middle, and it appeared to him to occur amongst patients of intemperate habits. He deprecated gastrotomy, or any other operation calculated to shorten life, though it might alleviate the patient's suffering.

Dr. HEYWOOD SMITH considered that this operation had fallen into disfavour from its having been resorted to at the latest period. He spoke of the advantage of colotomy in malignant disease of the rectum, and urged that gastrotomy, to be of use, should be performed much earlier.

Dr. E. SYMES THOMPSON related a case of this disease where ulceration had taken place into the bronchus.

In replying, Dr. RICHARDSON said that some of the speakers considered this disease as more particularly the province of the surgeon than the physician; he was of opinion that the distinction between physicians and surgeons should be done away with, and looked forward to the time when all alike would call themselves "practitioners." In each of the cases he had mentioned there existed a clear history of malignant disease, and all showed some symptom of nervous exhaustion. He thought that a dilator on Mr. Holt's principle might be serviceable, as it produced lateral pressure; with respect to gastrotomy, he could not recall a single instance where life had been prolonged by the operation. In his opinion, the chief points to be attended to were, the feeding of the patient more by the rectum than is usually done, the injection of food into the stomach through a small catheter, and, at the same time, the nervous system was to be kept quite quiet by means of the inhalation of the vapour of a mixture of bichloride of methylene and methylic alcohol.

STUDENTS' COLUMN.

LECTURES ON HUMAN ANATOMY.

By WALTER RIVINGTON, M.S. Lond., F.R.C.S. Eng.,
Surgeon to the London Hospital and Lecturer on Anatomy at the London Hospital Medical College.

LECTURE VIII.—(*continued.*)

YOU are probably aware that, as a general rule, the fœtus lies in the womb of the mother with the head downwards, and that the head, which is the largest part of its organism, passes first through the maternal passages, preparing an easy way for the rest of the body. It is therefore of the highest importance to study the relations of the Fœtal Head to the Pelvic Cavity.

And first of the Fœtal Head. If you will look at this head, the head of a full-grown fœtus, you will see that it is ovoidal in shape, with the long diameter from before backwards, the one end of the oval corresponding to the face, and the other end to the back of the head or occiput. The longest measurement which you can obtain is from the Occiput to the Chin, exceeding by about an inch the distance from the Occiput to the Forehead, the Occipito-mental diameter being about 5½ inches, and the Occipito-frontal about 4½. The shortest measurements are the transverse measurements, between the mastoid processes, the temples, the most prominent points of the Cheeks, and the eminences on the sides of the head; in other words, the bi-mastoid, bi-temporal, bi-malar, and bi-parietal diameters. The bi-mastoid diameter is rather more than inches; the bi-temporal about 2½ inches; the bi-malar about 3 inches; and the bi-parietal about 3½ inches. Thus the greatest transverse diameter is between the parietal eminences. But most of the measurements of the fœtal head are susceptible of considerable variation, for whilst the base of the skull and of the face is composed of bones, whose ossification is advanced, and which, therefore, yield but little to a compressing force, the upper part which encases the hemispheres of the brain, and is known as the Skull Cap, consists of soft bones but partially ossified, connected only by membranous structures, and capable of being made to overlap considerably under the influence of the pressure exercised on them as the head passes through the maternal passages. It can thus be made within certain limits to accommodate itself to the shape of the Pelvis. But it is enabled to do this more easily because it is capable of motion in three main directions:—1st. On a transverse axis drawn through the condyles of the occiput, by which the movements of Flexion and Extension are performed; 2nd. On a Vertical Axis, by which we obtain the Movements of Rotation; and 3rd. On an Antero-posterior Axis, by which the head may be inclined to one side or the other. To facilitate the passage of the head and the rest of the body of the Fœtus through the Pelvic Cavity, the interior of that Cavity presents a number of smooth inclined planes, arranged in such a manner that a gradual change is effected in the relative lengths of the pelvic diameters, in the planes of the brim, cavity, and outlet, as will be seen by a reference to the Table of Measurements. The inclined planes or surfaces of the walls of the Pelvis differ both in number and in direction at the inlet and outlet. At the inlet they are four in number, anterior, posterior, and two lateral. The anterior, formed of the posterior surface of the pubic bones and the symphysis, slopes downwards and backwards, and the posterior, formed of the upper half of the Sacrum, has a similar direction. The two lateral planes consisting of the Ilia and the Ischia incline not only downwards and backwards, but slightly inwards towards the spines of the Ischia, at which they may be said to terminate. At the outlet five planes are enumerated, a posterior and four lateral. The posterior consists of the lower half of the Sacrum and the Sacro-Sciatic ligaments, the lateral converge on each side to the tuberosity of the Ischium, and consist of the rami of the Pubes and Ischium in front and behind of the internal surface of the Ischium below the spines. Hence it will be seen that the spines of the Ischia, between which lies the shortest diameter of the Pelvis, are the points of junction of the lateral planes of the inlet and outlet, and must exercise great influence on the fœtal head, as it is pressed downwards by the contraction of the womb and the abdominal muscles.

In the most favourable, which is also the most common, position of all, the longest diameter of the Head lies, in each stage, in the longest diameter of the Pelvic Cavity, and the shortest diameters of the head in the shortest pelvic diameters. Thus, at the outset of labour, the Head lies either transversely, with the face to the right side of the Pelvis and the occiput to the left, or obliquely, with the face to the right sacro-iliac symphysis, and the occiput to the left ilio-pectineal eminence. If it lies transversely at first, it soon makes a turn of one-eighth of a circle into the oblique diameter, so that it would not be erroneous to consider the right oblique diameter as that which the head occupies at starting for its journey through the pelvis. In this position, the long occipito-frontal diameter of the head is on the same level as the oblique diameter of the inlet of the Pelvis. Since the publication of Naegelé's views, it has been generally considered that the Head at this stage so turns on its antero-posterior axis, that its right parietal eminence is lower than the left, and becoming the most depending part of the Cranium, is felt by the finger of the accoucheur when introduced into the Vagina. Of late years, however, a new school, led by Dr. Matthews Duncan has arisen, which denies the existence of any lateral obliquity of the fœtal head. It already numbers in its ranks Velpeau, Cazeaux, Leishman, West, Paterson, and many others, and the opinion is spreading among the younger generation of obstetricians (*a*).

In descending through the Pelvis, the head continues to occupy the right oblique diameter, until it attains the mid plane, and lies with the face towards the right sciatic foramen and the occiput to the left obturator

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(*a*) Those interested in the subject will find it discussed at length in the appendix to Dr. Leishman's recent "System of Midwifery."

foramen, but in executing this movement the occiput takes the lead and reaches a lower level than the face. When the head is fairly lodged in the pelvis the longest diameter of the fœtal head nearly corresponds with the longest diameter of the Pelvic Cavity, namely, the space between the sacro-iliac synchondrosis on one side, and the tuberosity of the Ischium on the other.

As the head continues its descent it makes a further turn of about an eighth of a circle, the face moving towards, if not entirely into the hollow of the Sacrum, and the occiput gliding downwards to become more or less engaged under the pubic arch. Here the occiput remains comparatively fixed, whilst the Head, which had been previously flexed, owing to the more rapid descent of the occiput, undergoes extension, the face sweeping along the concavity of the Sacrum and pressing back the Coccyx, until the soft parts being sufficiently dilated to slide over it, the head is gradually expelled and makes a turn which causes the face to be directed to the right thigh of the mother. The successive positions thus assumed by the head have received the names of Obliquity, Flexion, Rotation, Extension, and Restitution, and each has a purpose of its own. The Obliquity of the Head, or its inclination to one side, was described by the followers of Naegelé, as continuing till the Head had passed the outlet, and as ensuring the constant correspondence of its smallest diameters with the smallest diameters of the Pelvis, or in other words, preventing the longest transverse or bi-parietal diameter from lying in the shortest or interspinous diameter of the Pelvis. Flexion causes the Head to enter the Pelvic Cavity with the Occipital pole downwards, and secures that correspondence between the long diameters of the Head and the longest diameters of the Pelvis, which has already been mentioned. Rotation moves the head and shoulders of the child successively into the longest diameter of each succeeding plane. By Extension, the face is swept along the hollow of the Sacrum, the Coccyx is pushed backwards, and the exit of the head from the maternal passages is secured. Restitution, or the re-rotation of the head into a position corresponding with that which it occupied at starting, signifies that the shoulders of the child being engaged in the pelvic cavity are so turning, that their long diameter shall lie in the long diameters of the planes, according to the fashion already set by the head itself.

In reference to the Mechanism of Parturition, the Pelvis has been not inaptly compared to a Female Screw, and the Fœtal Head to a Male Screw, as it is by a kind of spiral or rotatory movement that the Head glides down the inclined planes of the Pelvic Cavity and passes through it. Now the Cavity of the Pelvis being contracted between the Spines of the Ischia, those projections must exercise a marked influence on the position of the fœtal head. In point of fact, they are the only points where the Male Screw "bites the thread of the female," and it is that, by them in the ordinary position, the chief changes are impressed on the fœtal head, and that in other and less common positions, the direction to which the head shall ultimately pass is determined.

From what has been now said, I think you will see that the Mechanism of Labour deserves an attentive study at your hands. Our knowledge of it is chiefly derived from the persevering study of the eminent obstetrician, Naegelé. "Discarding all theory, and looking closely to the operations of Nature, he obtained an amount of knowledge which enabled him to systematize the facts of previous authors, and to give us that account of the mechanism of labour which all subsequent observations have tended to confirm. No other work of equally small size ever exercised greater influence upon any branch of Medicine than that of Naegelé upon Midwifery." It may be termed, indeed, the Euclid of Obstetrics, but it will not have executed its mission until every accoucheur, in each individual case, coming before him entirely masters the position of the fœtal head. Nothing less than this should be aimed at by every obstetric practitioner. We must not be content with knowing that the head presents, but we must know the exact mode and direction in which the head passes through the Pelvis in every labour; otherwise we scarcely attain beyond the knowledge of the midwife. "Judgment" can never be otherwise than "difficult in such a subject. In estimating relations of position, we always naturally refer to the position of our own body as the standard of comparison. But in a case of labour the accoucheur stands in the upright position, and has to deal with the mother and child in the horizontal position; the fœtus and the mother being themselves reversed, the child standing as it were on its head within the system of the mother. These complicated positions are so difficult to master, that I have heard men, who have attended hundreds of cases, confess themselves as just beginning to be certain of the presentations in particular instances. It is only a careful study of the Pelvis and the fœtal head in a dried state, and a painstaking observation of the relations of the head and the pelvis in every case of labour, that will enable the student to master this difficult problem. Naegelé tells us that he kept his finger on the head during the whole course of a labour when he wished to ascertain any particular point. There is still enough to be made out respecting the function of parturition to reward every diligent practitioner who may devote his energies to the prosecution of this subject" (*a*).

The following extract from Dr. Rigby's "System of Midwifery" explains very clearly the views of Naegelé and his disciples, as to the position of the head in an ordinary labour, and more especially as to the much disputed lateral obliquity:—"From these facts we may deduce the following simple law respecting the mechanism of parturition where the head presents, viz., that the head enters, passes through, and emerges from the pelvis obliquely, and this is the case not only as to the transverse diameter, but also as to the axis of its brim; the side of the head being always the lowest or deepest in the pelvis. This shows the beautiful mechanism of the process, for, on account of its oblique position, there is no moment during the whole labour at which the greater breadth (still less length) of the head is occupying any of the pelvic diameters. Even at the last, when the head is passing under the pubic arch, the complete obliquity of its position, in order that it should take up the least possible room, is very remarkable, for the ring of soft parts, by which the head is now encircled, passes obliquely across it, running close behind the left and before the right parietal protuberance." Dr. Rigby further states that the head never advances with the occiput forward under the pubic arch, as is stated in works on midwifery, still less with the sagittal suture parallel to the antero-posterior diameter of the Pelvis. Nor will he allow that the head turns from the oblique into the antero-posterior diameter, so as to bring the face into the hollow of the sacrum. Whichever account be the more correct, it is generally agreed that the posterior superior quarter of the right parietal bone is the first part to emerge from the passages. It is not denied by the opposers of Naegelé, that a certain amount of lateral obliquity of the head exists at the outlet, although even this is considered a secondary and unessential condition.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 5, 1873.

THE BATTLE OF THE CHARITIES.

A SOMEWHAT remarkable meeting assembled in the Egyptian Hall on Friday last, by the invitation of the

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(*a*) The foregoing account is in substance taken from Dr. Tyler Smith's very interesting work, "Manual of Obstetrics." (p. 266).

Lord Mayor, to consider the present indefensible system of Charity Electioneering. The friends of the numerous public charities were requested to confer with the chief magistrate of the City on this important question, and see if it were not possible to devise some means of lessening the growing evils of a vicious mode of election, and whereby the most deserving candidates too frequently go to the wall. As it turned out, however, managers, secretaries, and the rest of the wire-pullers of the London charities took fright, and at once made up their minds to nip a movement likely to diminish their importance, in the bud. The consequence was, as might have been expected, that a formidable and noisy organised opposition appeared, and refusing all discussion on the question, brought the meeting to a close in a way quite unexpected to the Lord Mayor and his friends.

It is said that our charities do well under the voting system, and therefore why seek to disturb it? A single member of the Profession has spoken out in the columns of a morning contemporary, and urges very excellent reasons, which we need not repeat, for abolishing the system so far as the Medical Benevolent College is concerned. We believe that not a single subscriber to this institution pays his guinea for the purchase of any patronage and influence he may be permitted to exercise on the day of election. All subscribe for other and far nobler objects—to assist the widow and the orphan in their distress. If this be so, why an assenting party to all the fussy worry, waste of time, and expense consequent upon the system of canvassing? There can be no pretence that all the particulars and hardships of every case placed on the list of applicants for a pension or a scholarship are known to us, or that our vote is given on all occasions from a personal knowledge of the candidate. The mode of election at present in vogue certainly entails a large amount of anxiety, as well as pecuniary loss, upon those who are ill able to afford it, and if so, why object to an inquiry? Do the managers of charitable institutions believe the present mode of election as efficient and perfect as it might be? Take the Incurables: to our knowledge the greater part of the candidates, after endless trouble and cost of postages, find relief in the kindlier hand of death rather than the funds of the subscribers. Are managers of charities ignorant of facts patent to the rest of the world? Have they never heard of persons in the guise of "Scripture-readers," and would-be friends of some candidate, making it their special business to hunt up subscribers, and having obtained their proxies, traffic in them at the last moment to anxious friends of some poor candidate low down in the list? Such instances have come within our own cognisance, and we think there would be no difficulty in proving that a large amount of buying and selling yearly goes on among men who trade in the misfortunes of their fellow-creatures. There are some ladies who make it their pleasure and business to be canvassing the subscribers of every charity. A friend took up the case of an orphan. After spending a considerable sum in printing and postages, he found he had made little progress towards securing the child's election. The following year he was introduced to a professional lady canvasser, who, for the sum of thirty pounds, undertook the task, and her efforts were speedily crowned with success. But this apparently gives managers little concern; and they are content to allow such a state of things to continue so long as the "noble institution" flourishes. We were not a little surprised to find the late Chairman of the Middlesex Magistrates ranging himself on the side of a cabal, and because the institution in which he takes an interest has by such a system increased its funds from eight or nine to twenty or thirty thousand pounds a year. He did not venture a more important piece of information as to whether a proportionably larger number of deserving applicants were annually relieved in consequence. A question so important as that of the greater efficiency and due administration of the large public charities of this vast metropolis cannot be consigned to the place of good intentions, simply because of the cry of vested interests in danger.

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HEALTH AND MORTALITY LAST QUARTER.

Another quarterly return of the Registrar-General was issued on Saturday, and gives an account of the births, deaths, and marriages of the kingdom during the time to which it relates. The births and deaths were those registered in July, August, and September, while, as usual, the marriages are a quarter behind. Our chief concern is, however, with the mortality, and the three months specified are most interesting. We proceed to give some of the details. The births were 266,246, and the deaths 150,736 during the quarter. We have therefore an increase in the population of more than 100,000. The resident population of the kingdom is reckoned as 32,131,488. The death-rate, therefore, of the quarter was 19·5 per 1,000.

The quarter in England has been healthy; the mortality low in town and country; small-pox fatal to very few children; measles, scarlet fever, diphtheria, and whooping-cough quiescent; fever less prevalent than in previous years. Diarrhœa, while cholera was looming round our shores, wherever there was dirt, asserted its destructive prerogative, but less than in previous hot seasons of the year. The birth-rate was above the average; the natural increase of population rapid.

Confining our attention for the present to the mortality returns of England and Wales, we find that during the quarter under consideration—viz., the three months ending on the 30th of September, there were 114,343 deaths. This is equal to the low annual death-rate of 19·4 per 1,000, and 2 per 1,000 lower than the average rate in the corresponding quarter of the ten years 1863—72. The death-rate last quarter was lower than in the corresponding period of any year since the remarkably cold and wet summer of 1862. Had the death-rate last quarter been equal to the average rate in the last ten summers, nearly 12,000 more persons would have died than those whose deaths were actually recorded. A very large proportion of this decrease in the number of deaths was due to the continuance of a marked decline in the fatality of the principal zymotic diseases.

Turning now to the mortality of large towns, we find that compared with the average rate in recent corresponding quarters, the urban mortality again showed a larger actual decline than did the rural death-rate. In eighteen of the largest English towns, including London, containing an estimated population of about six millions and a half, the annual mortality last quarter averaged 23·9 per 1,000, exceeding by nearly 2 per 1,000 the general urban rate. The lowest rates among these eighteen towns were 17·5 in Portsmouth, and 20·3 in Norwich; the highest rate was 29·9 both in Manchester and Newcastle-upon-Tyne. Diarrhœa caused a considerable mortality in most of the large towns, and scarlet fever was somewhat fatally prevalent in Wolverhampton, Birmingham, Manchester, Leeds, and Newcastle-upon-Tyne. The 114,343 deaths registered in the whole of England and Wales included 32,252, or 30·8 per cent. of infants under one year of age, and 24,524, or

21·4 per cent., of persons aged sixty years and upwards. It may fairly be assumed that the mean age at death in England and Wales last quarter was higher than it has been in recent corresponding periods.

Naturally much attention is given at the period to which these returns relate to the figures respecting zymotic disease, and diarrhœa is a very important item. We find that among the deaths during this period 277 were reported from small-pox, 1,180 from measles, 2,593 from scarlet fever, 502 from diphtheria, 1,666 from whooping-cough, 3,053 from different forms of fever, and 13,925 from diarrhœa ; in all, 23,196 deaths resulted from these seven principal zymotic diseases, against 33,963, 31,388, and 27,428 in the corresponding quarters of the three years 1870-1-2. As fully 80 per cent. of the deaths from diarrhœa are of infants under two years of age, the fatality of this disease has an important influence upon infant mortality, and may be in some degree dependent upon the low constitutional stamina of the infants, but must be mainly due to the bad water supply, the defective sanitary condition of the houses, the improper food of the children, or the neglect of the mothers. Why diarrhœa is so fatal among infants at Leicester and Wigan, and why the infants at Merthyr Tydfil escape this fatality, would be a subject for inquiry at once interesting and useful. The returns bear evidence of an increasing fatality of scarlet fever. The death-rate from this disease, which in the third quarters of 1870-1-2 had been 7,498, 3,488, and 2,423 respectively, rose last quarter to 2,593, and exceeded the number in the preceding three months by 505. Of these deaths from scarlet fever 828 occurred in the eighteen large English towns, including 158 in London, 161 in Birmingham, 133 in Leeds, 114 in Manchester, 69 in Newcastle, and 48 in Wolverhampton. Whooping-cough, which caused 1,666 deaths last quarter, was less fatal than in any quarter since the beginning of 1870. Small-pox as an epidemic, which was so fatal during the whole of 1871 and the greater part of 1872, has generally disappeared. An examination in detail of the present return, as usual, discloses many instances of excessive death-rates and fatality from zymotic diseases, in small villages and rural sub-districts; but the numbers being small, and the localities not widely known, the cases are apt to escape general attention. The registration sub-district of Combmartin in North Devon is a case in point ; it has an almost stationary population of about 3,600 persons, among whom 33 deaths were registered last quarter, whereas the average number in the corresponding quarter of the three previous years is but 13. These 33 deaths included 10 fatal cases of scarlet fever and 8 of measles, all of which occurred within the parish of Combmartin, which has a population of only 1,400 persons ; this would be equal to an annual death-rate of more than 50 per 1,000 from these two diseases alone, whereas the annual rate from these diseases in the whole of England and Wales last quarter did not average 1 per 1,000. It would be well for the inhabitants of the place to take the figures to heart.

London itself is such an enormous place, and its population so vast, that we may well be expected to give some details respecting it as distinct from the rest of the kingdom. While, therefore, we pass over a number of points of interest in this important return, we give the following figures respecting the capital :—

The health of the population residing within the metropolitan registration area, estimated at rather more than three and a quarter millions of persons, was again last quarter comparatively satisfactory ; the annual death-rate during that period was equal to 21·8 per 1,000, against 23·4, 22·9, and 21·4, respectively, in the three preceding corresponding quarters, and was 4·3 per 1,000 lower than the average rate in the seventeen next largest English towns, with an aggregate population about equal to that of London. The deaths referred to the seven principal diseases of the zymotic class were 4,731, of which 3,170 were fatal cases of diarrhœa, 584 of whooping-cough, 375 of fever, 353 of measles, 158 of scarlet fever, 76 of diphtheria, and only 15 of small-pox. These 4,731 deaths were equal to an annual rate of 5·7 per 1,000, whereas in the seventeen other largest towns this zymotic rate was 7·6 per 1,000. Compared with the numbers of deaths returned from these seven zymotic diseases in the two previous corresponding quarters the fatal cases of whooping-cough, fever, measles, and diarrhœa showed an increase, while those of small-pox and scarlet fever had declined. The most unsatisfactory feature is the increase in the deaths from different forms of fever. The deaths from this cause, which in the three preceding corresponding quarters had successively been 545, 355, and 316, rose again last quarter to 375, including 56 cases of typhus, 240 of typhoid or enteric fever, and 79 of simple continued fever. The annual death-rate from fever in the whole of England and Wales last quarter averaged 52 per 100,000 of the population, and in London it was 45.

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Notes on Current Topics.

Brotherhood of St. Luke, the Physician.

The annual Commemoration Service of this Brotherhood took place in London on Monday the 20th October, at 8 p.m., at St. Thomas's Church, Regent Street, when there was full choral service, and a sermon on the text "Physician, heal thyself," by the Rev. Dr. Irons, rector of St. Mary Woolnoth, and prebendary of St. Paul's. The service was numerously attended by medical men and medical students, and several ladies also were present.

At the conclusion of the service the Brotherhood and Associates (a second or inferior order of members) adjourned to a room connected with the church, when the chair was taken by Mr. Robert Brett, of Stoke Newington, the Provost of the Society ; and the usual "office," or prayers peculiar to the Brotherhood, was said by the Rev. Edward Steele, curate of the parish.

Addresses or speeches were delivered by the Provost, Drs. Arnott and Alfred Meadows, Professor Bentley, the Rev. Dr. Belcher, vicar of St. Faith's, Stoke Newington, and others. Several new brethren and associates were admitted, and the Provost stated that probably the next service would be held in St. Paul's Cathedral, when it was hoped by many present that they should be able to get Canon Liddon to preach.

Provision was made for monthly meetings and reading of papers, the annual officers were elected, and the concluding "office" was said, and the blessing given by the Rev. Dr. Belcher, Fellow of the Dublin College of Physicians.

The object of this Brotherhood is to unite medical practitioners and students in a religious society in connection with the Church of England, to save students as far as possible from the many temptations of infidelity and sin by which they are surrounded, and to raise the standard of religion generally among practitioners, by constantly reminding them that their professional work is not merely a secular, but a high and holy calling, in which they, more than many others, have numerous opportunities of discharging the practical duties of Christianity.

There are not any hard or heavy rules, but only "suggestions" made on these points to members, who, however, are required to be members of the Church of England.

Do Children Bear Opiates?

The editor of the *Philadelphia Medical Times* quotes a modern author as saying : "It must be remembered that children do not bear narcotics well"—and adds: "they bear them better than stupid medicators think, who, not knowing how much they require, overdose them and then make the above hackneyed remark. By narcotics we presume opium is meant." The editor of the *Pacific Medical* agrees fully with this opinion, and has never been able to perceive the propriety of refraining from the use of opium and its preparations in prescribing for children. "Administered in proper doses, and in proper cases, they are not only safe but indispensable."

Method of Reducing Dislocations of the Lower Jaw.

PROF. VON SUIHART insists on the advantage of reducing dislocation of the lower jaw in each side separately. The thumbs are introduced as usual, pressing on the lower molar teeth, by pressing on the right side, and first its reduction is effected easily, and that of the left can then be effected without pain or trouble.

Circumcision by the Galvano-Cautery.

DR. DAWSON recommends this method. The prepuce is drawn forward and easily removed to the required extent by passing along the blade of the galvano-cautery.

Both primary and secondary hæmorrhage is thus avoided—the section is almost immediately made, and the wound heals rapidly.

Dr. Livingstone.

DR. BEKE communicates the following extract of a letter recently received from a resident at Borna, Western Africa, under date of August 12:—"I am proceeding to-day or to-morrow to Mununco, Upper Congo. In a few days we expect there the Livingstone Expedition, which cannot proceed from St. Salvador. Livingstone himself is a prisoner in a town twenty days from here, but is entirely without means to pay his ransom. Assistance has, however, been sent to him, and he may be here in a month or so."

Citrate of Magnesia.

IT seems that the Adulteration Act is likely to interfere with the practice of chemists selling articles under an improper name. Most of us are aware that the ordinary effervescing granulated articles are usually sold under names to which they have no right. Last Friday a sanitary inspector summoned a chemist under the Adulteration Act, for selling as citrate of magnesia a compound not containing an atom of magnesia, thereby liable to cause injury to health. He said that on the 26th ult. he left at defendant's shop a prescription to be made up, and on his return for it he saw defendant, and purchased a quarter of a pound of citrate of magnesia, which he paid a shilling for. He distinctly asked for citrate of magnesia, and when he received it he told defendant he was going to take it to the analyst. The defendant said it was the same as he received it. Dr. Muter said he was analyst to the vestry. On the 26th of last month he received a parcel from last witness marked "Citrate of Magnesia." He analysed it, but there was not a particle of magnesia in it. Mr. Partridge asked what it was composed of? Dr. Muter replied that he found citric acid, tartaric acid, carbonate of soda, and a little sugar. It might be injurious to health if mixed in other medicines where citrate of magnesia was prescribed. Mr. Partridge asked defendant what he had to say in answer to the charge. The defendant said that when the inspector left the prescription to be made up he was out of citrate of magnesia, consequently he sent to Mr. Farmer, a neighbour, and purchased 2 lbs. weight of him, and he sold it to the inspector just as he received it. Mr. Partridge told him that as a chemist he ought to know whether the drugs he sold were genuine. Defendant replied that such was the case, but it would be impossible for him to have all his drugs analysed. Mr. Partridge told him it was a very serious offence for chemists to mix articles with drugs which were not mentioned in the prescription. In fact, the consequences might be very serious, and the public must be guarded against such conduct. He must pay a penalty of £10 and the costs of the analysis.

The Medical Microscopical Society.

THE first meeting of the session of this the youngest amongst medical societies, was inaugurated by a *conversazione* at the residence of the President on Friday week, and a most successful gathering it was. The members of the Society mustered in large numbers with their microscopes, and displayed a very instructive series of physiological and pathological preparations. We are unable to point to more than one or two of the objects exhibited Mr. Needham's sections, for instance, struck us as being exceedingly good. The variety of staining this gentleman employs showed how information might be gained in this very useful direction. A section of tattooed skin, taken from the arm of a sailor, proved that the action of pigments on the living tissues was identically the same as that of carmine and other agents employed in staining pathological specimens. The pigment particles had penetrated to the deeper skin, the *cutis vera*, so that no epithelial desquamation would be likely to throw it off. To obliterate such a stain from the living arm, a considerable thickness of skin would require to be removed. The specimens exhibited by Drs. Mitchel Bruce and Urban Pritchard would serve to familiarise the student with pathological changes of tissue. Improvements of the microscope and objectives were at the same time not overlooked.

Mr. Browning's microscope stand was exhibited by Mr. John Mayall. A wood-cut and description of this new stand recently appeared in our journal. The specimen chosen for showing the command the rotating stage gives of varying the position and illumination, was the "Amici test," magnified one thousand diameters. The objective was a new Immersion, No. 8, designed and constructed by M. Prazmowski, of the firm of Hartnack et Cie., of Paris and Potsdam. The new lens embodies the latest researches on the utility of great effective angular aperture in developing high-power definition. M. Prazmowski has applied a fourth combination to the objective, by which the marginal rays, *i.e.*, those which exhibit least of the phenomena of diffraction, are made to more effectually assist in the production of the image than is the case in the objectives of older construction. This is immediately verified, by comparison, in the increase of light, and in the greater visibility of microscopic atoms.

We believe this society will confer a great benefit upon those who understand the value of histological knowledge in the after-practice of their profession. In our opinion practical work with the microscope will repay the student for any amount of time and labour bestowed. The day is past for making haphazard discoveries, and, therefore, the student must make up his mind to submit to a proper training in the schools, and then, by comparing of notes in the Medical Microscopical Society, he will gain much invaluable knowledge of the living body. The progress of physiology in the country of Harvey, Hunter, Bell, and a host of other great names, has not been so great as it ought to have been. The neglect of physics, and the almost entire absence of experimental teaching, Professor Rutherford believes is the cause of this. Earnest efforts are, however, now made in all our schools to improve the teaching of practical histology; and the preliminary training of the rising members of the Profession will, we hope, enable us to hold our place in the physiological world.

This society has the merit of bringing teacher and student together in friendly intercourse and for mutual instruction, and we heartily wish it the success it deserves. At the next ordinary meeting on the 21st inst. it is expected that Dr. Bruce will start a subject for discussion.

The Death from Morphia.

THE magistrates have thought it right to commit for trial for manslaughter Surgeon-Major Macleod, who administered excessive doses of morphia to his wife, with the intention, as stated by himself, of procuring her a night's rest. Bail was accepted in the case. According to the papers a larger quantity was given than was at first stated. The one grain not producing sleep it is now stated that double that dose was given and repeated, and naturally it was fatal.

The Irish Conjoint Examination.

THE Board of the University of Dublin are pushing forward with vigour the completion of their part of the Irish Conjoint Examination Scheme. They have already appointed their Examiners in Medicine, as we announced last week, and this week nominate their Arts Examiners. The Irish Scheme may, indeed, be regarded as almost complete in its construction, and when the Medical Council meets, it will in all probability have before it a practicable means of obtaining uniformity of examination to which all the Irish Licensing Bodies except the Queen's University cordially assent. That latter institution is, however, playing the game of the Scotch Corporations, in the hope of picking up the stray students who "flee from the wrath" of a State Examination Board. We apprehend that the Colleges of Surgeons and Physicians, and the University of Dublin will not afford the desired opportunity, but will content themselves with handing to the Medical Council the expression of their readiness to reform, and their idea of the method by which the reform should be carried out. They will certainly not immolate themselves until all other Licensing Bodies in Ireland are coerced into a reciprocity of reform.

Of the attitude of the Scotch Corporations we say nothing, except that they, in this instance, act consistently up to the under-selling programme which has, in all the epoch of medical licensing, been their own speciality. Of the Queen's University and its £5 degrees we have only to observe that it is most discreditable that the State educational body should stand alone in its adhesion to the old rotten system of multiple qualifications and the under-selling of diplomas.

The Use of Cautery in Opening the Windpipe.

M. DE ST. GERMAIN some time since recommended the performance of tracheotomy or of laryngotomy by the actual cautery, a process so repulsive to our ideas of the operation that we quote the remarks of the writer in *La France Médicale* on the subject. Numerous experiments have been made by the projector, hecatombs of dogs have been martyred, human dead bodies have contributed to these experiments, and finally several living persons have been subjected to the method. The object proposed is to enter with certainty the trachea, to avoid hæmorrhage, to facilitate the introduction of the cannula, and avoid the minor inconveniences which may arise. We cannot, however, accord to the author any real advantage. The cautery is far from facilitating the opening of the trachea; it is an "*agent brutal*," which cannot be handled with accuracy, which easily penetrates the tissues, and takes a false course, while endangering parts essential to avoid, even injuring the vocal cords or the opposite side of the windpipe. We advise our *confrères* to avoid the danger of handling a red iron in such a neighbourhood, the very touch of which would endanger such struggling on the part of the patient as to run considerable risk of injuring the adjacent structures.

Irish surgeons will, we doubt not, agree with the strictures of this writer in condemning the use of so potent an agent for an operation so often performed with very simple instruments.

Within the last few days we witnessed the operation of laryngo-tracheotomy performed by Mr. Morgan on an adult patient in Mercer's Hospital, Dublin, for urgent symptoms. There was not a teaspoonful of blood lost. The windpipe was entered with the greatest ease, with immediate relief of the imminent danger. Some sessions past, at the Surgical Society of Ireland, Dr. Duke related the instance of a case where he happened to be present at an accidental suffocation by the entrance of a foreign body into the windpipe, where he made an opening with his penknife, and preserved the patient's life. The multiplication of instruments is to be avoided in such procedures, and the boring into a part such as this with a red-hot iron we apprehend will find few supporters in these countries.

A New Fly Paper.

PHENIC acid, it is found, can be replaced by cresylic acid, which is less costly, and is the residue of its preparation. In America this acid is largely used to drive away insects and flies, and to purify large assembly rooms. Bands of calico saturated with the fluid are suspended from the ceiling, and the odour spreads through the room. Human beings are soon accustomed to the odour, but flies take their departure without delay.

Parchment Paper.

A NEW parchment paper has been lately invented which bids fair to come into very general use. It presents the following advantages: it serves for the writing of important acts, diplomas, &c., which it is important to preserve; being a vegetable preparation it is not so liable to be destroyed by insects; it is easily printed on; characters once traced are with great difficulty erased, and cannot be replaced by others without detection; the forger is baulked to a great extent; while its impermeability gives it equal advantages with oiled silk, adhesive plaster, &c., in surgical use. In America it is used when impregnated with phenic acid for encasing fresh meat.

The paper is prepared by a process of steeping in diluted sulphuric acid or chloride of zinc solution, then well-washing in water, and finally in weak ammonia solution, again washed, dried, and pressed on cylinders.

Antidote to Phenic Acid Poisoning.

As this acid poisons by its direct effect, Mr. Haussman has found that the use of alkaline earths constitutes the best antidote. He found those containing lime the best, and proposed the use of saccharate of lime as the best remedy, prepared by dissolving sixteen parts of sugar in forty of distilled water; add five parts of caustic lime, digest for three days with frequent agitation, then filter and dry. The product is saccharate of lime, which dissolves easily in water, with which it may be administered.

Professor Huxley and Medical Education.

PROF. HUXLEY, as Lord Rector of the University of Aberdeen, has laid the following resolutions before the University Court, of which he is the Chairman :—

"1. That, in view of the amount and diversity of the knowledge which must be acquired by the student who aspires to become a properly qualified graduate in medicine; of the need recognised by all earnest teachers and students for the devotion of much time to practical discipline in the sciences of chemistry, anatomy, physiology, therapeutics, and pathology, which constitute the foundation of all rational medical practice; and of the relatively short period over which the medical curriculum extends—it is desirable to relieve that curriculum of everything which does not directly tend to prepare the student for the discharge of those highly responsible duties, his fitness for the performance of which is certified to the public by the diploma granted by the University.

"2. That it would be of great service to the student of medicine to have obtained, in the course of his preliminary education, a practical acquaintance with the methods and leading facts of the sciences comprehended by botany and natural history in the medical curriculum; but that, as the medical curriculum is at present arranged, the attendance of lectures upon, and the passing of examinations in, these subjects occupy time and energy which he has no right to withdraw from work which tends more directly to his proficiency in medicine.

"3. That it is desirable to revoke or alter ordinance No. 16, in so far as it requires a candidate for a degree in medicine to pass an examination in botany and zoology as part of the professional examination; and to provide, in lieu thereof, that the examination on these subjects shall, as far as possible, take place before the candidate has entered upon his medical curriculum.

"4. That it is desirable to revoke or alter said ordinance No. 16, in so far as it requires candidates for the degree of doctor of medicine to have passed an examination in Greek, and that, in lieu thereof, either German or French be made a compulsory subject of examination for said degree, Greek remaining as one of the optional subjects."

SMALL-POX has broken out in a virulent form at Cape Town; stringent measures have been adopted, so that the disease is not expected to become epidemic.

ON Saturday at the London police-courts some heavy fines were inflicted for selling adulterated milk. Two summonses were also granted against dairymen in the country for sending adulterated milk to London.

THE cholera is fast disappearing at Naples, and the inhabitants are returning to their homes.

THE Edinburgh University Council met last week, when the medical education of women was discussed but no course of action initiated.

THE Local Government Board has drawn the attention of Boards of Guardians to the undesirableness of matters of a political nature being necessarily made the subject of discussion in board-rooms.

THE Government of India have met for the purpose of organising a system of relief in view of the threatened famine in that country. Our correspondent's auguries which we printed some weeks since are likely to prove, unfortunately, too well founded.

THE next meeting of the Pharmaceutical Society of Great Britain will be held this evening at eight o'clock. The chair will be taken at half-past eight. Communications will be made on the "Acetic Preparations of Ipecacuanha," and on the "Adulteration of Drugs."

UNDER the auspices of the Sunday Lecture Society the lectures at St. George's Hall each Sunday afternoon have been resumed. On Sunday last W. B. Carpenter, Esq., M.D., LL.D., F.R.S., lectured on "Recent Investigations into the Functions of different Parts of the Brain."

DURING the past week 1,404 deaths were registered in London, being 96 below the average numbers in the corresponding weeks of the last ten years. The annual death-rate, which had been the two previous weeks equal to 19 and 20 per 1,000 of population, rose last week to 22 per 1,000.

THE office of Visiting Physician to the Central Criminal Lunatic Asylum for Ireland situated at Dundrum will shortly become vacant by the expiration of the term of office held by Dr. Law, who is, unhappily, unable to continue to fulfil the duties. The appointment, which has been held by Dr. Law for more than thirteen years, has attached to it a salary which commences at £150. The selection is in the hands of his Excellency the Lord-Lieutenant.

DR. DRUITT has been elected a Fellow of the Royal College of Physicians of London. We are glad to record this as the name of Dr. Druitt has often been mentioned as one which ought long ago to have been enrolled among the Fellows. There are also some others who have been passed over while their juniors have been elected, and we hope soon to record that the College has added them to its list of Fellows.

THE Professorship of Institutes of Medicine in the University of Dublin has, we understand, become vacant by the resignation of Professor Law, whose health, as we stated some weeks ago, is very seriously impaired. We regret to understand that the symptoms are in no respect mitigated. The Professoriate, which is the only one in Ireland so named or of identical character, deals principally with pathology. We believe that Dr. Purser, of the City of Dublin Hospital, will offer himself as a candidate.

Sir James Paget has placed a memorial window in the church of St. Nicholas, Great Yarmouth. It represents Isaiah, Elisha, and Elijah, with appropriate extracts from Holy Writ. On a brass plate beneath is the following inscription :—

"To the glory of God. In loving memory of Samuel Paget, a merchant, and Sarah Elizabeth, his wife. They and many of their forefathers dwelt in this town. They were pious, loyal, and gentle lovers of their Church and home, bountiful in prosperity, patient in adversity, honoured by friends, reverenced by their children. They lived and died hoping for deathless life through Our Lord Jesus Christ. Samuel Paget died in 1857, aged eighty-three ; Sarah Elizabeth Paget in 1843, aged sixty-five. Twelve of their children rest with them in and near this church."

Foreign Medical Literature.

ULCERATIONS OF THE NECK OF THE UTERUS.

By Dr. A. Le Bland.

(Translated by A. Vickery, Chemist (by Exam.).

The ulcerations of the neck of the uterus are solutions of continuity of the surface of the mucous membrane, and depend on various causes.

We do not give here, in relation to these ulcerations, a complete description of the maladies to which they attach themselves ; this study ought to be entered upon at the same time with that of the principal malady which has given rise to them ; but there are some peculiarities which it is important to know, and which we will now pass in review. We shall study also, more especially the simple inflammatory ulcerations, and we shall scarcely speak of other kinds of ulcerations, except from the point of view only of their diagnosis from inflammatory ulceration.

This said, we admit, from an etiological point of view, three classes of ulcerations—1st. Ulcerations of inflammatory origin ; 2nd. Syphilitic ulcerations ; 3rd. Cancerous ulcerations.

1. *Ulcerations of Inflammatory Origin.*—Before commencing the study of inflammatory ulcerations of the neck, let it be well understood that, if we write of these ulcerations separately, we nevertheless consider them as a symptom of chronic metritis, and not as a morbid entity. This ulceration, which is now the subject of our study, results, as we have said, from the inflammation of muciparous follicles. It is, therefore, rational to precede the study of the ulceration by the study of the folliculitis of the neck.

Inflammation of muciparous follicles presents itself in the form of granulations. It is to Boivin and Dugès, Duparcque and Lisfranc, that we owe our first ideas on this form of inflammation. Since their writings these granulations have been observed by all medical men who have to do with diseases of women ; but these granulations, considered by these authors as a special affection, are only, in reality, inflamed muciparous follicles, as has been demonstrated by MM. Huguier and Robert. This inflammation of the follicles has been described under the names of granular inflammation and folliculitis of the neck. These granulations, scarcely projecting above the mucous membrane, present a volume which varies from a grain of fine sand to a grain of millet. Sometimes their volume is more considerable, and Dr. Churchill relates that he has seen granulations which have the volume of a pea, and resemble a small-pox pustule. These granulations sometimes present themselves at first under the form of a little red point, at other times whitish.

When the gland is too much distended by the products of secretion, it ends by breaking, and giving place to a little ulceration, which is designated under the name of follicular ulceration, and the proof that these ulcerations result from the rupture of granulations is that it is sufficient to break one of these granulations with the point of a bistoury, in order to observe a little ulceration in all points similar to the isolated ulcerations found so often upon the neck of the uterus.

Suppose now that ulcerations are sufficiently close for their edges to touch, and we have at once under our eyes an ulcerated surface of a variable extent, according to the number of the follicles which take part in the ulceration.

Certain authors have considerably exaggerated the importance of these ulcerations. They regard them as a morbid entity, whilst in reality they ought to be considered only as products of inflammation. This exaggeration was due to the facility with which they were discovered by the aid of the speculum ; it resulted from that cause that what was regarded as the principal malady was only secondary or accessory. But since a certain time a salutary reaction has commenced, and the tendency is to consider ulceration as the result of a chronic inflammatory state, against which treatment should be directed much more than against the ulceration itself. The mode of production of ulceration once known, let us examine its anatomical characters.

Pathological Anatomy.—The inflammatory ulceration which has been described also under the name of erosion of the neck, exulceration, presents itself under the form of a want of continuity, reddish, lightly swollen, without projection at the surface of the neck. It is seated always just around the orifice of the neck, and extends more or less over the surface of the os tincæ.

Sometimes it covers the surface completely up to the vaginal insertion. When it does not invade the entire surface of the neck, it is seated more often on the posterior than the anterior lip ; nevertheless, it is not rare to see it extended on the anterior lip, and even seated exclusively on this side. Very often the ulceration extends beyond the external orifice of the neck, and penetrates more or less into its cavity. We ordinarily find the neck enlarged and the external orifice dilated.

In certain cases the ulcerated surface becomes vegetating, granulating, fungous ; these various states correspond to those which authors have described under the name of papillary ulcerations, cauliflower, and cockscomb, and which they have considered as different kinds of ulcerations. This variable aspect is owing to the fact that the papillæ of the mucous membrane take part in the inflammation, and impress a special seal to the malady. This inflammation of the papillæ which we consider secondary, has been considered as primitive by certain authors. Scanzoni, in fact, thinks that this inflammation of the papillæ is frequently the origin of the ulcerations.

This view, which consists in regarding inflammation of the papillæ as being often the origin of certain ulcerations, does not appear to me rigorously true, and on this we refer to the high authority of M. Gallard. "That the papillæ are inflamed," he says, "that even their inflammation impresses a peculiar character on the ulceration, at the bottom of which they are found denuded, in consequence of the exfoliation of the epidermis, cannot be contested. That, in consequence of their swelling and vascularity, they contribute to make these ulcerations more fungous, and bleed more easily, that, again, can be readily believed ; but that the inflammation alone of these papillæ leads to ulceration, has not been demonstrated ; this analogy seems to dispute, because in the vagina, where the papillæ are numerous, and where muciparous follicles are absent, ulceration never produces itself either under the influence of the most intense vaginitis, or the most rebellious leucorrhoea, that which leads to granulous vaginitis. This is what the observation of facts equally contradicts, because in all cases ulceration of the neck exists at its maximum intensity around the orifice where the follicles are most abundant, and never commences on the external circumference of the neck at the level of the insertion of the vagina, where the follicles become more rare, and the papillæ predominate. Lastly, the authors themselves who wish to make us accept this variety of papillary ulceration, recognise that even in the midst of inflamed and hypertrophied papillæ, we often find inflamed follicles.

"I ask if it is not more logical to believe that there are two degrees, two successive phases of the same morbid state? I have some reasons to think that the ulceration of the neck always commences by an inflammation of the muciparous follicles, since the follicles being once ulcerated and destroyed, as much by suppuration as by extension of the ulceration, of which their cavity has been the point of departure, the papillæ are found denuded, and become the base of the ulceration after the disappearance of the follicles.

"It is thus that I explain the forms of papillary ulceration, which have a great tendency to swell and to granulate, and so form above the level of the mucous membrane, vegetations or excrescences of a more or less vivid red, bleeding on the slightest touch, which constitute fungus ulcerations, cauliflower ulcerations, and cockscomb ulcerations.

"These ulcerations show themselves then at a more advanced period of the inflammation, and do not constitute a special form of the malady."

At other times these ulcerations take a tint slightly violet, and we see on the surface of the neck some veins gorged with blood. This variety, which we designate under the name of varicose ulcerations, and which some authors have considered as a special species, is met with always on an inflamed uterus. It is due to the considerable vascularisation of the mucous membrane, and to a local impediment of the circulation under the influence of inflammation.

We will class with this variety, ulcerations of pregnancy, which, like them, depend also upon chronic inflammation due to the impediment caused in the uterine circulation by the presence of the produce of conception.

Ulceration results, as we have said, from the rupture of inflamed follicles, and that which proves such to be in effect the origin of these ulcerations, is that in the limits of the ulcerated surface, one perceives almost always some isolated granulations not yet ulcerated, and others which are already broken.

Some authors have wished to make leucorrhœa play an important part in the development of ulcerations; they admit that ulceration would be due then to the irritating action of the products of secretion on the mucous membrane of the neck. They relied for the admission of this fact on the more frequent presence of ulceration on the posterior lip, where the contact of leucorrhœa would be more immediate; but then how explain those cases where ulceration is seated on the anterior lip? Besides, in admitting that leucorrhœa can have a marked action, ulceration can be explained only by previous inflammation of the mucous membrane; from which it results that it is more rational to suppose that ulceration is the result of inflammation in the same way as the leucorrhœa.

As to the movement of the neck against the walls of the vagina, which has been also invoked as a cause of ulceration, we do not think it can have any marked action, and also, besides, one can only take account of this lesion in admitting the primitive inflammation of the mucous membrane.

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Hospital Sunday in Manchester.—Hospital Sunday is rapidly gaining in favour. Manchester is not behind other cities in its liberal contributions to this latest rate on the voluntary principle. From the report of the local committee, read at the meeting on Monday, it appears that nearly £6,000 was realised by the simultaneous collection at churches and chapels in February last, or nearly £500 more than in the previous year. The Saturday collections at mills, warehouses, shops, and other working places amounted in addition to £2,718, which is double the sum resulting from the collections of 1872. The total amount raised from the two sources this year was £8,666, as against £6,971 in the year preceding.

Messrs. Lynch, of Aldersgate Street, have challenged criticism of the surgical profession and the apothecaries of Ireland by placing in the Dublin Exhibition a case containing some of the appliances for which the firm claims special merit. From the nature of their very extensive trade, it has been possible to exhibit only a few of the productions of the firm, but our examination of the articles shown assures us that the Messrs. Lynch have at their disposal the means of producing workmanship of a very high class. In the "druggists' sundry" branch of their trade the firm show many articles, such as show-bottles, feeding-bottles, and poison bottles, which are well worthy of examination. Their surgical exhibits, however, with which we are most concerned, have put beyond dispute the fact that the manufacture of surgical instruments and appliances has, at length, passed—as far as the rank and file of the profession are concerned—out of the hands of the good old expensive houses, who have hitherto enjoyed an unchallenged monopoly. Messrs. Lynch exhibit an army operative case, a comprehensive set of ophthalmic instruments, a midwifery case, and some sets of dental instruments. In finish and appearance these instruments are, in our opinion, quite equal to those of any of the London or Paris makers, and are, we believe, in every respect trustworthy. The ophthalmic case, which is an excellent test of the workman's capacity, shows none of that heaviness of make and coarseness of finish which used to be the peculiarities of eye knives made by any but a few first-rate makers. Although the prices quoted in the catalogue of the firm are very much lower than those of some other houses, we can testify that nothing has been sacrificed to cheapness. The firm show a variety of splints, spinal supports, club-foot splints, and other articles, all which are creditably finished and apparently serviceable and reliable.

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THE RECENT TRIAL AT TRALEE.

In a communication to us published in the Medical Press of the 15th ult., in reference to our comments upon the case of Hayes *v.* Alton, with the facts of which our readers are familiar, Dr. Lawlor complained that we had formed our judgment "on very inadequate information, because, as he had reason to know, correct reports of the proceedings were actually suppressed, with what object and by whom it is needless to speculate." In response to this statement we are addressed on the subject by the defendant's solicitors, and by the reporters of the *Limerick Chronicle*, *Kerry Post*, and *Irish Daily Telegraph*, all of whom earnestly and indignantly repudiate the charge that they had been influenced in any way whatever, and declare that the report published by them and by ourselves is minutely correct. We feel entire confidence in the truth of these declarations, and believe that the evidence was to all intents as we presented it to our readers. Whether or not it was accurate does not appear to us very material; the connexion of Drs. Crumpe and Lawlor with the prosecution was undeniable and incapable of explanation, and on that connexion alone our observations were founded.

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ELECTIONS AT THE UNIVERSITY OF DUBLIN.

The election for the Professorship of Surgery in Dublin University, in room of the late Dr. Robert Smith, is fixed for Saturday next. The emolument is stated at £150 as fixed salary, with clinical and lecture fees. The election of Arts Examiners for Dublin University, under the Conjoint Examination Scheme, took place last Saturday, when the following were elected:—Robert Ball, Esq., in mathematics, Edward Darden, in English, and Dr. John William Moore, in classics. We understand that for the surgeoncy of the City of Dublin Hospital, the following are candidates:—Mr. Josiah Smyly, Dr. Edward Collins, and Mr. Arthur Barker.

THE MINORITY OF SURGERY IN THE MEDICAL COUNCIL.

The re-election of certain members of the General Medical Council, which has just taken place, and of others which is in contemplation, supplies us with occasion to remind the medical profession of the constitution of that body, and of a certain one-sidedness in the selection of its members which has been, and, we fear, if it be perpetuated, may still be, disastrous to the interests and status of surgeons and surgery. Within the last month the following members who represent licensing bodies have been re-elected:—Dr. Andrew Wood, by the College of Surgeons of Edinburgh; Dr. Storrar, by the University of London; Dr. Aquilla Smith, by the King and Queen's College of Physicians of Ireland; Dr. Apjohn, by the University of Dublin. The time of service of Dr. Leet, the representative of the Apothecaries' Hall of Dublin, and of Dr. Macrobin, the representative of the Universities of Edinburgh and St. Andrews, has expired, but the official announcement of their re-election has not yet been made public.

With the selection of these gentlemen we have nothing to say, because it is, of course, to be assumed that each "medical authority" will select a delegate capable of representing its own special interests. The Council was originally, and is still, so constituted that, as regards its representative element, physic has always been in an overwhelming majority over surgery, and it appears obvious to anyone who examines the list of licensing bodies who appoint, that for this reason alone the surgical corporations would stand a poor chance should any question arise in which their interests clash with the universities and the bodies who confer purely medical diplomas. Such a contingency is by no means visionary. At any moment—perhaps in the allocation of subjects to examiners under the Conjoint Scheme—the question may arise whether one or three courses of lectures on anatomy shall be required of the student, or whether two or four examiners shall test the candidate in surgery, and it does not need to be a prophet to foresee the verdict at which the Medical Council, as now constituted, would arrive.

Out of seventeen licensing bodies who send delegates to the Council, eleven are almost purely medical, and three others—the Apothecaries' Companies and the Glasgow Faculty—are neuter. This proportion of two physicians to one surgeon is accurately maintained in a scrutiny of the representatives themselves, eleven of whom, exclusive of the President, are practising physicians, while only five are pure surgeons, one of whom, being a university delegate, may be considered as neutral.

These facts leave no doubt whatever on our minds that there is a serious peril that surgical interests and the status of the surgical profession must take a subordinate position in the estimation of the Council, as long as so large a preponderance of one side exists. It was originally in some measure to correct this anomaly that the five Crown nominees were introduced into the body, and the object of our argument is to show that it is the bounden duty of the Privy Council to restore, as far as possible, the balance of power by the appointment of Crown representatives, which they are on the eve of making.

The case stands thus—Six members of the Council are appointed by the Crown, each for five years, with power to re-elect at the termination of that period. Of these, Dr. Sharpey was appointed in 1861, on the death of Dr. Baly, who, it may be remembered, was killed in a railway accident. Dr. Sharpey was reappointed in 1866, and again in 1871, and his office will, therefore, not become vacant until 1876.

Drs. Parkes and Quain were appointed in November, 1863, and again in 1868, so that their tenure of office expires this month. Sir Robert Christison and Dr. Stokes are also *functi officio* this month. Sir William Gull was appointed in 1871, on the resignation of Dr. Rumsey, and his office will not be vacant for nearly three years.

Of these five members, the small phalanx to whom is entrusted the equalisation of medical and surgical interests, but one is a surgeon, and it thus appears that the Crown nominations have had the effect of strengthening the monopoly which physic may be said to have acquired in the Council. We do not venture to suggest that any of the four outgoing members, Sir Robert Christison, and Drs. Stokes, Parkes, and Quain, should be unseated for the purpose of replacing them by a surgeon. It is, however, by no means a matter of course that the same persons should continue in office, for we find that in the year 1863, Sir William Lawrence and Mr. Teale—both surgeons—and Sir Charles Hastings, were all displaced to make room for Dr. Parkes, Dr. Quain, and Dr. Rumsey. Dr. Stokes has, we understand, been already re-appointed, but three seats remain, one or all of which may be vacant, and it would, in our view, be not only extremely unjust to the surgical profession, but extremely injurious to the character of the Council for impartiality, if the Crown nominees now about to be elected should, in case new men be chosen, be as heretofore pure physicians. In contemplation of the coming Medical Bill, and the Conjoint Examination Schemes, it appears to us that the surgical corporations would do wisely to take steps to represent the facts to the Privy Council, and claim for the Profession which they represent, something like an equal share in the constitution of our professional parliament.

Medical News.

Royal College of Physicians of London.—The following gentlemen were duly admitted Fellows of the College on the 30th October:—William Coverdale Beaty Eatwell, M.D., Glasgow, Oriental Club, W.; Thomas Beati Christie, M.D., St. Andrews, Royal India Asylum, Ealing W.; Henry Moore, M.D., St. Andrews, 9, Old Steyne, Brighton. The following gentlemen were admitted Licentiates of the College on October 30th:—Richard St. Mark Dawes, 19, Lanark Villas, W.; Robert Turner Head, East Grinstead; Thomas Hyde Hills, Maidstone; Walter Latty, Southam, Warwickshire; James Egan Harrison Mackinlay, 7, Earl's Terrace, W.; Philip William Gowlett Nunn, 14, Vale Place, W.; Thomas Davis Ransford, Guy's Hospital, S. E.; Arthur Paul Sherwood, 25, Edwardes Square, W.; Charles James Hislop Warden, 21, Westmoreland Place, W. The following Candidates, having passed in Medicine and Midwifery, will receive the College Licence on obtaining a Qualification in Surgery recognised by this College.—Daniel Nunez, San José de Costa Rica; Dhanjioha Navroji Parakh, 201, Euston Road, N.W. The following gentleman, having passed the required examinations, will be proposed for admission as a Member:—Beverley Robinson Morris, M.D., Dublin, Nottingham.

Sanitary Work at Towcester.—The local governors of Towcester in sanitary matters, viz., the Parochial Sanitary Committee, appear to have been turning their attention to some purpose to the removal of a very grievous evil. In rainy seasons the inhabitants of the lower end of the town have suffered seriously from heavy floods, which have not only produced great inconvenience, but have created conditions favourable to the development of disease in those who are unfortunate enough to come within their influence. The evils resulting from low lands subject to frequent floodings are described with sufficient distinctness in the able and comprehensive report which Mr. Haviland presented to the Committee on Tuesday last. There are, however, no two opinions as to the evil, and the only question under discussion in the Committee was as to the method of removing the cause thereof. The mischief is caused by one of the tributaries of the Tove—a little stream running from Monk's Wood, Silverstone—tailing back in flood time from the town bridge, under which it flows to the Tove, its irregularities preventing its waters joining the mother stream with sufficient rapidity. The plan suggested by Mr. Savage, and approved by Mr. Haviland and the whole of the Committee, with one exception, is to remove these irregularities. From the bridge to the junction of the two streams is only about one hundred yards, but to traverse this distance the stream describes a zig-zag course of about two hundred yards, and then really antagonistically meets the current of the Tove. By the plan adopted the stream will be straightened and so shortened one hundred yards, affording a clear course and an accelerated fall—sharper by a hundred per cent.—and the water of the tributary will be made to flow into and with the current of the Tove. Every confidence is felt that this will be amply sufficient to prevent the recurrence of ordinary floods. There is one point of importance in Mr. Haviland's report as to the cause of floods, hitherto little thought of, but which will have to come in for a full share of consideration. We allude to the extent to which weeds and other rubbish block up our water-courses. The course of the stream to which so much of the Towcester mischief is due is completely blocked up with weeds and deposits which afford mutual encouragement. However, that is a subject which requires a wider treatment than the Parochial Sanitary Committee of Towcester can give, and one which, if it has the attention it deserves, it will be found Mr. Haviland has done good service in mooting.—*Northampton Herald.*

Cost of the Metropolitan Asylums and Hospitals' Inmates.—The cost of maintenance and clothing at Leavesden during the half year ending Michaelmas had been £12,008, and taking into consideration the profits of the farm (£995), it was found that 8½d. per head on patients would raise that sum. At Hampstead the amount had been £2,274, to meet which a charge of 11d. per head per diem was necessary. At Caterham the charge is 10d. At the Homerton Hospital 2s. 3½d. per head per day is estimated for fever, and 4s. 3d. per head per day for small-pox patients; whilst at Stockwell the charge is at the rate of 2s. 6½d. per day for fever and 5s. 2½d. per head per day for small-pox patients.

Obituary.

THE LATE SIR H. HOLLAND.

The aged, but in some senses still youthful, medical philosopher whose notes and reflections have charmed two generations, has passed to his rest on his 85th birthday. Sir Henry Holland was a Court physician for more than 30 years, having been appointed physician to the late Prince Consort in 1840, and to the Queen in 1852. He was created a baronet in the following year. His eldest son, Henry Thurstan, survives him, and the title will therefore remain, though no longer associated with the profession. Sir Henry was a great traveller, from the outset of his career making it a point not to forego his autumn tour. Last year he gave to the world a book which has been very successful, entitled "Recollections of my Life." It is full of information about the leading personages of his time, with whom he had always had the pleasure of mixing, and will no doubt be drawn upon by many a future historian and biographer. He had only just returned from his holiday, passing through Paris and being present at the trial of Marshal Bazaine, when he became indisposed, and in a day or two passed peacefully from the sphere of this life.

The following brief summary of Sir Henry Holland's personal history was taken from his own pen as supplied to accompany a highly characteristic portrait recently published by Messrs. Barraud and Jerrard in their "Medical Profession of all Countries":—"Son of Peter Holland, Esq., was born October 27th, 1788, at Knutsford, Cheshire. Graduated M.D., at Edinburgh, 1811; elected Fellow of Royal College of Physicians, England, 1828; Fellow of Royal Society, 1816; has held the office of vice-president three times; president of Royal Institution. Dr. Holland was appointed Physician in Ordinary to H.R.H. the late Prince Consort, 1840, and Physician in Ordinary to Her Majesty, 1852; created baronet, 1853. Married, first, 1822, Margaret Emma, daughter of James Caldwell, Esq., of Linley Wood, who died 1830, leaving two sons—first Henry Thurstan, second Rev. Francis James. One daughter, Emily Mary. Married (second) 1834, Saba, daughter of Rev. Sidney Smith, Canon of St. Paul's, who died 1866, leaving two daughters. Sir Henry is author of 'Medical Notes and Reflections,' 'Chapters on Mental Physiology,' 'Travels in Albania and Thessaly,' 'Scientific Essays, Recollections of Past life' (1871)."

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The Diagnosis of True Cholera.

The New York *World* published, not long since, an excellent article on this subject which well deserves reproduction in a strictly professional journal. We understand it is from the pen of Dr. A. L. Carroll, whose researches in matters of hygiene always command attention. We extract as follows:—

"To begin at the beginning. Although in some rare instances the access of malignant (Asiatic) cholera may be sudden, yet in at least 95 per cent. of the cases occurring in temperate climates the attack is preceded by a *painless* diarrhœa. Out of more than 5,000 recorded cases this premonitory symptom is noted in all but 251, and in most of the apparent exceptions it is only said that its 'existence was not ascertained.' In cholera morbus, on the contrary, the seizure is always sudden, commonly traceable to its exciting cause in some error of diet; vomiting and purging set in simultaneously and violently, accompanied by severe colicky pains, and the ejected matters are *strongly bilious*, causing an acute sensation of burning or smarting. This excess of bile persists in the non-malignant disorder, whilst one of the earliest phenomena of epidemic cholera is a total arrest of the function of the liver, the discharges being absolutely *devoid of bile.* In sporadic cholera (cholera morbus) the pains first complained of are those of colic; in malignant cholera the first characteristic evacuations are attended with pains not abdominal but shooting down the thighs. In sporadic cholera the discharges, if long continued, may become almost or quite colourless, or may even come at last to resemble 'rice-water' in some degree; but until the very latest stage they contain traces of bile, and if from their exhausting drain the patient be brought to collapse, this condition is reached through progressive weakening, and is manifestly the result of the profuse evacuation. In malignant cholera, on the other hand, almost immediately upon its accession, the discharges assume the typical 'rice-water' character, which consists in the presence of numerous solid white particles, very similar to grains of rice, suspended in a fluid which may vary from perfect transparency to a milky or ditch-water appearance, and their frequency bears no causative relation to the sudden, almost instantaneous prostration which constitutes the most striking feature of the disease. On the contrary, patients are often reduced to fainting with the first true choleraic discharge, and the most rapidly fatal cases are those in which the vomiting and purging are trifling in amount; in nearly all instances, indeed, these symptoms are greatly diminished or altogether suppressed as collapse sets in. This wondrously rapid loss of strength and an equally rapid lowering of the temperature of the surface of the body are, *par excellence*, the pathognomonic signs of true malignant cholera in its early stage, nothing comparable with them being observable in any other disease. At a later period, in both of the disorders under consideration, cramps may occur; but here again there is a certain difference to be noted. In malignant cholera the cramps (which seldom appear until the 'rice-water' discharges are fairly established) almost invariably commence in the fingers and toes, thence extending to the muscles of the arms and legs, of the jaw, and sometimes to those of the trunk, especially of the abdomen. In sporadic cholera the abdominal muscles and the calves of the legs usually bear the brunt of the spasm, which seldom affects the upper extremities. At this time, too, occurs in the graver malady a striking congestion of the veins, producing a purple lividity of the lips and tongue, and of the extremities, showing itself first at the roots of the nails and thence spreading sometimes over the whole body. The skin rapidly becomes shrunken and shrivelled, as if it had long been soaked in water, the features are pinched, the eyes are glassy and flattened like those of a corpse, from actual transudation of their watery humour through the cornea; and these phenomena take place with inconceivable rapidity. The breath feels cool to the back of the observer's hand, and the temperature, as measured in the arm-pit, is lowered from 4° to 8°, or occasionally even more, below the natural standard. But in connection herewith are two circumstances which serve to distinguish malignant cholera from the coldest stage of its sporadic mimic. Notwithstanding the coolness of the skin the thermometer introduced into the rectum shows an unnatural elevation of the internal temperature, sometimes reaching a high fever heat, and the sufferer's subjective sensation is not one of chilliness, but rather of oppressive warmth, leading him to throw off the bed-clothing and beg for iced water to quench his insatiable, burning thirst; whilst the patient with cholera morbus, when he is cold *feels* cold, and his internal temperature, though above that of the surface, does not exceed the standard of health."

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NOTICES TO CORRESPONDENTS.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

Local Newspapers, &c.—When forwarding newspapers containing news or articles to which our attention is wished to be drawn, correspondents will oblige by marking the copy, as it is impossible for us to wade through all the country papers we receive.

Mr. W. E. P. is thanked for his courteous note.

Dr. S. (Manchester).—The work is of American origin. We have only heard it spoken of, therefore can give you no idea of its value.

Mr. G. M. D.—We hope the effect will be as you desire.

The Bathos of the Dispensary System.—We have been asked by correspondents at what rate per month Dr. Wimberly contracted to supply families with medicines and advice. By some error this was omitted in our article of October 22nd, under the above heading, and as we hear the subject is occupying considerable attention throughout the district, we supply the information. The paragraph should have read thus:—"A Dr. Wimberly, of Brinklow, situated, we believe, near Rugby, undertakes to attend an artisan, his wife, and three children for twelve months; to supply them with advice and medicine for the whole period of illness, and, if necessary, to go three miles to visit them," *at one shilling per month.*

A critical notice of Dr. Walton Smith's Lectures on Electricity is in the printer's hands, but its publication is unavoidably deferred until our next.

We are unavoidably necessitated to omit publication of the "Journal of the Irish Medical Association," and are, therefore, obliged to postpone the publication of communications from various correspondents until next week.

T. M. D.—Your note did not come to hand until too late for insertion.

Medical Society of London.—At the Meeting on Monday next, Mr. Thomas Bryant will bring before the notice of the Society a case of Intestinal Obstruction and Gastrotomy; Mr. A. E. Durham, a Case of Foreign Body in the Pleura, accidentally introduced through opening made for Empyema, and successfully treated; Dr. Purcell, a Specimen of Calculus in the Pelvis of Kidney; Dr. Symes Thompson, a Case of Scrofulous Kidney.

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BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

On the Progress of Medicine. By Prosser James, M.D. London: Baillière, Tindall, and Cox.

Lectures on Bright's Disease. By George Johnson, M.D. London: Smith, Elder, and Co.

The Training of the Mind for the Study of Medicine. By R. Brudenell Carter, F.R.C.S. London: Baillière, Tindall, and Cox.

Rivista Clinica di Bologna. Science Gossip. Nature. Monthly Microscopical Journal. American Chemist. Boston Medical Journal. Le Courier Médical. La Tribune Médicale. El Pabellon Médico. The Clinic. La France Médicale, &c.

APPOINTMENTS.

Atkins, R., M.A., M.D., C.M., L.M., Assistant Medical Officer to the Cork District Lunatic Asylum.

Barr, W. A., M.D., a Visitor of Houses licensed for the reception of Lunatics in Northamptonshire.

Barrow, F., M.R.C.S.E., House-Surgeon to the Morpeth Dispensary.

Barry, J. W., L.R.C.P.L., M.R.C.S.E., a Surgeon to the Ramsgate and St. Lawrence Royal Dispensary.

Carey, R. J., M.R.C.S.E., Resident House-Surgeon to the West Ham, Stratford, and South Essex Dispensary.

Cassan, T., M.R.C.S.E., Junior Assistant Medical Officer to the Gloucestershire Lunatic Asylum.

Coates, W. M., M.R.C.S.E., a Visitor of Houses licensed for the reception of Lunatics in Wiltshire.

Day, H., M.D., a Visitor of Houses licensed for the reception of Lunatics in Staffordshire.

Harland, J. T., M.D., a Visitor of Houses licensed for the reception of Lunatics in Staffordshire.

Harris, A. C. E., M.B., L.R.C.P.Ed., a House-Surgeon to the Royal Maternity Hospital, Edinburgh.

James, W. D., M.R.C.S.E., House-Surgeon to the Royal Cornwall Infirmary, Truro.

Kemm, W., M.R.C.S.E., a Visitor of Houses licensed for the reception of Lunatics in Wiltshire.

Kitchen, C. F. H., M.R.C.S.E., L.R.C.P.L., Junior House-Surgeon to the Royal Infirmary, Manchester.

Martin, A. H., M.B., L.R.C.S.I., Assistant Medical Officer to the Joint Counties Lunatic Asylum, Carmarthen.

Mash, J., F.R.C.S.E., a Visitor of Houses licensed for the reception of Lunatics in Northamptonshire.

Murray, R. D., M.B., C.M., Resident Physician to the University Medical Wards of the Edinburgh Royal Infirmary.

Rawson, Dr. J., Visitor of Houses licensed for the reception of Lunatics in Staffordshire.

Steavenson, W. E., M.R.C.S.E., a House-Surgeon to St. Bartholomew's Hospital.

Strugnell, F. W., M.R.C.S.E., Ophthalmic House-Surgeon to St. Bartholomew's Hospital.

Venn, A. J., M.B., Midwifery Assistant to St. Bartholomew's Hospital.

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VACANCIES.

House of Correction, Wandsworth, Surrey. Surgeon. Salary £300 per annum, with £20 extras and residence. Application to Richard Onslow, Esq., at the House. (See Advt.)

Hospital for Sick Children, London. Assistant Physician, Honorary. (See Advt.)

Bucks County Lunatic Asylum. Assistant Medical Officer. Salary £100 per annum, with board and residence. Applications to be addressed to Acton Tindal, Esq., County Hall, Aylesbury. (See advt.)

Cork Union. Resident Medical Officer to the Workhouse. Salary £150 per annum. (See advt.)

Birmingham Hospital. House Surgeon. Salary £80 per annum, with board and residence.

Leeds Public Dispensary. Senior Medical Officer. Salary £120 first year, £140 second, with board and residence. Address, Mr. J. Horsfall, Albion Street, Leeds.

Wilts Pauper Lunatic Asylum. Medical Superintendent. Salary £600 per annum, with residence. Applications to be addressed under cover to A. G. Meek, Esq., Devizes.

Ramsgate Dispensary, Resident Medical Officer. Salary £100 per annum. Address the Secretary.

Charing Cross Hospital. Assistant Dispenser for three hours a day. Salary £30 per annum. Address the Secretary.

Westminster Hospital. Assistant Surgeon. Honorary.

Great Yarmouth Hospital. House-Surgeon. Salary £100 per annum, with board and residence. Address the Hon. Secretary.

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Marriages.

Powell—Bennett.—On the 30th ult., at Mountfield, R. Douglas Powell, M.D., F.R.C.P., of Henrietta Street, Cavendish Square, to Juliet, younger daughter of Sir John Bennett, of The Banks, Mountfield, Sussex.

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Deaths.

Dalby.—On the 26th Oct., at Plashet, Wm. T. Dalby, M.D., of Kennington Park Road, aged 60.

Garthon.—On the 20th Oct., J. Slapp Garthon, M.R.C.S.E., late of Norwich, aged 74.

Hay.—On the 28th Oct., at Sackett's Hill House, Thanet, W. J. Hay, Esq., F.R.C.S., in his 69th year.

Lewis.—On the 18th Oct., Duncan Erhard Lewis, L.S.A.L., of Plumstead, formerly of Liverpool and Bath, aged 77.

Young.—On the 26th Oct., at Gosport, J. E. Young, Esq., M.D., Surgeon-Major H.M.'s 18th (The Royal Irish) Regt., aged 44.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 12, 1873.

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INJURIES OF THE EYE.

By Jabez Hogg,

Surgeon to the Royal Westminster Ophthalmic Hospital, &c.

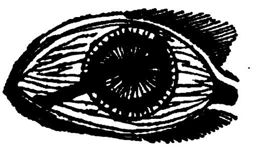
(*Continued from page* 407.)

Traumatic Cataract—Restoration of Sight after Operation.

W. G. Shirwell, æt. 6, admitted April 6th. It appeared by the mother's statement that the children were at play near a tool-box; some tools were taken out, and in the endeavour to take a bradawl from the boy it penetrated the eye-ball. The regimental surgeon applied belladonna, but as the lens on the third day became opaque the eye was pronounced lost. The child was brought to the hospital and I at once decided on removing a portion of the swollen lens. Methylene bichlor. having been administered, a grooved needle was inserted and the greater part of the lens removed. The pupil dilated on the application of atropine; a weak solution to be applied three times a day. At the end of three weeks nearly the whole of the lens substance had disappeared; fair vision was ultimately obtained.

Lacerated Wound of the Eye-Ball.

Fredk. Griffiths, æt. 19, admitted May 17th. Three days before, while experimenting with sulphuric acid and steel filings, the bottle containing it burst in his hands. Some of its contents and a piece of glass struck the right eye on the outer side, causing laceration of the sclerotic, extending across the cornea, and partially obliterating the pupil. When he presented himself at the hospital, a sketch was made, and the eye then appeared as it is represented in the woodcut. The pain was excessive, and the conjunctival vessels were much injected. The other eye was suffering from sympathetic irritation. A drop of atropine was instilled into the eye, and a firm pad of cotton wool and bandage were then applied in the usual way; to remain quiet in bed. If pain returns, to take tinct. opii., ♏x.; aqua camphoræ, ℥j.; every four hours until relief is obtained.



May 18th.—The pain has nearly subsided, and the eye is in every way much easier. The cornea looks somewhat muddy, from some slight hæmorrhage into the anterior chamber. The swollen lens can now be made out; the patient only discerns daylight.

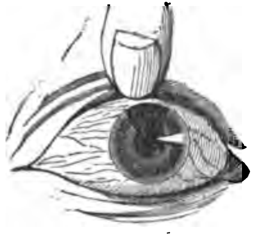
May 20th.—A portion of the swollen lens removed; this afforded great relief. The sight daily became stronger, and on the 26th he was discharged.

Superficial Injury to both Eyes by Gunpowder.

John West, æt. 36, June 18th, came quite unexpectedly within the range of a comrade's rifle, and received part of a blank cartridge charge in his face. Within six hours of the accident I saw him. The skin of the face and eyes was covered with black spots; in some parts a number of good sized grains of gunpowder were grouped together. The left eye was more injured than the right; a few grains had penetrated the sclerotic rather deeply, but the cornea had wonderfully escaped. The conjunctival vessels were much congested, and the smarting pain produced great distress. I at once attempted to remove the gunpowder grains with the small spud used for the extraction of foreign bodies, one by one, and immediately applied a drop of oil to the pit. A fomentation of hot water greatly relieved the pain, and in about half an hour I spread on the face with a camel's hair brush a layer of glycerinum amyli. For a day or two the patient was troubled by a muco-purulent discharge from the eyes, but this subsided under the use of the alum lotion, and in a fortnight scarcely any trace of the injury remained.

Torn Iris produced by a Blow from a Soda-Water Cork.

M. A. Porter, æt. 28, a barmaid, admitted Sept. 21st. Whilst engaged opening a bottle of ginger-beer, the cork flew out and struck her a violent blow in the left eye. Considerable pain and lachrymation followed, and the sight became very dim, so much so that she was induced to apply to a surgeon, who gave her a lotion. This appeared to allay the pain and inflammation, but vision on the following day was rather worse, and she, therefore, came to the hospital. On raising the lid the torn iris presented the appearance shown in the woodcut; a slight amount of blood occupied the anterior chamber. Warm fomentations containing belladonna were ordered, after which the eye to be padded and bandaged. To take ten grains of iodide of potassium in decoction of bark, three times a day. Under this treatment the sight improved; there was, however, no reparation of the torn iris; but as this produced no inconvenience, and was nearly covered by the upper lid, the patient left the hospital, and was able to resume her occupation.



Dislocation of an Old Cataractous Lens—Vision Restored.

Oliver Ryall, æt. 46, a cabman, admitted Oct. 9th. The history of the accident given by the patient was as follows: About sixteen years ago, whilst striking a nail, a small piece of metal flew up, struck the right eye, and penetrated the inner side of cornea. He subsequently discovered the sight was injured, and applied to a surgeon, who, he thought, extracted the piece of metal. The sight, however, rapidly failed, and in three months he was perfectly blind. Whilst talking to a companion in the street the day before (October 8th), his uplifted arm by accident came in contact with the blind eye. The blow caused considerable pain, and he was obliged to obtain some water and bathe the eye; to his astonishment, he thought he could distinguish daylight. When he applied at the hospital for advice, the conjunctival vessels were much congested, and the pupil was quite contracted. Atropine being instilled, in about twenty minutes he was able to submit to an ophthalmoscopic examination. The superior periphery of the lens was seen resting against the pupillary border; the fundus appeared to be clear, although the vessels were not satisfactorily made out. The eye was padded and bandaged; to be kept at rest. The third day sight was strong enough to be tested with glasses. A 3½ convex enabled him to read No. 4 test-types with tolerable ease. The cataractous lens had undoubtedly been displaced by the blow, and it appeared disposed to remain quiet in a position out of the field of vision. As the patient did not present himself again, it is believed that he retained the use of the eye, and had no further need for treatment.

Dislocation of Lens without Loss of Sight.

Thomas Lusty, æt. 60, a ropemaker, admitted Nov. 14th. A piece of twisted rope suddenly snapped in two and struck him a violent blow in the left eye. On presenting himself at the hospital, the several coats of the eye were observed to be lacerated, and near the inner and the superior junction of the cornea with the sclerotic a pouch existed. On closer inspection the lens was seen to be lodged in this sack. A slight hæmorrhage into the anterior chamber rendered an examination of the fundus impossible. A firm pad of cotton wool was applied, and belladonna fomentations employed to relieve the brow pain, and to take a grain of opium at bed-time.

Nov. 20th.—Pupil clearing; no pain.

Nov. 30th.—Nearly recovered; an ophthalmoscopic examination confirmed the loss of lens, otherwise fundus normal. The opaque lens firmly impacted in the sclerotic pouch. With a + 2 glass can read No. 3 of Snelling's test-types.

Coloboma—Injury produced by a Chip of Gun-Metal.

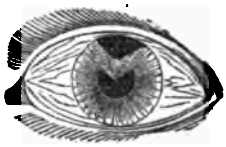
John Towns, æt. 38, employed in the Arsenal, admitted Nov. 7th, 1872. While occupied on a gun, a chip of metal flew up and struck him in the right eye. On the following day he came to the hospital, complaining of pain and loss of sight. On raising the lid a coloboma of a balloon shape was seen to the inner side of the iris. The conjunctiva was a good deal injected, but no opening could be detected.

On examination with the ophthalmoscope the lens was observed to be tremulous, and slightly moved when the eye-ball rolled inwards. There was also a slight dark patch on the inner third of the periphery of the lens. The pupil dilated somewhat, when a strong solution of atropine was applied. To take full doses of iodide of potassium, and keep the eye bandaged. In six weeks he was able to read large type, and the fundus appeared to be quite healthy; the vessels were normal. The coloboma in no way changed in shape or appearance, and if the piece of metal penetrated the eye-ball it must have fallen down out of sight, as it was never detected. Sight, although weak, continued to improve, and he refused the use of glasses.

Coloboma produced by a Blow on the Eye-Ball.

John Armstead, æt. 23, engineer, admitted Dec. 30th. A fellow workman in a quarrel gave him a violent blow on left eye, and it is believed that, at the same instant, a finger nail must have lacerated the eye-ball, for, although there was no great hæmorrhage, the eyebrow was cut through. Vision appeared to be lost soon after the blow was struck. Considerable pain in the eye came on four days afterwards. When he applied at the hospital there was general swelling of the lids. On raising the lid an incomplete coloboma of the iris was observed. He could only distinguish day from night. To apply warm fomentations, and afterwards a pad of cotton wool and bandage. To take pil. hyd. c. quinæ, *ter die.*

Jan. 15th.—Can discern the window for the first time. Pills begin to affect the gums. Omit them, and take mist. pot. iodi with bark, *t. d.*



Feb. 12th.—Can distinguish the forms of objects about the ward, and count fingers held a short distance from the eye. The drawing represents the appearance of the pupil at this time.

Two days later an ophthalmoscopic examination was made. The margin of the lens was seen to occupy part of the pupil, and large masses of pigment were floating in the vitreous. By the aid of transmitted light the lens distinctly visible. The sight gradually improved; by the aid of a convex glass was able to read No. 6 of Snelling's test-types.

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ABSTRACT

OF AN

INTRODUCTORY ADDRESS

DELIVERED AT THE

LEDWICH SCHOOL OF MEDICINE,

By Dr. Arthur Wynne Foot.

The Sixty-fourth Session of the Ledwich School of Medicine was formally inaugurated at noon on the 1st Nov. by an opening address, delivered by Dr. Arthur Wynne Foot, recently appointed to the Lectureship of Practice of Medicine in the School. The theatre was overcrowded with students, and the following gentlemen were also present:—The President of the King and Queen's College of Physicians (Dr. Duncan), the President of the Royal College of Surgeons (Dr. Denham), Dr. Wharton, Dr. Ledwich, Dr. Mason, Dr. McDowell, Professor Travers, Dr. O'Leary, Dr. Rainsford, Dr. Barton, Dr. Purefoy, Dr. Glanville, Dr. Lapper, Professor Mapother, Dr. Thomas Little, Dr. Fitzgerald, Dr. Ellis, Dr. Macan, Dr. Swanzy, Dr. Ward, Dr. Boileau (Staff-Surgeon), Dr. Burkitt, Dr.

Robinson, Dr. Collins, Dr. W. Smyly, Dr. Ringland, Dr. W. G. Smith, Dr. Whittaker, Dr. Gogarty, Dr. F. T. Porter, &c., &c.

The lecturer having gracefully acknowledged his sense of the dignity and responsibility lately conferred upon him in connection with the School, alluded in feeling terms to the removal of both his predecessors within the past year; one having been transferred to another post, had left them with a crown of laurel, the other lay secure from praise in the austere repose of the grave, wearing prematurely a wreath of cypress. The opposite fates of these two medical men reminded them of the risks as well as the rewards in their profession. He alluded then to the circumstances which have brought these inaugural addresses, almost confined to this profession, to be often regarded as a kind of medico-theological discourse, to be sat out in sad civility for an unknown period of time, and which had made them wearisome, meaningless, and listened to only as the lugubrious moaning wind, when there was nothing else to listen to; it was because subjects were treated of which had no interest for those who wanted to know the first principles of a profession in which they are but young disciples. He would not delay upon proving the proved excellence of this School, nor call up whole legions of learning and stun their deafened but not wiser ears with a parade of knowledge they might never have to know or care for; nor would he make them a mouth-piece for the public ear, and stalk his politics upon their innocent shoulders. He was a student himself, and hoped he would never err so far from the right way as ever to forget that no true seeker after truth could ever cease to be anything else. He preferred to put before them on this impressive occasion - the annual turning-point, which gives, each year, an opportunity of repentance for past waste of time, and of renewal of energy for time to come—the fundamental ideas of industry, enthusiasm, and earnestness of purpose; he counselled them to work these golden threads into the web of their life as it issued from the loom of time, and to persevere at the task till they stood as shining lights in professional perfection. He did not want to advise them, but rather to assure them of his own conviction of the value of these principles; he was not in a position to influence them by advice, but all could see that a constant systematic practice of the principles he preached could only proceed from the firmest conviction of their value. Hence he recommended them, fearless of the charge from any of being an Iscariot to them, because he wished from the bottom of his heart to see them all prosperous and honourable members of a profession which, whatever might be said or thought to the contrary, invariably held out its supreme rewards to industrious and persevering merit. For any of them to do anything rightly, he should have three things: a wish to do the thing, a knowledge of how he ought to do it, and a will to make himself do it. Having expanded the two former of these subjects, the lecturer alluded to the variability in the force of different persons' wills, to weak wills and strong wills, and to the differences between a wish and a will. He had always thought that a great want in the education of medical students was the neglect to take means to make their wills active, living forces, and for this neglect he was inclined to blame those who have the supervision of them, and who, from inadequate sympathy with them, allow the growth of their wills to be stunted by want of encouragement. He discussed the various motives which lead young men to this peculiar profession, and how it came to pass that but few had really any special aptitude for it, but had mistaken a transient wish, engendered often from domestic medical influences, for the abiding and deep-seated will which only could support them in its study. But he would not discourage any, even those who had entered it by mistake; and he proceeded to excite their interest by a brilliant picture of the duties and privileges of a medical life; and while they were kindled with enthusiasm, he would set an object before them, honourable and remunerative, while at the same time it was real, tangible, and substantial. The object was "excellence in their profession." He would not use the word success; the words he had chosen were greater than and included success, which had too much of a commercial smack, and of a pecuniary significance, wrongly lingering about it to justify him in putting it before the students of a profession whose generosity was romantic. Excellence in the profession was within the reach of all who faithfully aspired to it; the degrees and varieties of excellence were as numerous as were the branches of the great tree of medical knowledge. He dilated upon the reasons why they need not fear monopoly, nor be deterred by competition. He then addressed the various students according to their various degrees of ability, pointing out that the application of the principles of industry, enthusiasm, and earnestness put excellence within the grasp of men of moderate capacity, and even in the reach of those still more heavily handicapped by extra sources of anxiety, as well as of those who passed as the intellectual giants of a large and highly distinguished school. He warned them against being deterred from competition with "geniuses;" he recognised no definition of genius, but "the transcendent capacity for taking trouble." The term genius had suffered so much by misappropriation, that it has long been a satirical cognomen for an idler. The men they ironically called geniuses were not those who showed the transcendent capacity for taking trouble, who overflowed with energy, the sparks from whose clear steel minds set fire to their thoughts; but they were men of fitful effort, who could do all things by turns and nothing long, who were always letting down empty buckets into empty wells, and frittering away their time in trying to draw them up again. The effort to deny their palpable over-estimation made them irritably vain, and on the rare occasions on which they were seized with a fit of industry they developed a marked tendency to investigate the structure and functions of—mares' nests. It was not of such he would have them afraid; he could not be so foolish as to undervalue power and versatility of brains, but he would back work against the medley of smartness and ability which went by the name of genius. He urged on the students to aim at successes in the earliest beginnings of their studies, by concentrating their force on all difficulties as they met them; and illustrated his meaning by various allusions to matters of detail in their anatomical and hospital studies. A student's life might be a career of successes if he laid himself out for them and cultivated his will. He would not have them believe that success was only to be arrived at by few, with failing powers, near the end of life, nor accept the definition of it as a crust to be obtained when they had no teeth to chew it; nor was he inclined to ask what would become of them all; the world was all before them, and there was free trade in the market of merit. They must be patient and bide their time; the mature and full-blown success before which the world falls down and worships was no fortuitous result of happy combinations of circumstances, no lucky shuffling of the cards, but was the ripe product of cultivated industry. There was no quick or easy way to eminence in their profession. Even the good opinion of their fellow-students, much less the confidence of their brethren or of the public, was not a thing to be taken by storm, by a sudden rush on the part of a bold adventurer, even though clad in triple brass. None suddenly jump to any permanent success; such acrobatic feats are perilous even for the most skilful mountebanks, and usually end in disastrous failures. It was a slander on the name to call notoriety success, for it was but the Dead Sea fruit of shallow and artificial pretension. Having considered the bright and hopeful and successful side of the medical student and his studies, and their results, he must examine the consequences of a negation of the fundamental principles he advocated. He had not come before them as a popularity-hunter, and if any thought that he had loaded his tongue too thickly with the coarse brown sugar of flattery he would quickly remove the false impression with the lemon of impartial criticism. Reviewing in a most interesting manner the causes of failure in students, he could find apologies for all but for the mildew of idleness. He would proclaim fearlessly from the outset the most uncompromising hostility against idlers, and invited all true students to join him in the crusade. He had for idlers no sheet lightning of polished and harmless sarcasm, but red forked darts of terribly earnest reprobation. He would drive all such with a scourge of scorpions from even the approaches to a profession which had no place but for working men, which would always be ashamed to own them, and which they could never celebrate but with disgrace. It was idlers who had made a bye-word of the name of medical students, and brought into disrepute a class of men more brave, more generous, more tender, more true to all the truest instincts of human nature than were to be found among the students of any other profession. Thanks to idlers and to them alone, the name of medical students had been traduced with systematic exaggeration by those who never knew the sentiments of the real representative men of the class. Would those, he asked, who had dipped their pens in caustic to write the biographies of medical students, would they give up their natural rest and recreation to sit all night by the bed of a hospital patient to secure the success of an operation or to soothe the delirium of fever; or, steeped in self-forgetfulness of danger, volunteer to carry in their arms, with gentlest care, the cholera or typhus or small-pox patient; or daily stand for hours in the very focus of pestilence, undismayed by the sight of their comrades falling around them? The heroism of true medical students was superb; it had stood the crucial test of martyrdom, even without the support of public applause, for publicity of their brave and unremunerated deeds was the last thought that ever crossed their minds. It was the foolish freaks of a few idlers, disclaimed by the majority, which had smirched their fair escutcheon, and given to enemies cause to blaspheme a name which was the embodiment of valour and disinterested virtue. Hence, if for no other of a thousand reasons, his indignation burned against those who were growing up with no other destiny than to become the noxious weeds which disgraced the profession. He held out, however, hope of reformation even to those who had slept far on into the morning of their lives, hopes of shaking off the nightmare of sloth which was threatening them with professional asphyxia. Even at the eleventh hour he would not withdraw the rainbow of hope, and would cast a rope to those about to sink perhaps for the third time in the seething flood of their own follies; let them catch it, and hold it, be brought safe to land, and be saved from suicide. He had always thought that a peculiar value in these periodic addresses at critical stages in their student life was, that while the working and industrious men could be refreshed with encouragement, and further stimulated by approbation, there was an opportunity perhaps of arresting the downward career of those who were sliding into the bottomless pit of idleness. Having touched on many other matters, all bearing on the students, their hopes, their fears, their interests, the lecturer concluded with a brief recapitulation of the great principles he had advocated, of the issues resulting therefrom, and resumed his seat amid prolonged and well-deserved applause.

Mr. A. H. Garrod has been elected a Fellow of St. John's College, Cambridge, for his proficiency in Natural Science. Mr. Garrod obtained a Natural Science scholarship in St. John's College on his entrance as an undergraduate at Cambridge. In 1871 he was first in the Natural Sciences Tripos.

Epidemiological Society.—The first meeting of the Epidemiological Society for this session will be held at the rooms of the Medical Society, this evening (Wednesday), when the new president, Inspector-General Smart, M.D., C.B., R.N., will deliver an address. Dr. Smart succeeds Mr. Robert Lawson, Inspector-General of Hospitals Royal Army (retired), in the presidential chair. Professor Corfield retires from the secretaryship of the Society, and is succeeded by Dr. Wm. Squire.

Reports
ON
DISEASES OF THE THROAT.

Edited for the "Medical Press and Circular,"

By Prosser James, M.D., M.R.C.P.,

Lecturer on Materia Medica and Therapeutics at the London Hospital.

(*Continued from page* 393.)

THERAPEUTICS.

General Therapeutics. Remedies reaching the Respiratory Mucous Membrane without the aid of the Laryngoscope. Gargles. The Nasal Douche. Insufflations. Sternutatories. Lozenges. Fumigations. Inhalations. Atomised Fluids or Sprays.

The attention bestowed on laryngoscopal therapeutics is not intended to extol topical treatment to the exclusion of other remedial agencies. I have always maintained the importance of general treatment, and desire even in a paper like this to impress upon the reader the danger of confining his attention entirely to local manifestations and local measures. It is not desirable to enter here on the principles of general therapeutics. These should be familiar to every physician. It is, however, necessary, in order to complete the subject, to speak of several remedies which, though they are not applied by means of the laryngoscope, act locally on the respiratory mucous membrane, and may be considered as supplementary to those spoken of under the term laryngoscopal therapeutics.

GARGLES.

The value of this ancient mode of applying remedies has given rise to no little discussion. Some have almost entirely excluded gargles from their practice, while others have relied upon them to a great extent. The former have maintained that they never come in contact with more than the anterior surface of the velum and uvula, and perhaps a portion of the tonsils. The latter have endeavoured to show that they penetrate much further. Even were the first allegation correct there would still be a use for gargles, but it is now generally abandoned.

These diverse views have no doubt partly depended on the inclusion of several distinct acts in the term gargling. A mere mouth-wash may be so employed that the anterior surface of the velum is subjected to its influence. The word gargling, however, is generally understood to imply that the air is to be expelled through the liquid with sufficient force to make the bubbling noise which many seem to consider so essential to the process. But a moment's thought will suffice to show that the liquid may be permitted to remain in the position it occupies as long as the breath can be held, and further, that expiration may be carried on so gently as to prevent the bubbling noise being heard. If now any attempt be made either to swallow or to inspire to a very slight degree, the liquid may pass farther, and yet be arrested before it sets up any spasmodic action. The act of gargling may be well studied in conjunction with that of swallowing, and the reader will no doubt be aware of the diversities of opinion that have prevailed respecting the physiology of deglutition. We all know that soft bodies produce little irritation in the larynx compared with hard ones; though, as previously pointed out, a drop or two of liquid coming unexpectedly on certain parts may at once set up spasm.

It is believed by many that the use of the epiglottis in closing the air passage during deglutition has been somewhat exaggerated. Certainly I have met with many cases in which great destruction of the epiglottis had occurred, and some in which it had been entirely destroyed, without the power of swallowing being greatly affected. On the other hand, we constantly see swelling and ulceration of the epiglottis associated with pain and difficulty in deglutition.

M. Krishaber having masticated and insalivated a little bread crumb, pushed it with his finger over the edge of his epiglottis, and then by an inspiration drew it into the air passage, expelling it again by a sudden forcible expiration. M. Guinier, of Montpelier (*a*), had previously observed on himself by means of the mirror, that such a morsel of soft bread could come upon the closed glottis without causing any uneasiness. The last-named author subsequently attained such command over the parts as to let liquids enter the larynx, and founded upon his experience the plan of laryngeal gargling (*b*). We must remember, however, that the presence of the mirror in the throat during an effort to swallow completely changes the conditions to be studied. In the natural act of deglutition there can be little doubt that the air passage is generally closed. The impossibility of breathing during that act, and the spasm excited by the entrance of small quantities of the food or drink, seem to show this. Besides, if we eat any substance that will impart a distinct colour to the membrane over which it passes, and then practise auto-laryngoscopy, we find that it discolours the anterior surface of the epiglottis, but not the posterior, and still less the mucous membrane of the vestibule of the larynx.

From what has preceded, it will be readily understood that the act of gargling may vary very much with the individual. Accordingly, we find that some persons never learn to gargle properly, while others achieve what at first seems impossible. The majority of patients, in point of fact, require some instruction respecting the end to be attained. In using a mouth-wash the velum and uvula descend so as to cut off all communication with the pharynx. In gargling, as frequently understood, the result may be almost the same, the liquid coming in contact with the anterior surface of the velum and uvula only. If, however, the patient should now raise the velum, as many can do, some of the liquid will flow into the pharynx. There it produces a desire to swallow, and unless the patient can control this some of it will pass into the œsophagus and stomach. Some persons, however, instead of yielding to the desire to swallow, suddenly jerk the head forwards, and a quick forcible expiration taking place at the same moment, the liquid is expelled through the nose. What they do involuntarily can be accomplished by others deliberately and without inconvenience. In persons possessing this control over the parts we may often obtain good results from a natural nasal douche thus employed.

It is by no means so easy to let the liquid enter the larynx, and in spite of persistent efforts, many will totally fail in the attempt. Of course, the glottis must be kept closed if the liquid is to rest upon it, and therefore the duration can only be while the patient can hold his breath. M. Guinier, who has demonstrated his method with the laryngoscope, says that the head should not be thrown back, as the less it is raised the less urgent is the desire to swallow. He also advises that the mouth should not be quite closed. With these precautions he takes the liquid into the mouth, brings forward the lower jaw, and closes the glottis by the uncompleted act of emitting a vowel sound. The velum in this disposition of the parts is raised, and the base of the tongue perhaps falls a little, so that the liquid finds its way into the larynx, where, if the patient can completely control the sensibility, it may remain as long as the breath is held. The slightest attempt to inspire will bring on spasmodic cough. Only the few can expect to attain success in this method, and its use is therefore very restricted, especially when we remember that there are other modes of applying liquids to the laryngeal mucous membrane.

This report should have appeared earlier. The delay, however, enables me to make it more complete by adding that Dr. Guinier has in the meantime been to London and demonstrated his method at one of our societies. I therefore add a few lines about it.

At a meeting of the Clinical Society of London on October 24th, 1873, M. Guinier explained and demonstrated on himself his method of laryngeal gargling. He considered the uvula, velum, and often the pharynx to be insensible to ordinary touch. Mr. Prescott Hewitt, who, as president, occupied the chair, could not accept this proposition. Dr. Liveing observed that though not quite insensitive, they were far less sensitive than other mucous surfaces in the neighbourhood, and could, with practice, become insensible. Mr. Pugin Thornton pointed out that in the ordinary mode of gargling the liquid may come in contact with the upper surface of the vocal cords as shown some years since, by brushing them with a solution of iron, and then gargling with tannin. Dr. Burney Yeo thought that the noise usually produced in gargling went to show that the liquid entered the larynx—surely too great an assumption; and he, as well as Dr. Theodore Williams, considered that gargling was a mere matter of education. This is, as I have previously pointed out, perfectly true. Singers generally acquire consider-

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(*a*) Nouvelles expériences sur la déglutition faites au moyen de l'auto-laryngoscope.—*L'Union Méd.*, 1865.

(*b*) Etude du gargarism laryngien. Paris, 1868.

able control over the parts, while those who have never learned to gargle sometimes find it no easy task.

Astringents are the remedies most frequently required in this form. One of the best gargles is a solution of alum, the strength of which may be varied according to the effect required. Chloride of aluminum may be employed for the same purposes. For a more powerful astringent tannin may be used; one or two drams in half a pint of water, to which a dram of rectified spirit or an ounce of glycerine has been added. Borax and chlorate of potass are also useful as both gargles and mouth-washes. The former is slightly alkaline as well as astringent; the latter possesses special value in an aphthous condition of the buccal and faucial mucous membrane. As a disinfecting wash and gargle Condy's fluid is the best. Mineral acids ought not to be employed as gargles, as they destroy the patient's teeth.

It is obvious that it is not desirable to order gargles for children who have not learned to use them, or for persons whose fauces are so inflamed as to make all movement painful.

The *Nasal Douche* may be mentioned here, inasmuch as it is in one sense supplementary to gargling. By it the fluid is brought into contact with a portion of mucous membrane which, in the majority of persons, is otherwise inaccessible to local treatment such as the patient can employ. The nasal douche is, of course, most serviceable where the disease is located in the posterior nares (*a*), but is also of value in some phyryngeal cases. The nasal passages, as well as the pharynx, may also be medicated by means of syringes and atomisers properly constructed.

Insufflations.—Powders may be applied to the pharyngeal mucous membrane by means of any of the common insufflators. They are often very useful as adjuncts to other treatment—particularly diseases near the orifice of the Eustachian tube, and other conditions giving rise to deafness.

Sternutatories, if old-fashioned, are often useful in diseases of the pituitary membrane, and are readily used by snuff-takers.

Lozenges may be looked upon as the modern representatives of the ancient class of remedies termed "hypoglottides," and which Galen, Dioscorides, and others were accustomed to prescribe. The name was derived from the dose being placed under the tongue of the patient.

The attention bestowed on the process of deglutition in connection with gargling precludes the necessity of considering it in reference to lozenges. The local effect of certain substances on the mucous membrane is often obtained by the employment of lozenges, which should always be allowed to dissolve in the mouth without breaking them by the teeth, and should also be swallowed very slowly, so as to prolong their action as much as possible. It is, however, to be remembered that as lozenges are swallowed their effect on the stomach is not to be forgotten. Indeed, their liability to interfere with digestion is one of their disadvantages. Some lozenges, as those containing morphia for instance, are also used for their general effects. In the British Pharmacopœia there are ten formulæ for lozenges. Some, as those of tannin and chlorate of potash, most useful locally; others, as those of iron and opium, for their effects on the system. The hardness of these lozenges is sometimes an objection. To overcome this, at the Hospital for Diseases of the Throat the lozenges are made of fruit paste, such as is used in the currant lozenges to be found everywhere.

I have had lozenges made like the ordinary jujubes. The *pâte de guimauve*, so common in France, and indeed all the elegant forms of French Pharmacy, may be made equally serviceable. The most useful additions to the lozenges of the British Pharmacopœia are astringents. Of these krameria is one of the best, as its remote effects are less marked than those of other astringents. In tonsillitis, guaiacum has been strongly recommended by Sir T. Watson(*a*) and others, and can be given in the form of lozenges.

Fumigation is a term frequently applied to the plan of drawing the fumes of any substance into the nose, throat, or any part of the respiratory passages. This is accomplished by burning the substance so as to fill the room with the fumes, or by igniting a small quantity in any convenient vessel, and inspiring the vapour as it rises. The former plan is commonly employed for sulphur, and some other substances. As, however, the gas or fume is inspired we might include these under the term inhalations. Unsized paper, saturated with nitre and other substances, when ignited, gives rise to fumes, which have been inspired with benefit, particularly in asthma. Trousseau and Pidoux recommended (*b*) balsamic substances to be heated over a lamp, or thrown upon live coals, so as to fill the room with the anodyne fumes. Iodine gives off its vapour at a low temperature, so that this and other substances can be used in a similar manner. A watch-glass containing a little put in a saucer of hot water is a simple apparatus. The vapor chlori of the British Pharmacopœia requires no apparatus (though it is convenient to have one), and may be called a fumigation.

Inhalations.—This term is commonly restricted to the breathing of steam, either alone or impregnated with medicinal substances, but it is equally applicable to other modes of administering remedies through the respiratory mucous membrane. Some of these have been named under the previous heading, others are the inhalation of gases, of which oxygen is the most important, and for which Barth's apparatus is very convenient. The inhalation of simple steam is a most valuable remedy in a great variety of cases. So valuable is it that much of the good effect of many inhalations may be traced to its influence. Great good arises in croup from keeping the atmosphere of

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(*a*) See the author's paper on Ozæna, read before the Medical Society of London, Oct. 20, 1871. MEDICAL PRESS AND CIRCULAR, Dec. 6, 1871, p. 503.

(*a*) "Lectures on the Principles and Practice of Physic."

(*b*) "Traité de Thérapeutique." Paris, 1869.

the sick room saturated with steam, and not a few cases of bronchitis find relief from the same plan. In the early stage of acute catarrh the inhalation of steam is most grateful to the patient. It supplies moisture to the dry inflamed surface, and its soothing effect is often manifested by procuring sleep after narcotics have failed. The simplest plan is to inhale slowly the vapour arising from a jug of hot water. A more effectual plan is to take a large sponge, dip it into hot water, squeeze it sufficiently, and then hold it over the mouth and nose, drawing the breath through it. In this way the air is saturated with warm vapour just as it enters the respiratory passages. For simple steam inhalations this plan is the best, but when we desire to add medicinal agents some kind of inhaler is always more convenient, and frequently necessary. Any of the common inhalers will suffice for the purpose, and frequently an ordinary jug may be made to do duty. Nelson's and Maw's inhalers are cheap, and being of earthenware, preferable to all made of metal. When price is no object Mackenzie's "eclectic" inhaler will be found complete. Any volatile substance can be easily employed in the form of inhalation, and those herbs, the therapeutic value of which depends on an aromatic volatile principle, are thus employed; or this principle is previously extracted, as in the case of essential oils. The soothing properties of steam are often increased by employing hops—the vapour of the freshly-made infusion being charged with the sedative properties of the drug. Another aromatic sedative is obtained by putting a teaspoonful of tinct. benz. comp. into the inhaler with a pint of hot water. The vapor coniæ of the British Pharmacopæia is more distinctly sedative—its efficacy depending on the alkaloid being set free at the time. It is for this reason that the potash should be added at the time. The succus conii is to be preferred to the extract as more reliable. The vapor acidi hydrocyanici is employed with cold water, but may be ranked among sedatives. The volatile parts of opium can be utilised by putting the tincture or the solid drug in the inhaler with hot water.

Æther and chloroform may be used with water at a low temperature. In my work on "Sore Throat" I recommended conium, opium, and chloroform in combination, and similar compound inhalations will often prove of service when a simple one fails. It is, however, obvious that very volatile substances may be as well administered without the medium of water. A very simple inhaler, or a little cotton wool in a cone of paper, will suffice for chloroform, æther, and nitrite of amyl, which I consider should generally be given under the superintendence of a medical man, as it is not well adapted for use when diluted as an inhalation, even at a low temperature.

The late Dr. J. A. Symonds recommended solutions of balsams in æther or pyro-acetic spirit, to be inhaled from an ordinary wide-mouthed bottle, the warmth of the hand holding it being quite sufficient to volatilise the liquid. I prefer æther to the pyro-acetic spirit. Spirit of chloroform may also be used by this method. Half an ounce of benzoic acid in an ounce of æther forms a standard solution, to which two drams of balsam of peru, or of tolu, or of any similar substance, may be added. Turpentine has also been used in this way, but might then be made the menstruum. The essential oils can, if desired, be employed in this manner without steam.

Besides anodyne inhalations, those possessing stimulant properties are most important. In the British Pharmacopœia there are only three—vapor chlori, creasoti, and iodi. The mode of using differs in each case, the hot water being in neither instance employed, while each vapour is a special stimulant. Camphor is a good stimulant for inhalation. Ten drops of the spirit may be put into the inhaler to begin with. It is better to dilute it with more spirit. In like manner most of the essential oils can be used as stimulants. They can be dissolved in spirit or diffused through water by means of magnesia, or powdered silex, in the manner often resorted to for making medicinal waters. The oils of aniseed, cajeput, cloves, cinnamon, marjorum, myrtle, rosemary, and others are adapted for this purpose. Ammonia is a general stimulant often resorted to.

Atomised Fluids.—Liquids that are not volatile can be made available for inhalation by reducing them to a fine spray. Thus soluble solids can be dissolved and the solution used in the same manner. All the common atomisers or spray-producers consist essentially of a pair of Bergson's tubes, with an arrangement for driving air or steam through the upper one. The tubes are fixed at right angles to each other, one descending vertically into a bottle of the liquid to be atomised. The rush of air or steam through the horizontal tube exhausts the perpendicular one, the fluid rises, and is sent forward in a fine spray. In Siegle's inhaler the force employed is steam generated in a boiler by means of a spirit lamp. In Dr. Andrew Clark's hand-ball atomiser, and the many modifications of it, the steam boiler is replaced by a pair of bellows consisting of two india-rubber balls with proper valves. The bottle being held in one hand, and the bellows worked with the other, the spray is inhaled as seen in the engraving (Fig. 52).

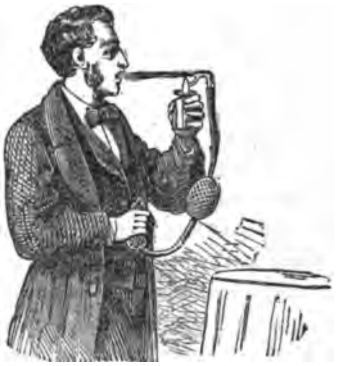

FIG. 52.

I have contrived a more simple apparatus, which produces an equally good spray, and is so inexpensive as to place this mode of treatment within the reach of all. In my atomiser the tubes are placed parallel instead of at right angles to each other. The distal end of the upper tube is formed into a cup, which holds enough liquid for each occasion. The fluid finds its way by gravity to the point, and the air is blown through the lower tube by the ordinary double bellows. This atomiser is much more simple in its construction than any other, as will be seen on reference to the engraving (Fig. 53). The bottle is dispensed with altogether. The tubes being of glass, can be replaced if broken, at a small cost. Messrs. Maw, Son, and Thompson are the makers, and supply the atomiser complete for 3s. 6d., and any chemist will sell it at 4s. 6d. The glass tubes alone they sell at 15s. per dozen.

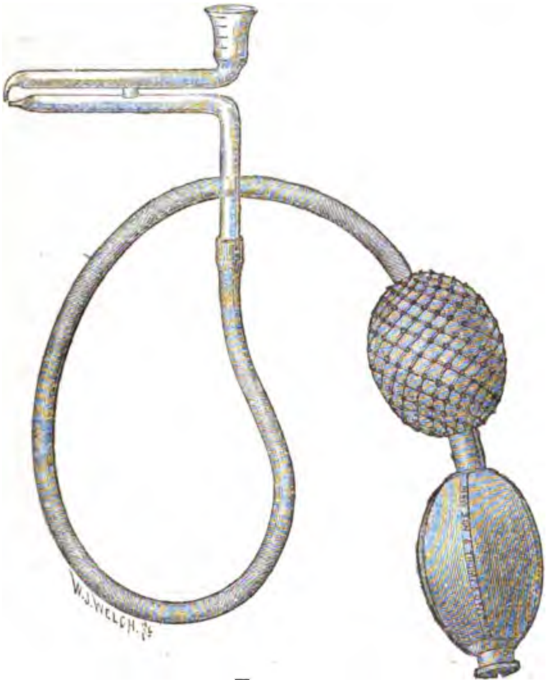

Fig. 53.

My atomiser is easier to use than more complicated instruments at three or four times its price, and will be found the most convenient apparatus wherever it is desired to use a spray. I find in practice that sprays are generally useful when it is an advantage to give them cold; while for warm applications I mostly resort to the common mode of inhaling steam impregnated with the remedy. It is mostly advisable to administer astringent sprays cold, though of course they may be used warm. Anodynes are applicable either way, but more frequently should be taken warm. A great advantage of my atomiser is, that the tubes can be held far enough in the mouth to prevent the spray spreading over the face, which can only be prevented with steam atomisers by the use of Beigel's screen (*a*).

The remedies most commonly used in the atomiser are solutions of metallic salts. As astringents, sulphate and chloride of zinc, alum, perchloride of iron, and sulphate of iron. The strength of the solutions of these salts may vary from three to ten grains in the ounce, or more, according to circumstances. Permanganate of potass, five to ten grains per ounce, is disinfectant and stimulant, and in some cases exercises a most happy influence on mucous membranes. Carbolic acid, three to five grains, is a good stimulant when the membrane is unusually dry. Lactic acid has been strongly recommended as a solvent of the false membrane of diphtheria, and I have had some successful cases. About half a dram in the ounce will be strong enough.

Nitrate of alumina was tried by Dr. Beigel (*a*), who also used many other substances, including acetate of lead, chloride of sodium, and even cod-liver oil.

Demarquay recommends glycerine to soothe an irritated pharynx, and Dr. Scott Alison has employed this fluid in laryngitis and tracheitis. Laudanum and solution of the salts of morphine can be used in the form of spray, five minims to twenty at a time, properly diluted. In asthma success seems to have followed Fowler's solution, five minims at a time, administered in this manner.

Sulphurous acid is generally prescribed too diluted. It may be employed pure, or diluted with one, two, or three parts of water. Mr. Durham (*b*) thinks it may be mischievous, but I have not found it so. Tannin, as an astringent, varies much in the dose, and is often given too weak to be effectual.

In conclusion, the atomiser has been used to fill the patient's room with aqueous vapour, or with a solution of sea-salt, so as to make an artificial sea-air, or with carbolic acid or other medicinal agents. Though the plan has now been some time before the profession, it has probably even yet not received the extension to which it is destined.

[In my last report, in consequence of not being able to correct the proof, some misprints occurred. Among these the names Fieber and Voltolini were misspelled; and it was omitted to state that the figures of right-angled forceps were reduced from those published by Dr. Morell Mackenzie, in his "Laryngoscope" and his "Growths in the Larynx."]

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STUDENTS' COLUMN.

LECTURES ON HUMAN ANATOMY.

By Walter Rivington, M.S. Lond., F.R.C.S. Eng.,
Surgeon to the London Hospital and Lecturer on Anatomy at the London Hospital Medical College.

Lecture VIII.—(*continued.*)

The adaptation of the Female Pelvis to the function of parturition might be exemplified at greater length and with additional particulars, but it will suffice to adduce one other illustration—the mobility of its joints. It is generally admitted that the Coccyx of the Female is more moveable at the Sacro-Coccygeal articulation than that of the Male, and that it retains its mobility until at least the termination of the parturient epoch. But it has been a matter of animated controversy for a lengthened period, whether the Sacro-Iliac and Pubic Symphyses, which, under ordinary circumstances, are capable of but little motion, become so relaxed at the time of labour as to afford increased room for the fœtal head. That this may occur in the human

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(*a*) "On Inhalation." By H. Beigel, M.D. London.

(*a*) *Op. cit.*

(*b*) Holmes' "System of Surgery," Vol. IV., p. 533.

female is *à priori* probable, because some of the Mammalia—notably Guinea Pigs—are unable to stand firmly during parturition, in consequence of the relaxation of the pelvic joints. In the Guinea Pig the elastic ligament which exists at the symphysis becomes soft a few weeks before labour, and at the time of parturition the two pubic bones admit of a considerable separation. The Sacro-Iliac Symphysis also becomes very moveable. If it were not for this provision, the head of the young would not be able to pass, for its transverse measurement actually exceeds the transverse measurement of the Pelvis in the ordinary state. In the Seals the Pubic Bones are united by means of very small and short symphysial surfaces, and so slightly and loosely, that they are capable of separation to an extent of about two inches during parturition. Relaxation of the pelvic ligaments occurs in the cow as the time for gestation approaches. In Deer, Goats, Oxen, and other Ruminants, the Ischiatic protuberances project in a well-marked manner in the buttocks, and rise above the level of the Coccygeal Vertebræ. The Sacro-Sciatic ligaments, running downwards and forwards to the Sacrum and Coccyx, suspend those bones in an elastic sling, and prevent downward and forward displacement. But as the term of pregnancy draws to a close, the Sacrum is said to sink between the Ilia and Ischia by reason of the relaxation of these ligaments, and of the Sacro-Iliac joints. In the human subject, loosening of the pelvic articulations was observed by Dr. Knox, of Edinburgh, in the dissection of five women who died soon after delivery. The great Rokitansky, of Vienna, was decidedly of opinion, from his *post-mortem* observations, that the pelvic ligaments of parturient women become soft and stretched. The researches and opinions of Paré, Levret, William Hunter, Sœmmering, Smellie, and others, add weight to this side of the question. The Pelves of women who have died in childbed have been found to exhibit separation of the bones at the Pubic or at the Sacro-Iliac Symphyses. Moreover, it is stated by practitioners, that women after confinement often experience for some time difficulty in walking, accompanied by pain in the neighbourhood of the joints of the Pelvis. On the other hand, a strong party opposes the view, and ascribes the chief changes observed on the *post-mortem* table—the softening and the separation—to inflammation and suppuration. The later researches of Dr. Matthews Duncan and others, seem to establish the fact that, during the last months of pregnancy the fibro-cartilages of the pelvic articulations are thickened and softened, that the synovial membranes become more distinct, and the ligaments relaxed. The relaxation of the Sacro-Iliac joints and accessory ligaments, permits not only an oscillatory movement of the Sacrum on a transverse axis, but also an enlargement of the outlet and of the inlet of the Pelvis. Dr. Matthews Duncan has drawn attention to the exact correspondence which there is between these changes and the position assumed by the woman at each stage of labour. When the head is engaged at the brim, the promontory of the Sacrum would be pressed backwards, the Coccyx forwards, and the inlet would be enlarged at the expense of the outlet. Whilst this is occurring, the woman chooses the standing, sitting, or reclining postures, in which the promontory of the Sacrum projects least into the cavity of the Pelvis. When the head is engaged in the cavity and outlet, the body is bent forward, the legs drawn up, the abdominal muscles are called into play. All the motions favour what is actually occurring, an increase of the conjugate diameter by the tilting of the Coccyx backwards, and of the transverse diameter by that separation of the tuberosities of the Ischia, which increased mobility at the Sacro-Iliac and Pubic Symphyses would permit (*a*). Recent experiments also tend to show that in contracted pelves, movements at the joints may occur to a greater extent, so as to afford some compensation for deformity, and it was from a consideration of the advantages accruing, and likely to accrue from relaxation of the Symphysis, that section of the joint was proposed by Sigault as a substitute for the Cæsarean section. This operation has been for some time discarded by obstetricians.

The Pelvis of the infant at birth differs in many respects from that of the adult Pelvis. Its cavity is proportionately deeper, and the spine being destitute of the curves which subsequently distinguish it, the Sacrum partakes of the same character, is nearly straight, and shows but a slight projection at the promontory. The Pelvis is rather less obliquely placed in respect to the Spinal Column, the antero-posterior diameter of the brim is longer than the transverse, instead of being shorter, as in the adult female, and the arch of the pubes is narrower. The iliac wings are flat and do not curve inwards like a'æ of the adult. Having thus some resemblance at first to the Pelvis of the lower mammals, it acquires in the progress of growth the appearance of the adult male Pelvis, and it is only after the period of puberty that it assumes in the female the characters proper to the sex.

The Pelvis of the Male Negro is smaller in all its measurements than the European Pelvis, and it would appear that the antero-posterior diameter of the brim is longer than the transverse. The Pelvis of the Negress, however, presents a much greater difference from that of the male, than exists between the European male and female Pelves. "In many of the females it is as large as in the European female. The average size, however, is somewhat less, in accordance with the slight inferiority of the dimensions of the fœtal head in the Negro. Parturition is also facilitated by the Sacrum being somewhat less curved in the Negro than in the European" (*b*). It has been considered by some, that the Pelves of the Negro Bushman and Australian approach nearer than the European to the structure of the Pelves of the Apes; but a very superficial examination will suffice for the observation of the marked distinctions existing between them. Not only do the Pelves of the Negress and female Bushman and Australian often present the peculiarities which belong to the European, but they are deficient in characters always present among the higher Apes. Thus, in the Quadrumana, the antero-posterior diameter preponderates greatly over the transverse; the depth of the Pelvis is greater; the end of the Coccyx is higher than the upper border of the Symphysis Pubis; the promontory of the Sacrum is less marked; the Sacrum is almost straight; the Sacro-Vertebral Angle is very large, as the Sacrum is much more nearly in a line with the rest of the Spinal Column; the Pubic bones are deep and broad; the Iliac Alæ are elongated, narrow, and straight, and pass transversely outwards, nearly in the plane of the anterior surface of the Sacrum; the Ischial Spines are nearer to each other, and the Tuberosities are expanded and everted.

Our Museum contains the Skeleton of a Male Tahitian—stated by a former beadle, but I know not on what authority, to have been "a prince in his own country." "In his bones," at any rate, he is "every inch a king," measuring at least six feet two inches; arrayed in his garment of flesh, he must have been a very fine man, even though he may not fully have resembled Saul, who, "when he stood among the people, was higher than any of the people from his shoulders and upward." His Pelvis is remarkably large, considerably larger than the Pelvis of the Male Tahitian described in Mr. Wood's article on the Pelvis, in the Cyclopædia of Anatomy.

Between the Iliac Crests it measures 12 inches, more than any other Pelvis in the Museum. The Cavity is as capacious as that of a female Pelvis, indeed many females would be happy if they possessed Pelves as commodious. Between the Spines of the Ischia it measures 3⅛ inches, whereas in Mr. Wood's specimen the same interval amounted only to 3 inches and 3 lines. The transverse measurement at the brim, 5⅜ inches, exceeds the antero-posterior, which is only 4 inches, to a considerably greater extent than in Mr. Wood's specimen. Thus it differs still more completely from the small and contracted Pelvis of the Male Negro. The *Malayo-Polynesian* group of the *Oceanic* races, to which the Tahitians belong, have little in common with the Negros. Dr. Carpenter says that "the Tahitians and Marquesans are tall and well made; their figures combine grace and vigour; their skulls are usually remarkably symmetrical; and their physiognomy presents much of the European cast with a very slight admixture of the features of the Negro. The complexion, especially of the females of the higher classes who are sheltered from the wind or sun, is of a clear olive or brunette, such as is common among the natives of Central and Southern Europe, and the hair, though generally black, is sometimes brown or auburn, or even red or flaxen" (*b*).

(*To be continued.*)

(*a*) See "Researches in Obstetrics," by Dr Matthew Duncan.

(*a*) "The Human Skeleton." Humphry. P. 446, 447.

(*b*) "Principles of Human Physiology."

Transactions of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, October 28, 1873.

Dr. C. J. B. Williams, F.R.S., President, in the Chair.

NOTES OF A CASE OF DUCHENNE'S PSEUDO-HYPERTROPHIC MUSCULAR PARALYSIS, WITH SPECIAL REFERENCE TO THE TEMPERATURE OF THE OVERGROWN LIMBS, AND WITH GENERAL REMARKS.

By William Miller Ord, M.B. Lond.,
Assistant-Physician to St. Thomas's Hospital.

The patient, a child of seven years, had suffered for two years from progressive weakness of the back and lower limbs, of which no exciting cause was known. There was no impairment of the mental faculties, but the child constantly fell while walking, and could not get up again without seizing some firm support by the hands. The sacro-spinal muscles and the muscles of the thigh were thin and poor, but the calves were distinctly overgrown. The observation to which attention was specially directed was, that the calves were distinctly warmer than the thighs by from 1·9° to 3·9° Fahr. The fibres of the muscles, being removed by an *emporte-pièce*, showed no material deviation from a healthy structure, certainly no degeneration; but there appeared to be an increase of the white fibrous element between the primitive fasciculi. It was suggested by these facts that the disease was in a very early stage, and that vasomotor derangement, probably paralytic, played a great part in its production. The diseases called "progressive muscular atrophy of childhood" and "infantile paralysis" were compared with the pseudo-hypertrophic paralysis. It was noted that, whereas in the former of these a definite wasting of certain parts of the cord had been demonstrated by Dr. Lockhart Clarke and Dr. Bastian, no morbid appearances had been detected in the brain or spinal cord characteristic of the pseudo-hypertrophic paralysis. It was inferred from these and other considerations that the origin of the disease must be looked for in the sympathetic or ganglionic nervous system. No affection of sensation was detected in this case; and the one morbid condition was the gradual weakening of the muscular power in the lower half of the body generally, associated with the hypertrophy of the calves. This was regarded, not as a true hypertrophy of muscle due to excessive use, but as an overgrowth of interstitial connective tissue due to hyperæmia.

ON THE ACOUSTIC PRINCIPLES AND CONSTRUCTION OF STETHOSCOPES AND EAR-TRUMPETS.

By Charles J. B. Williams, M.D., F.R.S.,
Consulting Physician to the Hospital for Consumption, Brompton.

After noticing the invention of the stethoscope by Laennec, its modification by Piorry, and the introduction of the trumpet-end instrument by the author thirty years ago, he enunciates the principle of the stethoscope to be to conduct the sounds from the chest to the ear, both through its solid fibres and through its enclosed column of air. He then considers the *material* and the *form* best suited for this office. Wood, as a conductor of sound, is the best material, especially deal, and such woods as are rigid in longitudinal fibre, and yet light; the same reason makes them fit for sounding-boards of musical instruments. The only objection to wood is its fragility, especially when reduced to the shape best suited for stethoscopes. Metals are good conductors; but their coldness when first applied to the chest and ear, and their weight, are objectionable. Horn, *papier maché*, or gutta-percha, would answer better; but a more suitable material is found in a preparation of india-rubber called *ebonite*, being easily formed into any shape, being also light, durable, and a good conductor of sound. With regard to the form of the instrument, after long and varied trials of stethoscopes of different shapes, the author is convinced by reason as well as experience that the trumpet-end instrument is the best. Conducting the sounds by its enclosed column of air as well as through its solid walls, this trumpet-end brings both its solid and its contained air into closer contact with the chest-walls, from which the vibrations proceed, than can be done with a conical end, or any other; and there is neither too much hollow, which causes a confusing reverberation, nor superfluous weight of solid, which checks the weaker vibrations of sound. This form is also more comfortable to the patient, and easier and more steady for the observer; because its application is by a flatter contact and a firmer base than that of conical instruments, the edges of which often give pain. After discussing the subject of the transmission of sound through flexible tubes, the author admits their power, but concludes that the sounds are more or less modified by reverberation in them, especially when long or with large hollows. Dr. Williams concludes the subject of stethoscopes by a description of two forms made in ebonite—one for the hat, another for the pocket,—and of some of their uses.

The acoustic principle of the ear-trumpet is quite distinct from that of the stethoscope. The latter simply conducts pectoral sounds through its solid and its enclosed column of air. The ear-trumpet, on the other hand, acts solely as a reflector to receive the waves of sound from the open air, and to direct them into the ear as a focus. The best materials for reflecting aerial sounds are those hard and dense, such as metals, glass, porcelain, &c., but the weight of some of these, the fragility of others, and the intrinsic tinkling note of all, form objections to their use as ear-trumpets. Still, the best instruments in common use are made of silver, plated metal, or japanned iron. The lightness of aluminium would render it more eligible. Polished ebonite also forms a good reflecting surface, and although inferior to metal, has advantages over it in lightness and freedom from intrinsic sounds. The form of the ear-trumpet requires careful consideration. The simplest and most efficient reflector is a hollow cone with a wide base open to catch as large a body of sound as possible, and to reflect it in the simplest and most direct way through the apex into the ear. All repeated or secondary reflections of sound, as in parabolic and spheroidal cavities, are to be avoided; because, being retarded, they confuse the sound by an echo following, instead of adding to its distinctness. Such instruments may increase the noise, but they impair the clearness of articulate sounds, which ear-trumpets ought to convey, pure and unmixed with extraneous notes. But in point of fact, these confusing sounds are met with in all ordinary ear-trumpets, causing the conch-like roar, like that of the sea heard in large shells. This noise is a reverberating echo of sounds from without, and takes its tone from the note proper to the size of the cavity or tube in which transverse or longitudinal vibrations are excited, responding to every noise or impulse. These noises are confusing, and often painful to sensitive ears, and should be avoided. They are much lessened by widening the open base of the cone; but they may be further diminished by several other expedients, as exemplified by the instruments exhibited, the most convenient of which is obliquely truncating the cone, leaving open half or more of its length. In so doing the instrument has an obvious resemblance to the ears of many quadrupeds, and probably this form is wisely designed to aid their hearing without the confusing noise of mere tubes and cavities. Perhaps, too, the hair with which the ears are fringed may subserve a like purpose, from which a hint may be taken if required.

After the reading of the paper, Dr. Williams exhibited and explained various forms of stethoscopes and ear-trumpets.

A short discussion followed, in which Mr. Brudenell Carter and Dr. Leared took part.

Royal College of Physicians.—The Harveian Oration will be delivered by Dr. Charles West. The Gulstonian Lectures will be delivered by Dr. J. F. Payne, the Croonian Lectures by Dr. Murchison, and the Lumleian Lectures by Dr. Sibson.

Adulteration.—Dr. Hardwicke, in his quarterly report as public analyst for Paddington, states that he had examined during the quarter 54 articles of food, including 17 samples of bread and 22 samples of milk. The milk supplied to the parish showed a decided improvement, but the bread was in 10 instances adulterated with alum.

Guy's Hospital.—At a Court held on the 29th Oct. the Lord Bishop of Ripon, Lord Cairns, Lord Lawrence, Mr. Henry H. Gibbs, and Mr. Money Wigram were elected governors of Guy's Hospital, to supply vacancies occasioned by the deaths of the Bishop of Winchester, Sir David Salomons, Mr. Hope Scott, the late Mr. Money Wigram, and by the resignation of Mr. John Masterman.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 12, 1873.

THE RECENT DEATH AFTER ETHER ADMINISTRATION.

THE recent case of death occurring in a boy in the Hants Infirmary, submitted to an operation on the eye, to whom ether had been administered, presents some points of interest.

Unlike the greater number of accidents where chloroform was used, death did not occur till some time after any anæsthetic effect had passed away, and the boy recovered it sufficiently to kick and cry out violently. The operation was of a comparatively trivial character, and was performed without any anæsthetic condition, but the patient was very nervous and frightened, and had to be induced to submit to being placed on the operation table.

We are met *in limine* with the query as to whether this was a death from shock, or that form of excitement allied to the remarkable instance given by Sir J. Simpson, where, owing to some disappointment, chloroform was not administered, yet the patient died immediately on an incision being made in the skin. The points of the case, are, that a cone was used, that at first half an ounce of ether was used, that shortly afterwards three drachms more were added, and that after the addition of this quantity, the boy (of 14) began to struggle violently, the face becoming scarlet, and the pulse growing feeble—the ether was discontinued, the pulse improved, and the boy was operated on without any more ether being given. At the close of the operation the pulse failed and became imperceptible, breathing was suspended, and the face became livid; vigorous measures of excitement were adopted, and the boy respired freely, cried out, and kicked about the table for about a minute, when he died with stoppage of pulse and respiration.

On examining this report it is remarkable that the quantity of ether used was much below the average—the American surgeons seldom think of anything under two to six ounces; in fact, one of the objections to their method is the large quantity used. The boy, evidently of a nervous and strumous temperament, struggled violently, and "the face became scarlet." There was no defect, therefore, of the respiratory process, and but simple congestion. The pulse now becoming feeble the ether was discontinued, and the boy operated upon; we must conclude, therefore, that any urgent symptoms had disappeared. The question then suggests itself, had the process of etherisation then ceased? We doubt, indeed, that it had ever been established, as we have not seen patients influenced by the cone where so small a quantity of ether had been used? And as we have found that the greater the struggling the more imperfect was the etherisation process, it seems that this patient must have inhaled a small quantity indeed, and that very imperfectly.

We are inclined to believe that it had ceased, and that the death subsequently to the passing off of the anæsthesia was attributable to the influence of shock. This is all the more likely as ether, which increases the tone and rapidity of the pulse, appeared to have had the reverse effect with this lad.

It was not till at the close of the operation unassisted by the ether anæsthetic, 'that the fatal symptoms set in with failing pulse and respiration, and livid countenance; while under etherisation he is reported to have exhibited a failing pulse, an intensely red countenance, yet no interference with the respiration, accompanied by such struggling as indicated ample vitality. The symptoms before and after operation were diverse.

Had syncope arisen from etherisation, it can hardly be supposed that reaction could have been so suddenly excited as to cause the patient to cry out and kick lustily. The case is by no means, we think, clearly attributable to etherisation alone. Had the patient died, as others have, under chloroform before operation, and from the exhibition of the first few inhalations, there could then be no hesitation as to the verdict. Till such a case occurs, and while statistics and every-day experience prove the greater safety of ether, we must hesitate to enrol this as a death from ether. We are informed that the bronchi were not examined, while the livid face and the *post-mortem* appearance of the right cavities of the heart point to the possibility of a plug there forming.

The following discussion is reported in the *Boston Medical and Surgical Journal*, May 29, as having occurred at the Boston Society for Medical Improvement, May 24: "Dr. Cabot reported the case of a patient, an old man, weak, but not excessively so, who had undergone an operation which lasted three quarters of an hour. He was removed from the operating room, and the usual orders to watch him were given. Five hours afterwards he had a violent attack of dyspnœa, and died. Food was found in one of the bronchial tubes."

The use of the cone involves the admission of air, which we believe always increases excitement and retards the influence of the ether, of which this case is an illustration. We have generally observed also the redness and occasional congestion of the face in etherisation, showing that arterialization of the blood is perfect.

While, therefore, this case warns us that no anæsthetic is perhaps free from risk of death from shock, or from the anæsthetic, or from both combined, yet we should seek out and adhere to that agent which experience proves to be the safest and freest from accidents, which we in common with our American brethren still believe to be ether.

The Dublin Commission appointed last year to make inquiry into the application of ether as an anæsthetic in the Dublin Hospitals will, we understand, shortly add to our information on the question.

REFORM OF SURGICAL EXAMINATION IN DUBLIN.

The new system of examination which we have frequently noted as being under consideration for nearly three years, and as having received the approval of the Council of the Irish College of Surgeons, has at length—at least, that part of it which refers to the first examination—received the final *imprimatur* of the Council and been promulgated. As its provisions are important, and as both the intention and method of carrying out the much-needed examinational reform have been misconceived and, in some quarters, assiduously misrepresented, we now publish the notice of the new system as issued by the Council :—

With the view of still further developing the system of Sessional Examinations heretofore in force in this College, the Council have adopted the following ordinances :—

That all such students as have commenced their professional studies on or after the first day of October, 1871, shall, except in such case as has been otherwise provided by the Bye-Laws, be required, in order to entitle them to the Letters Testimonial of this College, to produce satisfactory evidence of having passed the Sessional Examinations hereinafter provided.

Students who have commenced their professional studies previous to the 1st of October, 1871, will also be permitted, should they so wish it, to avail themselves of these Sessional Examinations for the purpose of obtaining their Letters Testimonial.

These Sessional Examinations shall be three in number, and shall be held in the following order, three times in each year, on the second Tuesday in April and July, and the first Tuesday in December, subject to such alterations in date as the Council shall direct. The Student may present himself for

(*a.*) The First Examination at the termination of the Second Winter Session of medical study.
(*b.*) The Second Examination at the termination of the Third Winter Session of medical study.
(*c.*) The Pass Examination at the termination of the Third Summer Session of medical study.

No student shall be permitted to proceed to either the Second or Pass Examinations without having produced evidence of having passed the preceding examination.

The First Examination.

For this examination the candidate shall be required to produce the following certificates :—

(*a*) Preliminary Examination ; (*b*) Practical Anatomy, with demonstrations and dissections, two winter sessions ; (*c*) Physiology, two courses ; (*d*) Surgery, two courses ; (*e*) Theoretical Chemistry, one course ; (*f*) Practical Chemistry, one course ; (*g*) Materia Medica, one course ; (*h*) Botany, one course ; (*i*) Hospital Attendance, fifteen months.

Subjects for Examination.

a. Anatomy (bones, muscles, articulations, and the topographical anatomy of the viscera of the chest and abdomen).
b. Physiology—of bone, muscle, and the fibrous tissues.
c. Surgery—Fractures and Dislocations.
d. Inorganic Chemistry.
e. Materia Medica of the British Pharmacopœia (not including Therapeutics).

Fees for this examination, £5 5s. for Registration, and £5 5s. for Examination.

The subjects and curricula of the Second and Pass Examinations are under the consideration of the Council.

Mode of Conducting of the Examination.

Each examination shall occupy two days, the first of which two days shall be devoted to the writing of answers to written or printed questions ; and the second to *viva voce* examination.

For the written examination four hours shall be allowed—two in the forenoon and two in the afternoon ; but any candidate may retire from the hall on completing his papers, and handing them to the examiner.

The *viva voce* examination shall commence on the day following the written examination, and shall be continued as may be necessary from day to day—each candidate being submitted, as heretofore, to one hour's examination at least.

General Rules.

At the conclusion of each examination, the candidate shall be informed of the result by letter, forwarded to his address by post or otherwise.

Any candidate for the Letters Testimonial to whom the Council may grant a special examination, shall be required to pay, in addition to the foregoing fees, a sum of Five Guineas.

Each candidate rejected at any examination shall pay for re-examination a fee of Two Guineas, additional to that which he has already paid.

The curricula of the Second and Pass Examinations, which have not yet received the definite approbation of the Council, are arranged so as fitly to supplement the Elementary test which is above detailed. The Second will deal with those portions of Anatomy, Surgery, and Medicine which have not been disposed of in the Preliminary Examination, and the Pass Examination will be strictly practical, and intended to test the actual capability of the candidate in diagnosis and treatment of disease. The new system thus effects the most desirable objects which a scheme of examination can attain. It encourages the student to follow up his work from his first year, and enables him at an early period of his career to relieve himself of subjects collateral to his strictly surgical study. It affords him the greatest inducement to learn his profession by the work of his eye and his hand in hospital, *post-mortem* room, and dissecting room, and makes it almost impossible for him to obtain entrance to the profession by the time-honoured process of compressing, within the last six months of his four years, a multitude of "tips" within a cranial vacuity which his three years of "medical study" has left untenanted.

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Notes on Current Topics.

A Cause of Drunkenness in Women.

At a time when so many are desirous to see the drinking practices of the country diminish, it may be well to call the attention of medical men to a cause of gin-drinking that we fear is too common. As soon as a young girl reaches the age of puberty, she is likely to be told by her mother that it is necessary to take a stimulant each month to assist nature. In the upper classes hot negus is often used, but among the lower orders gin is the favourite. We believe, indeed, that gin is commonly credited by all classes with emmenagogue properties, but amongst gin-drinking people it is more naturally resorted to than wine. The mass of the women of this country no more require emmenagogues of any kind than those who dwell in climates where the puberty takes place much earlier though gin is unknown. No doubt there are many persons who may be saved much pain by judicious management, but in all such cases medical advice should be sought. Nothing is really more pernicious than the prevalent notion that women can manage their own girls in matters of this kind. Sound medical advice should be sought whenever it is needed, and we trust the Profession will discountenance the common use of spirits for a purpose that could be more surely accomplished by treatment devoid of danger. We doubt altogether the emmenagogue properties of gin or any other spirit or wine. Certainly a warm-bath, or even a foot-bath, would be far more efficient; but, unfortunately, too many people have a rooted dislike to bathing. Indeed, they seem to hate water, whether hot or cold, and indulge themselves as seldom as possible with it either internally or externally. Among the upper classes the foot-bath is in frequent use for this purpose, and hot claret and water is taking the place of stronger wines. We hope that mothers of the lower class will learn the value of the bath, and that tea or coffee may take the place of gin. At all events, it is clearly desirable that medical men should, when asked, plainly tell the women that it is not necessary to begin gin. We fear that many have become drunkards from the taste for drink acquired in the manner we have mentioned.

Novel Sensitive Thermometer.

Mr. Panmieri has received directions from the Empress of Russia to construct for her use a thermometer which will give signals of changes of temperature. He has succeeded in making this instrument, which is now exhibited at the Academy of Science in Naples. The apparatus is so sensitive that the indicator is in constant motion; the moment a change of temperature attains any marked degree, a little chime of bells rings, and warning is thus given of the change of temperature. This instrument is suspended in the Empress's travelling carriage, so as to ensure the attainment of an equable temperature.

The Administration of Blood in Powder.

M. le Dr. Pascal gives blood of oxen, &c., in the form of powder. The blood is dried till it is reduced to a powder, and, administered in that condition, overcomes the repugnance which patients might otherwise have to its use. The various constituents—of fibrine, albumen, hæmatorine, salts of iron, and manganese—are thus secured to the patient in such diseases as anæmia, chlorosis, &c.

Virtuous Prosecutions.

During the past week a society that in its day has done some good, but which is no excuse for rushing into the extreme of overbearing oppressiveness, thought proper to prosecute respectable tradespeople for having exhibited in their windows a few harmless photographs of ballet-dancers. No one will accuse us of backwardness in exposing abuses, often at great risk to ourselves, but really this kind of harassing persecution — for it is nothing else — savours strongly of injustice, and we notice the fact because we think the society is attempting to ride its hobby as well as its victims to death. Not long since a case of extreme hardship came to our knowledge in the prosecution of a young tradesman who, like the present offenders against the morality of this society, having failed to see that he had committed any offence against morality or the laws of his country by selling a few harmless copies of the antique to artists, was nevertheless fined and imprisoned, and ultimately died from anxiety, loss of business, and broken-down health consequent upon his confinement in a loathsome prison, with felons for his associates.

If this kind of thing is permitted to go on, why not prosecute our medical publishers, Churchills, Longmans, Ballières, for selling books containing plates? or, as the defendant's counsel very justly pointed out, it would be only meting out even-handed justice to take proceedings against the proprietors of metropolitan theatres, and as the time of year is coming on for the manufacture of fairies in short petticoats, perhaps the society will try its hand in this direction. Nay, go a little further and provide an Act of Parliament, as was suggested by the society's counsel, which would enable it to proceed against ladies who encourage "the indecency of having themselves photographed in low-bodied evening dresses." We, however, go quite with the judge in his condemnation of such proceedings, and can well understand the difficulty he felt himself placed in when called upon to "define what was an indecent print or picture. He had endeavoured to draw the distinction, and had been unable to do so." We who view the whole thing from a totally different point of view from the Society, from having been taught to regard the human body as the crowning-piece of creative perfection, can only say, *Honi soit qui mal y pense.*

The Dublin Floating Cholera Hospital.

The ceremony of launching the Floating Cholera Hospital which has just been completed by the eminent shipbuilders, Messrs. Bewley, Webb, and Co., in consequence of an order they received some time since from the Board of Guardians of the South Dublin Union, was to have taken place on Saturday morning last at 11 o'clock, at the Port of Dublin Shipbuilding Yard, and at that hour a number of ladies and gentlemen, including the Lord Mayor of Dublin, arrived at the yard for the purpose of assisting in the interesting proceedings. An accident—the sinking in the Liffey on the previous night of a tug-boat exactly in front of the ship on which the hospital had been built —however, prevented the floating of the vessel, so Miss Mackey, as representing the Lady Mayoress, named it the *Prudence.* The proportions of the ship—or rather she would be more accurately described as a ponderous river barge—are as follows:—Length over all, 58 ft.; extreme breadth, 27 ft.; depth under deck, 6 ft.; from floor to skylight, 10½ ft. Near the entrance is located the surgery and surgeons' retiring room, and also the quarters of the watchman. In the centre of the vessel is the ward, in which there is accommodation for the reception of twenty patients, and at the opposite end to the entrance are the kitchen—which is fitted with a gallery range capable of dressing food for fifty persons—and nurses' rooms, the latter of which could be utilised for convalescent patients. A passage runs round the entire vessel—between her sides and the walls of the ward—which serves the two-fold purpose of circulating a current of air and of affording space for the accommodation of additional patients. The sanitary arrangements are of the most perfect description, and the manner in which the hospital has been constructed reflects the highest credit on Messrs. Bewley and Co. The medical officers appointed to the *Prudence* are:—Dr. Mapother, Professor Cameron, Dr. Minchin, and Dr. J. G. Byrne. After the company had visited the hospital and spent some time examining it, they were entertained at luncheon by Messrs. Bewley and Co. It should be mentioned that the *Prudence* is being furnished with every appliance to make her suited for the excellent work for which she has been designed. The exact position she will occupy, when floated, in the Liffey is not at present known.

The Assault on Dr. Johnston.

"Dr." Mulvany, the obscene quack who committed a violent assault on Dr. Johnston, the Master of the Rotundo Lying-in Hospital, Dublin, has been sent to jail for six months for the offence. We cannot but approve the sentence, for the attack was a most ruffianly one, and utterly unprovoked.

We trust that the affair may call public attention to the facility which the ill-constructed law gives to such persons for the pursuit of their abominable trade of medical swindling. We desire that the matter may be divested of any relation to the interests of the medical profession, and may be considered as a simple question of protection to that section of the public who have not the education to protect themselves. As the law now stands, it is no one's business to put in action the very inadequate penal clauses of the Medical Act. It is obviously not to be expected that an individual medical man will undertake such a task for the public good, and if he were to initiate proceedings he would labour under the suspicion of being actuated by envy and rivalry. The Medical Council—although we think they should be bound to act in cases in which, as in that of Mulvany, the matter has been brought officially under notice—could hardly be expected to undertake the prosecution of all such offenders. The matter is another flagrant proof of the want of a Crown prosecutor, whose duty it would be to proceed against such law-breakers.

Treatment of Hydrocele by the Injection of Phenic Acid.

Dr. Lewis has found this method more than ordinarily useful, as it obviates, according to him, many of the inconveniences caused by other methods. He uses one-third of phenic acid dissolved in two-thirds of glycerine. The patient feels no pain when it is injected, probably owing to the anæsthetic quality of phenic acid. In twenty-four hours some swelling ensues with somewhat greater inflammatory action than occurs after the use of iodine, &c., and the cure is satisfactory.

Colymbia.

Under this title has appeared a little work of about two hundred and fifty pages, having neither author's name nor *nom de plume* to commend it to consideration; neither has it a preface, so that the reader and reviewer are alike n the dark as to the object of its publication; and we must add, are equally puzzled on this score when they get to the end of the work. So far as we can make it out, the writer, after his education is finished in England, starts on board ship for Queensland, which he never reaches, being wrecked upon a coral reef in the Great Archipelago of the Equator, the ship being apparently one of that class Mr. Plimsoll has taken the trouble so graphically to describe. This reminds us of the tale of the two clever brothers, so clever, indeed, that the whole world would have been revolutionised by them, but from the grim fact that one was drowned and the other, unable to do the work single-handed, died, as most men do, disappointed. Our author was, of course, the only one saved to tell the tale, which he does with such marvellous powers of description and imaginative eloquence as to remind us of "The Pilgrim's Progress" or "Gulliver's Travels," with this difference, that the first of these had an object in view, whilst the book before us appears to have none. But to resume; our author reaches an island within the coral reef, which had hitherto been supposed to be uninhabited. Here he was detained as a prisoner for three years, during which period he becomes, like the celebrated Dr. Schmidt's baby, amphibious—so much so that he is convinced that "man shall not live by bread alone," but by air-pipes and water, of which latter useful auxiliary in his sub-aqueous life we should imagine he had enough to give him "water on the brain." Beneath the element glasses are used of such refractive power that the wearers can see equally as well as upon land; whilst the air-supply through pipes and other mechanical contrivances is so distributed and kept under control, that breathing below water is performed as easily as in the atmosphere, and there is no need to come to the surface at all for purposes of respiration.

Space forbids our entering into further details respecting the habits and peculiarities of these wonderful Colymbians. The only aim of the writer, we conceive, is to support the doctrine so forcibly illustrated by Dr. Schmidt some months since, who, we believe, took the infant to which his wife had recently given birth, and plunged it in a tub of water, whence after twenty minutes' immersion, the learned doctor took it, "all alive and a growing." Our author—who, we might mention "from information received," is a medical man of some position, but whose name we will not satisfy the curious with—having returned to London from Colymbia, would stand a much better chance of being believed if he would exhibit himself in a tank before some of our learned societies *à la* Natator, and demonstrate the truth of what he seeks to teach anonymously. We will promise to lend him a hand with his exhibition, as we can borrow one or two pumps from a friend, and will take care to furnish ourselves with a hammer in case the tank should need a friendly tap in a hurry. Unless he is prepared to do this, we fear that his discovery will, like many wonderful children, be lost for want of a nurse.

Homœopathy in the Michigan University.

For several years past persevering efforts have been made to establish one or more homœopathic professorships in the medical department of the State University of Michigan. Once the object was gained, so far as the authorisation of the appointment, but the Regents refused to appoint, and the Supreme Court sustained them. Last winter the legislature was induced to re-enact the law of 1855, requiring the appointment of homœopathic professors. Now again the Regents refuse to appoint, and appeal to the decision of the court in their justification, expressing their willingness, however, to take charge of an independent school of homœopathy, if the means are provided.

Novel Foreign Body in the Bladder.

Dr. Ebermann relates a case of the removal of a piece of the wick of a candle from the bladder, which had formed the nucleus of a calculus. Its admission was thus curiously explained:—A patient of 25, married, by reason of his occupation had frequently to absent himself from his marital rights. He formed an acquaintance with one of the sect of "castrats" or "*scopzeii*" in Wibourg, who voluntarily emasculate themselves, and communicated to him his troubles during absence from home arising from his virility. His friend recommended emasculation and his becoming a "*scopzeii.*" This not exactly according with his ideas, the novel remedy was then communicated to him of introducing the wick of a candle into the urethra, which he did with such energy that it made its way into the bladder, finally becoming the nucleus of a stone, which gave him much misery.

Collegiate Changes in Dublin.

The death of Dr. Robert W. Smith, the Vice-President of the Irish College of Surgeons, and Professor of Surgery in the University of Dublin, has given occasion for many important changes in the professorial and collegiate bodies in Dublin. By his decease a position in surgical teaching, perhaps the first in Ireland, became vacant; and for the professorship in the University it was expected that there would be many and illustrious claimants. The election was held last Saturday, and Dr. E. H. Bennett was without any serious opposition chosen as the successor of Professor Smith. Dr. Bennett was the University Anatomist in the School of Physic, and is Surgeon to Sir Patrick Dun's Hospital, and his candidature, no doubt, has the approval of those members of the Board who attach importance to previous service in the University. As Dr. Bennett's successor to the office of University Anatomist, Dr. T. E. Little is considered to be a likely candidate, and should he be elected he will resume the Surgeoncy of Sir Patrick Dun's Hospital.

For the Vice-Presidency of the College Mr. Tufnell will, we anticipate, have an unopposed election. By his elevation to the Vice-Chair a Surgical Examinership in the College will be vacated, for which we understand Dr. Robert McDonnell and Dr. P. C. Little will be candidates. Should Dr. McDonnell be taken into the Court of Examiners, he will resign the Lectureship on Surgery in the School of Dr. Steevens's Hospital, and will also vacate his seat on the Council of the College; and for the succession to this latter office Mr. Smyly and Dr. Tyrrell are already candidates.

As Mr. Tufnell's term of office as Vice-President will be a short one—terminating next June—the succession to the Vice-Chair at the next general election is already spoken of. It is, we believe, probable that Dr. Mapother and Dr. Edward Hamilton may offer themselves as candidates from the Council, and that Dr. Tabuteau, of Portarlington, will urge his claims as a provincial candidate.

Open Scholarship in Natural Science.

At the University of Oxford, about the end of January, 1874, there will be an election to a Scholarship at Exeter College, Oxford, the candidates for which will be examined in biology, chemistry, and physics. Candidates are not expected to exhibit special knowledge of more than one of the above subjects, and preference will be given to a candidate who excels in biology or one of its branches. The candidate selected will have to satisfy the College that he has sufficient classical and mathematical knowledge to pass responsions. N.B.—There is no limit of age disqualifying candidates for this Scholarship. The Scholarship is of the annual value of £80, tenable for five years from matriculation. The scholar elected will have the use during term of a place in the histological laboratory of the College. For further information, application should be made to Mr. E. Ray Lankester, Natural Science Lecturer, Exeter College.

Edinburgh School of Medicine.

Last week saw the opening of the winter Medical Session for Scotland (somewhat later than in the English and Irish schools) at the Edinburgh School of Medicine. The introductory address was delivered by Dr. George W, Balfour, who after pointing out the immense advance which the science of medicine had made since the days of the ancients, went on to insist that their art could be best studied in English medical literature. He referred to the advantages which a knowledge of natural philosophy and natural history conferred on the medical student, and concluded by alluding to the change which had taken place in the lecturing staff of the school since last session.

Dr. T. Walshe, who recently resigned his position as Surgeon to Jervis Street Hospital, Dublin, has entered into practice in Abbeyleix, Queen's County, and is a candidate for the vacant coronership of that district.

The prize of £100 recently placed at the disposal of the authorities of St. Andrew's University by Dr. John Muir, of Edinburgh, for a scholarship in Hebrew, has been gained jointly by Mr. Shepherd, of Dundee, and Mr. Stevens, of Aberdeen.

A meeting of the Fellows of the Royal College of Surgeons in Ireland will be held to-morrow (Thursday) at two o'clock, pursuant to the provisions of the supplemental charter, to elect a Vice-President, in room of the late lamented Robert W. Smith, M.D.

One of the results of the decease of Sir H. Holland is the promotion of two Court Physicians, thus recorded in the *London Gazette* of Friday, Nov. 7:—

> "St. James's Palace, Nov. 6.—The Queen has been pleased to appoint George Burrows, M.D., F.R.S., and Physician Extraordinary to Her Majesty, to be one of the Physicians in Ordinary to Her Majesty, in the room of Sir Henry Holland, Bart., M.D., F.R.S., deceased. The Queen has also been pleased to appoint Edward Henry Sieveking, M.D., to be one of Her Majesty's Physicians Extraordinary."

RICHELIEU:

A PSYCHOLOGICAL STUDY.

By J. H. Balfour Browne, Esq., Barrister-at-Law.

Author of "The Medical Jurisprudence of Insanity," "Responsibility and Disease," &c., &c.

Success is the most intoxicating wine a man can drink. It is the most deadly poison to some great souls. Great men succeed in virtue of their greatness, they draw other men towards them as the magnetic ore at the pole directs all the magnets in the world. By the direction of the magnets we can discover its position, and so by the attitude of the multitudes can we discover our great man. But there is an interaction. The attitude of admirers is only too apt to make the idol unadmirable. If you praise a man's achievements of the past you will stereotype these achievements for the future. The wholesomeness of failure is very great indeed. A great man if he would continue great must always progress; what he has done others can do, but to do what he is capable of doing can be done by himself alone. Therefore it is that praise is dangerous. If it makes a man capable of doing better, do again what he has done before, it is an injury to his follows. To withstand the influence of this wine of success one requires to have a strong head.

Now Mr. Henry Irving achieved success so rapidly, achieved it by means of so many mannerisms which obscured his real ability, that we should not have been surprised if he had never risen high in his profession. When applause is gained by clap-trap, it must be above all things difficult for the gainer to rise to a really meritorious performance. He has found clap-trap pay, why should he offer another commodity? To the grocer who finds that there is a greater demand for his "sanded" sugar than for the unadulterated article, it must be difficult indeed to go back to fair dealing. True the sand does not sweeten, but the public seem to like it; why should he be out of pocket to teach the public what they ought to like? And so it is with the mannerisms of an actor. If the public like rant, why should they not have it? We confess, however, that we think more highly of the vocation of the actor than those who argue thus can do. He is not the servant of the public, to bring them amusement when it is called for, but the teacher of the public, to bring them lessons when they are required. He has a solemn trust, and there is a Receiver appointed by Heaven's Chancery who will take an account at his hands of his performances.

Thinking thus of the vocation of the actor, and knowing as we do how easy it is to spoil a man by the flattery of palms, we say we should not have been surprised had we found all the same faults which were only too palpable in Mr. Henry Irving's former efforts, in his Richelieu, and we are most agreeably disappointed to find that he has made a most notable advance. Formerly Mr. Irving devoted himself to pathological acting, now, we are glad to say, he has made an effort to accomplish a higher and nobler task, and has attempted a physiological representation. Both in "The Bells" and "Eugene Aram" it was the morbid mind that was the object of his study, and the represented result of his art. In "Richelieu" it is the strong, cunning, vigorous, ambitious mind of a man in failing strength, but in perfect health, which he has realised and which he has bodied-forth with a delicacy and energy for which, up to this time, we had not given him credit. Besides, in another way he was the representer of disease rather than of health, a pathological rather than a physiological actor. His greatest successes were achieved in the representation of *post-mortem* appearances. The ghastly likeness of cadaveric rigidity, the hideous livid chap-fallenness of death, was what was praised in his performance of Mathias in "The Bells," and people mentioned, as if in praise and admiration of his painstaking study, that it was said he had paid innumerable visits to some of our London hospitals, to see how folks did die. Again, in "Eugene Aram," there was a good deal of grim staggering about, and a few tetanic convulsions before he passed away. Now, however, he has given up the *rôle* of the dead body, and represents, as an actor should, life; and not only physical life, but an intellectual existence with its memories and its future-lookings; its hopes and its fears; its loves and its hates; its crafts and its consuming ambitions.

In almost every way Mr. Irving has improved. He has chosen an admirable play, which is too well known to require comment or eulogium at the hand of to-day's critic, and he does Lord Lytton's conception of the character of Richelieu justice. Like a good play, this one, if carefully followed, brings before one a man's character as a whole. It is not a sketch of a single characteristic of a man's disposition as manifested in relation to a few circumstances or events, but it is the externatisation in act, in conduct of the man's character and disposition as a whole, and with the due amount of prominence given to the monarch-passion which rules all the rest. It is just in those lives which have monarch-passions that the dramatist finds the stuff for his play, and hence it is that we have all sorts of whimsical theories that our great dramatists have meant their plays to be little moral essays, and that "Macbeth" is an illustration of "ambition," "Hamlet" of "reflective indecision," and the like; the truth being that Shakspeare had no such trivial didactic purpose in his play-craft, but bodied-forth a man, and that man had generally some monarch-passion, which made him suited for the dramatist's art. But the real excellence of Shakspeare, and of all great dramatists, is, that the monarch-passion with them is only a constitutional monarch after all, and hence the futility of the theory we have alluded to, and hence also the peculiar excellence of their creations.

Lord Lytton has really had a conception of a man—Richelieu—and his conception is admirably pictured in the whole of the acts and intonations of the very able actor into whose hands the part has upon this occasion fallen. The Richelieu of the play has ambition; he rules France through the weak monarch who is about his (Richelieu's) hand like a glove, which takes the soft shapes from the firm hand within; he desires to continue ruler, and he hates those who long for the power he wields. He is astute, cunning. He looks back with pleasant memories on the day when he heaved aloft to imminent death the huge sword, which is notched where it fell on the English helmet. But now he coughs as he tries to raise it, and yet he feels that his power is greater now than it was then; he makes up for the deficiency in "lion's hide by the fox's," an aphorism which he never tires of quoting, and in which he recognises his own cunning and sinuous sagacity. But he has other feelings. After the thin cough—and we are glad Mr. Irving does not exaggerate the signs of physical weakness—he reflects that "the pen is mightier than the sword," and has the pleasant prideful glow which is so often felt by him who has wielded that mightier instrument, for it is true, as Carlyle has said, "Could ambition always choose its own path, and were will in human undertakings synonymous with faculty, all truly ambitious men would be men of letters." He wishes, with the anxiety which all authors have to utter,—and, after all, writing is only delayed utterance—to read Joseph some of his poems, and Joseph, with the intolerance of one who writes himself, would well nigh rather bear the scourge than hear them. But he has other feelings. He has a memory of friendship, and a love for the child of the friend who, dying, took Richelieu's heart with him. This memory is persistent, and this love is strong. He sacrifices moments to the former, and he is ready to sacrifice his ambition to the latter. But still his ambition is powerful. To gratify it, he has read with appreciation the Indian fable which speaks of Brahma inquiring of the spirit of Power "Who is stronger than thee?" and the spirit of Power answered, "Cunning;" and his conduct conforms to a rule derived from a similar experience. He promises and flatters, coaxes and cajoles, fires a youth's breast with the enthusiasm to do, to dare, and to succeed, while he plays with the greed and ambition of a man who aspires to position and nobility, and even keeps Joseph in good humour and fidelity by an allusion to a possible Bishopric. It will be understood that in order to pourtray all these varying emotions, and to discriminate wisely between the motives of various acts, requires no small ability of voice, of face, and of intellect, upon the part of an actor, and as such becomes a Psychological study no medical man should miss seeing; and when we say that Mr. Henry Irving's Richelieu is a careful and adequate performance, we do not say too much; when we recognise a great improvement in this over all his former efforts, when we acknowledge indications of a more thorough appreciation upon his part of the humanity of the character he undertakes, a more conscientious endeavour to go to the audience with genuine traits of character, instead of ghastly acts, which might be the unintelligent acts of a galvanised automaton, we recognise and acknowledge merits which are necessary to a great actor, and which may raise their possessor very much higher in his profession than he has even yet attained.

Literature.

HISTORY OF THE AMERICAN AMBULANCE ESTABLISHED IN PARIS DURING THE SIEGE OF 1870-71 (*a*).

This portly volume, the first of a promised series on "Sanitary Associations during the Franco-German War," has evidently been written "for a purpose," and to understand that purpose it is necessary to revert shortly to some of the conditions connected with aid for the sick and wounded at the time that war was entered upon. Taking France, and Paris more particularly, the *service de santé* of the army had by sheer force of official illiberality and blundering, been reduced to a state in which it was little capable of combating with the vast amount of work about to be thrown upon it; a large field was accordingly open for charitable associations to extend their help to the victims of the war. For the time being, there is some reason to fear that in a few instances *fashion* and other motives than pure philanthropy had their influence in creating ambulances. To have such an establishment became *la mode*, to wear a *brassard* the mark of *ton*, while it has been said that fashionable ladies loved to play the physician with wounded soldiers, as young girls play the mother with their dolls.

But not so the originators of the American ambulance. Among the small colony of our transatlantic brethren in Paris there were two at least who had practical knowledge of the necessities of real war, and of the details connected with war hospitals. Drs. Evans and Crane had served in the great struggle between North and South, and now they set to work to create an establishment for the treatment of wounded after the model of those extemporised and worked so successfully in that war. The history of the ambulance thus set on foot is now as well known as that of the siege of the beautiful city itself. Our correspondents, our commissioners with the army, and many casual visitors have so fully described the excellence of its organisation and working, that on this side of the water it would seem as if little more remained to be said regarding it. The authors have thought, and perhaps wisely, that were the history of the ambulance confined to such desultory notices, or even put in the form of a monograph, similar to the records of so many other like establishments, time and the rapid succession of events might soon efface all recollection of it. They have therefore determined to embody its history in such a form as may be of a more permanent nature, and hence, no doubt, the work before us.

The volume contains full details in regard to the formation of the ambulance, its organisation, medical and surgical history, and in addition two chapters full of research and curious information about tents and army hospitals from the earliest dates down to the Franco-German war. As with most works undertaken for a good purpose, difficulties and misapprehension seem to have beset the American ambulance from its very birth until the full flow of its success; when, as happens with individuals or bodies corporate, every one was afterwards glad to be looked upon as contributing to that success with which they had nothing whatever to do. It must be allowed that on such matters the authors speak clearly and plainly enough, and all we can say to them is, all honour to those who against such discouragement and opposition were instrumental in bringing the establishment to the high state of efficiency and usefulness it attained. "Every physician in Paris," said *Le Temps*, "should go and see and convince himself of the American installation. The public should come to the rescue, that administrative routine may be forced out of its absurd paths by a vigorous and irresistible pressure of opinion."

To experienced administrators in connection with organisation the ambulance was equally fortunate in the medical officer in professional charge of the wounded. Dr. Swinburn had also served in the American war. Under him conservation was more successfully obtained than in the ambulances established in permanent buildings; his method of treating gun-shot fractures of the femur and penetrating wounds of the chest was alike simple and relatively successful; under him oakum was extensively used, and with good results; and although it would probably be too much to assert that pyæmia was unknown among his cases, yet the affection was unquestionably of very rare occurrence. With regard to the hygiene of the tents and huts, they were from time to time emptied of their patients, thoroughly cleansed and fumigated. The warming apparatus used was alike simple and ingenious, and ought to be taken as a model for all future temporary hospitals of a similar kind. The entire volume well repays perusal. It is well written, full of research, and should be in every military library.

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LECTURES ON DISEASES AND INJURIES OF THE EAR (*a*).

The lectures of which this volume is composed have for the most part already appeared in the pages of the *Lancet*. In the preface the author states they were given in a conversational manner in the out-patients' department of St. George's Hospital, and we presume were addressed to the students in attendance. Dr. Adam Politzer of Vienna, and Mr. Hinton of London, are the authorities in aural surgery whose opinions Mr. Dalby coincides with. We cannot agree with the author in regarding hypertrophy of the membrana tympani as having no effect on the hearing power; on the contrary, we believe it cannot exist even slightly without deteriorating the acuteness of the sense. The degree may be so minute that unless delicate tests are employed it may escape observation, its extent being due to the amount of disorganisation existing in the membrane. *Post-mortem* appearances and pathological preparations are quoted by the author to substantiate his views, unsupported, however, by details of any authenticated cases bearing on the subject. The mere fact that morbid conditions foreign to the membrane and sufficient to account for deafness are to be seen in the pathological specimens of Dr. Adam Politzer is no argument in favour of this assumption; the conditions of parts behind the membrane may have preceded or succeeded the morbid alterations occurring in its structure. We endorse Mr. Dalby's opinions with regard to the wholesale and indiscriminate habit of blistering behind the ear. Its valuable effect is in many cases undeniable, but it is often employed, not only uselessly, but probably injuriously. The lectures conclude with one on deaf mutism, being chiefly directed to the improved system of education, introduced from the continents of Europe and America, by which the old system of dactylology has been superseded, and the deaf taught by observing the motions of the instructor's lips. This is termed lip reading by the author—somewhat of a misnomer, inasmuch as it is the eye that directs the movement. Another term which we may fairly strike out of the plethorical columns of medical nomenclature is "deaf mutism," one being provedly not necessarily concomitant on the other. The book is well got up and illustrated with some of Mr. Toynbee's plates, with a few others descriptive of instruments and polypi, the latter most creditable to the artistic talent of Dr. Whipham. To the student this book will be useful in the study of aural surgery.

(*a*) History of the American Ambulance established in Paris during the Siege of 1870-71, together with the Details of its Methods and its Work. By Thomas Evans, M.D., D.D.S., Ph.D., &c., &c. Published by Sampson Low, Marston, Low, and Searle, Fleet Street. 1873.

(*a*) "Lectures on Diseases and Injuries of the Ear." By W. B Dalby, F.R.C.S., M.B. London: J. and A. Churchill, 1873.

DISEASES OF CHILDREN (*a*).

This little volume consists of eight well-written chapters on diseases incidental to childhood, and will be read with pleasure and profit. The essays have some of them appeared elsewhere, but are now collected with new matter, and may well form the scheme for a larger work, which we hope the author will have the opportunity of producing as a second edition.

The first chapter is entitled "Introductory Remarks on the Study of Children's Diseases," and necessarily goes over a good deal of ground. In fact, while reading it we were inclined to think it might well have been divided into several chapters, and made a little more extensive, for it is full of useful hints on a variety of points. We hope no one will pass it over because it is entitled "Introductory Remarks."

On arriving at the conclusion we found that the author summed up the five points on which he had been desirous of insisting, and thought this summary would have been as well at the commencement. The points are—1. The peculiar form that disease assumes in childhood; 2. The rapidity with which disease in the young passes from functional to organic mischief; 3. The importance of constitutional symptoms; 4. Diet; 5. Medicines, with special reference to the selection of those which support the bodily powers.

After this preliminary essay, Dr. Day proceeds to consider the following diseases: debility, remittent fever, obscure cerebral disease, headaches, laryngeal and tracheal irritation, and croup. No doubt on reading this enumeration some will be disposed to object to remittent fever having again a distinct place assigned to it. The author disavows any belief in infantile remittent as the product of a distinct poison, but thinks, though the term is vague and ill-defined, it conveys to many minds the idea of a mild form arising from a miasmatic influence like typhoid, and attended with much gastro-intestinal disturbance. The absence (or non-discovery?) of rash, and the short duration of the fever give it, however, a distinct character, and we admit that there is some convenience in the use of the term. He regards the pyrexia as due to a depraved state of the alimentary canal, and he admits that in its severe form it is typhoid. The new nomenclature of the College of Physicians makes remittent fever synonymous with typhoid.

Perhaps the most interesting essay in the book is that on "Headaches in Children," which extends over two chapters, and may be heartily commended. This symptom is sometimes so prominent as to be the disease, and Dr. Day has studied it with attention. He need not fear hostile criticism for taking up the study of a symptom. We have observed that it is only flippant critics who object to good work on such trivial grounds, and we are disposed to welcome any elucidation of a single phenomenon of disease although it may be common to several diseased states. Tumours and abscesses have been found in the brain after death when headache had not been complained of during life, and something like opposite facts are often met with. What, then, is headache? Dr. Day thinks we cannot say in a given case that the brain is either congested or anæmic, but we are half inclined to differ with him on this point. He treats successively of cerebral, gastric, epileptic, febrile, and nervous headache. This last, he thinks, is mostly associated with general anæmia. In speaking of cerebral disease there is a valuable note at page 127, pointing out that the thermometer alone must not be relied upon. He relates a case, too (page 84), in which there was no elevation of temperature in organic brain disease, and contrasts it with pyæmia when the skin may be cool, but the thermometer mark 104. Fluctuation in the daily temperature he regards as indicative of disease. The second part of the essay on "Headaches" has greatly pleased us. In it the author speaks of those headaches which so often distress school children, and which he attributes to a sort of exhaustion of the brain. In the present day every one seems overworked, and the father who feels he must break down at his office forgets that school is just as wearisome for his son. We have observed these cases more frequently at schools where the diet was inferior, and this coincides with Dr. Day's statement that he has often seen something like it among the children of the poor who were ill-clad, ill-fed, and perhaps inherited feeble frames. A good long holiday is, in our opinion, the best remedy, with plenty of out-door exercise. We have not space to enter into its pathology, but we may remark that we do not consider the use of bromides so likely to be beneficial as Dr. Day seems to think, and should certainly employ them, if at all, cautiously and for a short time only. The substitution of out-door play for in-door work is the one thing needful for school children. As for lessons in the nursery, we look upon them as barbarities. The ventilation of the sleeping-rooms and other hygienic conditions are named at pages 148-9, and we would especially commend the importance of this subject.

In conclusion, we have only to say that Dr. Day's style makes the perusal of his essays a pleasure.

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RETROSPECT OF MEDICINE (*a*).

The Biennial Retrospects of the New Sydenham Society rank among the most useful of its excellent publications.

Any one who has been an author, or has been in the habit of preparing lectures, of reporting, or of editing, had he not the advantages derivable from the use of works of a referential nature, must often have been sorely perplexed while searching for information on his subjects, in periodicals, dictionaries, monographs, and other kinds of works.

As referential guides to practice also, the Sydenham Society's Retrospects are particularly useful, there being few questions bearing upon contemporary medicine and surgery, as well as upon their allied sciences, to which allusion will not be found in them.

If we might judge by our experience of searches in contemporary and in older publications, previous to the institution of retrospective works, we should say that the labour of doing so must have been to others, as a rule, immense.

In the preparation of retrospects of our contemporary publications, however, we think that their compilers should avoid too full reports, which are calculated to interfere with the sale of the publications, and thus infringe upon the rights of authors. But when the reports are confined within moderate limits, they tend to advance rather than retard the sale of works from which they are taken.

In the retrospect now before us the reports are just as they should be in this respect.

As proof of the great labour bestowed by Messrs. Henry Power, A. B. Shepherd, Waren Tay, Robert B. Carter, J. J. Phillips, and Thomas Stevenson, upon the "reports" on physiology, practical medicine, surgery, ophthalmic medicine and surgery, midwifery and the diseases of women and children, medical jurisprudence, materia medica and general therapeutics, and on public health, it may be stated that there are, at a rough calculation, about 202 retrospective references to physiological literature; 1,299 references to writings on subjects connected with practical medicine; 428 references to papers, or to special works on surgery; 50 references to writings on ophthalmic medicine and surgery; 300 references to writings on subjects connected with midwifery and the diseases of women and children; 84 references to medical jurisprudence literature; 54 references to writings on materia medica and general therapeutics; and 50 references to writings on public health; besides allusion to recent legislation on this important subject. The whole making a total of about 2,468 retrospective references and quotations.

(*a*) Essays on Diseases of Children. By William Henry Day, M.D., Physician to the Samaritan Free Hospital. London: J. & A. Churchill. 1873.

(*a*) "Biennial Retrospect of Medicine, Surgery, and their Allied Sciences, for 1871-72." New Sydenham Society, London, 1873.

These figures are a sufficient demonstration of the great assistance that may be derived from retrospects like this, by those who are desirous of being *au courant* with the contemporary literature of their profession.

Indeed, we consider that a few "retrospect" volumes, formed of references to the writings of the ancient masters of our art, would be of great use, particularly to young authors, who too often imagine as new what is "as old as the hills." A volume or two also, having illustrations of ancient surgical instruments and appliances, would form most interesting additions to the Society's publications.

Before we conclude, we had better draw the attention of the publication committee of the Society to the loose manner in which, as a rule, the Society's volumes are stitched in the binding. It is by no means an infrequent occurrence with us, at least, to find several of the pages started from their positions after but one reading of a volume.

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THE RECENT ARMY MEDICAL WARRANT.

Out of nineteen grievances set forth in a respectfully-worded Memorial from executive medical officers in the army to the Right Honourable the Secretary of State for War, but two have been removed, while, if we are to judge from a letter written in reply to a representation on the subject, little hope remains of anything further being conceded, unless, indeed, the claims of our military brothers be strongly and energetically pressed. Perhaps we cannot do better than note separately each "prayer" of the memorialists, and then what has been done, or left yet to do, regarding it.

The memorialists pray—

1.—That the privileges guaranteed by previous warrants be restored.

One only, out of a tolerably long list of "privileges" thus accorded, has been given back.

2.—That compensation be granted such of your memorialists as have suffered (or may suffer) pecuniary loss by summary removal from regiments in consequence of the warrant.

None has, so far as we know, been as yet given. It is right to add, however, that hopes are held out that something in the way of "compensation" is probable, although it is difficult to see in what shape removal from regiments to which men have been attached by bonds of friendship and association can be compensated for.

3.—That the relative rank of surgeon-general, deputy-surgeon-general, on appointment, and of surgeon-major, after twenty years, be that of major-general, colonel, and lieut.-colonel, respectively, according to date of commission.

Not a bit of it; and what is perhaps quite as great an anomaly as those referred to, the "relative rank" of the Director-General is only that of major-general; precisely that of a surgeon-general after three years' service in that grade.

4.—That the benefits conferred by Clause XVII. of the Royal Warrant of October 1st, 1858, as regards presidency of mixed committees, and relative rank in choice of quarters when doing duty with regiments, be restored.

The "benefits" here alluded to concern not only individual medical officers, but the service generally; and those who are best able to form an independent judgment do not hesitate to assert that the public interests have suffered, and now suffer, by the abrogation of the clause of the Warrant of 1858 referred to. Medical officers of the army, instead of taking position on mixed committees according to relative rank, or in such a manner as to enable them to give to the service the greatest benefit from their special and professional knowledge, literally form no part whatever of those committees, but merely attend for the purpose of giving their opinion, *if asked*. As if to make the whole affair ridiculous and absurd, so-called "sanitary" committees in garrisons are composed altogether of military officers. A medical officer "attends." His opinion in regard to any matter of health beyond that of mere scavenging can alone be of any value; and yet, as matters now are, that opinion may not be asked, or, if asked, deprived of the weight it ought to have as that of an "expert."

5.—That the forage allowance, guaranteed by the Warrant of October 1st, 1858, be restored.

It has only been so in a partial measure, medical officers recently promoted, and hereafter to be promoted, being excluded from its benefits.

6.—That a similar allowance be granted to the surgeons when with troops under arms.

Not at all; the officer commanding a regiment at home or abroad receives "command allowance." In India the sum received under this head is very considerable. The officer in medical charge, however, although under precisely the same conditions of climate and service as the former, receives absolutely nothing whatever in the shape of "charge pay." Is it to be wondered at if discontent arises from so invidious and unjust a distinction?

7.—That promotion in the executive ranks be, as hitherto, chiefly by seniority.

On referring to late promotions, they appear to have been given for the most part by strict seniority. No doubt, as a rule, they ought to be so, and when exceptions do occur they should be rare, and only in cases of peculiar services of a professional or departmental nature.

8.—That selections for promotion be entirely vested in the head of our own profession in the army.

Whether this be the most desirable system to follow or not is not for us to say; suffice it that the surgeons in the army desire it. In practice it does not appear that the custom of promotion heretofore followed has been at all deviated from.

9.—That surgeons of our department serving in India be granted the local rank of surgeon-major after twelve years' total service; and that all surgeons be promoted after fifteen years' full-pay service; or, if not thus promoted, that they receive a daily pay of 17s. 6d., as guaranteed to assistant-surgeons of that standing by a former warrant.

The latter part of this "prayer" has been acceded to; the two first have not; and until they are so, medical officers of the British service must put up as best they can with the chagrin and often material disadvantage of being junior to men of their own standing, but who have elected the Indian Medical Service instead of the British.

10.—That as regards Clause XV., vacation of regimental appointments by their incumbents—the late surgeons and assistant-surgeons—at the date of the warrant, be optional for a term of five years from such date, as guaranteed in Director-General's Letter, No. 20,270-15, dated 17th August, 1870, which states—"that the scheme for re organising the department will not, if approved, affect any regimental officer, or alter his position in his corps for, at least, five years."

All this remains to be carried out, if, indeed, it be intended to do anything with regard to it. To judge from transfers lately made, it does not seem that any option whatever was left to either surgeons or assistant-surgeons.

11.—That, as regards age, retirements, Clause XI. of the Warrant of October 1st, 1858, be carried out in its integrity.

This very reasonable "prayer" is still unacted on. As matters are, a man absolutely unfit by age for active work may remain in the service for an indefinite time, although every additional day he does so may be to the detriment of the service, and to the actual injury of his juniors, who are deprived of the hope of advancement, which forms their only inducement to exert themselves in the performance of their duties.

12.—That increased retiring allowances be granted for the reasons hereinbefore stated, according to the following scale—namely, at twenty years, at 20s. per diem, with 1s. extra for such additional year, up to twenty-

> four years, after which no increase, unless promoted to the administrative ranks.

How far it is the intention of the "authorities" to "favourably consider" this part of the memorial we cannot say. It does strike us, however, that to grant such an inducement as is asked for men to quit the army while yet young, would be to deprive the service of them at the very time when they were most likely to be of greatest use. Rather, we would venture to say, increase the retiring allowance of all ranks according to length of service, after, say, twenty-five years in the army; this would hold out an inducement for them to remain in the army; rendering, however, retirement compulsory after a certain specified period—say, thirty-five years.

> 13.—That the tenure of the appointment of surgeon-general be, under no circumstances whatever, extended beyond five years.

The arrangement here asked for is, we consider, of the greatest consequence, not only with regard to the maintenance of zeal and encouragement among individual officers, but in reference to the well-being of the service. It will be fresh in the recollection of our readers how bitter, and with apparent reason, were the complaints, when, a year or two ago, not only was the old rule of compulsory retirement after five years as inspector-general completely broken through, but a fortunate officer was given a second turn of the highest office in India. As was pointed out, the direct injury to other quite as deserving men, the chagrine and disappointment caused by the measure, and the consequent harm done to the interests of the service, far outbalanced any possible good that could arise, even supposing that the officers retained beyond five years in the highest rank were possessed of the greatest personal qualifications. Until, therefore, a steady and regular current of promotion is induced by the adoption of the measure here prayed for, we venture to predict that the army medical officers never will feel satisfied that right is done to them.

> 14.—That the grievous deprivation of leave, from which your memorialists have hitherto suffered so severely, be redressed, and that they be treated, as regards leave for the recovery of their health, for professional improvement, and for attention to private affairs, in the same liberal spirit as other officers are.

Loud and long have been the complaints of medical officers on the score of leave. They have complained that whereas a regimental officer obtains almost unlimited leave, a medical officer is in the first instance restricted to sixty-one days per annum, with full allowances; that after that period, whether his inability to return to duty has been caused in and by the service or not, leave without allowances is only granted for the period of six months, after which he is placed upon half-pay. Of course, the War Office, like any other employer of skilled labour, has a perfect right to make what regulations it chooses, but it is unjust and impolitic to have one set of rules for one class of its *employés* and another set for another; and so long as members of the several army departments are treated like flesh, fish, fowl, and red herrings, the "flesh" having all the privileges, the others will be dissatisfied.

> 15.—That the names of the surgeons-major be no longer inserted on the Regimental List, and that they, being *purely departmental* officers, be regarded entirely as such, and in no sense whatever as regimental.

> 16.—That all medical officers be, in future, exempted from compulsory attendance at regimental messes and subscriptions thereto, or to regimental bands, as is the case with all other departmental officers.

We confess that, to our mind, the "prayers" contained in these two paragraphs seem somewhat at variance with those having reference to the compulsory removal of surgeons from regiments; neither, so far as we are able to see, would any good result, but, on the contrary, much evil, occur from the entire disconnection between medical officers and regiments with which they may serve. We think that the old regimental feeling was a good one, and we regret that it has of late years been very much weakened—through whose fault it is needless for our present purpose to inquire.

> 17.—That the appointment of military men as governors of army hospitals be abolished, and that these offices be reserved for meritorious officers of the medical department, invested with the necessary powers.

Undoubtedly a governor to a hospital holds much the same position towards its working that a fifth wheel does to a coach. The sooner, therefore, he is abolished the better for all parties. The purpose of a hospital is the treatment of sick, and surely the person best able to conduct all arrangements likely to conduce to that end is a medical officer. The authorities would seem incapable of seeing that if the fitness of things be considered a surgeon at the head of a regiment would be precisely as appropriately placed as a military officer at the "head" of a hospital.

> 18.—That all officers in medical charge of regiments and batteries be granted charge allowance, like all other departmental officers holding charges.

> 19.—That an efficient staff be provided for carrying out, under the supervision of the senior medical officer, the additional duties enumerated in Clause VI. of the Special Circular of March 6th, 1873, and that he be granted an adequate allowance to compensate for increased work and responsibility.

These are the concluding paragraphs of what must be admitted is a somewhat long prayer. The request in the one had already been preferred, and therefore need not have been so again; the necessity for the second is, if we may judge from present conditions, not likely to arise for many a long day to come. Thus, then, we have patiently gone over the list of grievances, and for the most part consider them to be well founded. We think it would have been well had those preparing them been led to believe that they have been carefully considered by the War Office. This, however, does not appear to have been done. Why, let us ask, should the claims of our army surgeons not meet with consideration before a special committee, such as is now investigating those of the military officers? With the present and prospective state of matters and demands on the Gold Coast, we cannot but think justice and *policy* alike demand that every consideration should be given to the memorial of a body of men, the value of whose services to the army and the State is of the highest importance.

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THE DISORGANISATION OF THE CHARITY RELIEF SYSTEM.

Our contemporaries supply us with cogent evidences of the abuses which are every hour perpetrated in London hospitals under the name of charity, and the narrative is quite sufficient to inspire grave thoughts as to where the present system is to end, and how its expansion is to be combated. The *British Medical Journal* informs us that at the East London Hospital for Children it is proposed to introduce a system of small payments. It is intended to require a payment of *a penny*. The same journal gives expression to the complaint of a correspondent, that his patient, a clerk in receipt £250 a year, is taken out of his hands and put upon "charity" in a metropolitan hospital. Lastly, a correspondent of the *Lancet* indignantly and naturally protests against the dictum of that journal, that "tradespeople and artisans" receiving—the correspondent says—over £100 a year are fit objects for charity. It is a declaration not new but too true that the medical practice of London which passes by the name of charitable relief would, in a large number of cases, be more truthfully described as an imposition. Already the misappropriation of the money of benevolent persons has reached such an extent that it threatens seriously to curtail charity and to instil the meanness of scheming pauperism into the minds of the middle classes.

AMENDMENT OF THE ARMY WARRANT.

Mr. Cardwell has, by an Amended Warrant, which bears date the 23rd of October, yielded two concessions to the army surgeons, which are important, not on account of the magnitude of the points which have been granted, but as indicating a disposition on the part of the War Office to re-consider the original warrant and the many injustices it involved. We have on many occasions recounted the objections which the warrant, as it originally stood, involved. The slowness of promotion had always been the chief complaint urged against the old system, and to this outcry Mr. Cardwell had felt himself necessitated to yield somewhat. He had, therefore, given a sort of half promise —but had not put it in any tangible form—that surgeons should be made surgeons-major at, or even before, the completion of fifteen years' service. Lest a dangerous degree of complaicency should alloy the disciplinary loyalty of the service, the Secretary for War took care to neutralise this crumb of comfort, which he did by docking the increase of pay of half-a-crown a day, which was the right of the surgeon at fifteen years' service in default of promotion. Mr. Cardwell has now restored the two-and-sixpence a day, and has, moreover, permitted all surgeons who have hitherto been in receipt of forage allowance for their horses to receive it still. These concessions are satisfactory, but they are neither liberal nor extravagant, and they will go but a small way to make the "Unification" Warrant acceptable.

It is unfortunate that we live in a political epoch in which no one can hope for so Utopian a condition as that a Government which wants the services of educated gentlemen will be ready to pay a fair, unclipped remuneration in return.

The statement which appears in the *British Medical Journal* of last week, to the effect that there was a strong opposition in the Council of the Irish College of Surgeons to the including of chemistry and botany in the curriculum of their new scheme of examination, is entirely incorrect. Chemistry has been, without dissent, adopted as one of the subjects of examination since the scheme was drawn up, and it is two years since botany was struck out of the curriculum.

On Friday, the 14th inst., the Senate of Queen's University in Ireland will proceed to elect Examiners in the following subjects, and at the salaries stated, for the year beginning April 1st, 1874:—Medicine, £100; Surgery, £100; Midwifery and Diseases of Women and Children, £75; Materia Medica, £75; Medical Jurisprudence, £75.

Appointments. — George Busk, F.R.S., member of the board of trustees of the Hunterian collection of the Royal College of Surgeons.—Francis Mason, F.R.C.S., Consulting Surgeon to Pancras Northern Dispensary.

Sudden Death of Dr. Harries.—We regret to learn that Dr. Gwynne Harries, one of the Medical Inspectors of the Local Government Board, died at the London Fever Hospital on Saturday of malignant scarlet fever, contracted a day or two previously in the performance of his official duties at South Shields.

University of London.—The following are the lists of the candidates who have passed the recent examinations:—Second B.Sc. Examination. *Pass List.* First Division.—Jean Arthur Hullard, first M.B., Leonard Lyell, Arthur Milnes Marshall, B.A., Henry Shoveller Roberton, B.A., Charles Alfred Weber, B.A., and James Cecil Witton. Second Division.—James Barnes, Cornelius Bulbeck, Frederic Chapple, B.A., Arthur Walton Fuller, Charles William Huson, Arthur Samson Napier, Adam Speers, James Heber Taylor, M.A. Oxford and Cambridge; Sydney Howard Vines, first M.B., and Wm. Barton Worthington.

NOTICES TO CORRESPONDENTS.

"MEDICO-LEGAL INTELLIGENCE."

To the Editor of the Medical Press and Circular.

Dear Sir,—I am required to give evidence in a case of "manslaughter," which is now standing over until the assizes held in Liverpool next month. If you can give me any source from which I can the better qualify myself on the subject I shall feel greatly obliged.

I will give you a very brief history of the case. J. P., a baker, aged 40, on the evening of 11th August, whilst drinking in a public-house, received two or three blows over the right eye from a woman with whom he had a quarrel. Went home, complaining of headache, and vomited. Next morning said he found his eye much swollen and discoloured, and had intense headache. Followed his work more or less until the 20th, on which day I first saw him. On this day I found the eye discoloured, ordered him to leave off work, and take his bed. Next day, 21st, found that he had vomited almost all day. Still complains of headache, and says he has never been for a minute free since he received the blows. Lies in bed with eyelids closed, but on examination I find left pupil contracted, right a little dilated. Constantly hugs bedclothes about his neck and says he feels chilly. Pulse and respiration normal. Tongue moist, and heat of skin natural. Next day, 22nd, found he had again vomited freely, does not answer questions freely, and not always returning correct answers. To-day had ptosis of right eyelid. 23rd—Found him more insensible; can with difficulty obtain an answer to any question, and that anything but correct; uses his right arm but little, if exposed covering himself with the left. 24th—Cannot extract any answer from him to questions put. Keeps his right fore-arm flexed, and I find the biceps so rigid that I cannot overcome it even by very considerable force. 25th—Very deeply insensible. Arm not quite so rigid. Unable to swallow. On 24th and 25th had two consultations with Dr. B. Patient expired at 1.20 a m. on the 26th. Next day made a *post-mortem*, and found that the under surface of the dura mater was covered with a firm claret-coloured clot, (*i.e.*, that part covering the upper surface of the right hemisphere), fully quarter of an inch thick. Was with difficulty removed from dura mater, and left a roughened surface. Brain and all other organs healthy. In this case you see we get the lesion and paralysis on the same side.

Reynolds in his system of medicine reports a similar case, though I have not yet been able to find any other. If you can oblige me with any other channel I shall esteem it a favour.

Yours truly,
X. Y. Z.

[⁂ Intra-cranial hæmorrhages from blows on the orbit are not very uncommon. They may occur without any external lesion, and are often, though not always, accompanied with fracture of orbital plate of frontal bone. Mr. Lawson in his book on "Injuries of the Eye-Ball," gives (page 352) such a case, and Mackenzie in his celebrated treatise refers (page 5) to such occurrences at length. The occurrence of paralytic symptoms at same side as injury is very unusual, but not unique. The prognosis of the case was obvious from the course of events, but the result was inevitable.—Ed. M. P. and C.]

Adolescens.—We presume you mean the Preliminary Arts Examination of the College of Surgeons. You ought, on no account, to risk going in on the strength of your classics alone. If you did ever so well in that subject, it would not cover a total failure in science. The amount of knowledge required is not great, and a little trouble will make you safe.

The Fellowship of the Royal College of Physicians, London.—Under this head we published last week a list of the new Fellows and Licentiates of this College, who were elected on the 30th ult. With reference thereto, Dr. Moon (not Moore, as erroneously printed) writes, that his position as third upon the list is a mistake; as he was elected a Fellow in July last, but in consequence of illness at that time was not admitted until the 30th ult.; he, therefore, claims precedence of the others admitted on the same day. We published the list as it was officially furnished to us, and have no doubt that the Registrar simply arranged the names alphabetically, without reference to precedence in date of election.

Newspaper Absurdities.—On the 1st inst. there appeared in a contemporary a review of Mr. Blackley's work on Hay-Fever, which was intended to show the uselessness and non-originality of the author's researches, and his absurdity in publishing them. In another column of the same journal, and on the same day, appeared an article, not intended as a review, and certainly by another pen, highly laudatory of the very work his co-scribe had taken the trouble to condemn; and finishing with the recommendation that "much interesting information, valuable alike to the botanist and to the student of sanitary science, might be obtained by the repetition of these interesting experiments." Probably the editor-in-chief was out of town when these contradictory effusions were inserted. This fact is palpable, that one writer read the book, the other merely looked at the title-page.

Dr. Hall, Sheffield.—Mr. Cheese, Newport, will please accept our best thanks.

The Medical Society of London.—The proceedings at last week's meeting are unavoidably held over until our next.

THE BATH [illegible] THE DISPENSARY SYSTEM.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

Sir,—In your impression of last week, in speaking of the "Bathos of Provident Dispensary," you mention the amount received by Dr. Wimberley for attending man and wife and three children at 1s. a month, whereas he undertakes to attend them for 6d. a month, being just one penny and the fifth of a penny per head per month. Perhaps you will kindly correct it in your next impression.

Yours truly,

A Rugbeian.

[*** According to our correspondent's letter we were more liberally disposed towards Dr. Wimberley than he appears to be to himself. We beg his pardon, it was unintentional!—Ed.]

Mr. C., Southampton, is thanked for the information furnished; it will be of much service.

Dr. M., Manchester.—The Lettsomian Lectures of Mr. Henry Lee have only appeared in the St. George's Hospital Reports, so far as we are aware. Our correspondent can, therefore, only obtain them through this channel.

Dr. W. H. P., Plymouth.—There is no complete work upon the subject in English. There is one in French, published by Messrs. Baillière and Co., at three shillings and sixpence.

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BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

A Treatise on Medical Electricity. By Julius Althaus, M.D. London: Longmans, Green, and Co.

Sketch of Cannes and its Climate. By Dr. De Valcourt. London: J. and A. Churchill.

Egypt as a Health Resort. By Dr. A. D. Walker. London: J. and A. Churchill.

Tablets of Anatomy of Eye and Ear. By Thomas Coone, F.R.C.S. London: Longmans, Green, and Co.

Nitrate of Amyl in the Treatment of Asthma. By Dr. D. H. Kitchen.

Cholera: How to Avoid and Treat it. By Henry Blanc, M.D. London: H. S. King and Co.

Students' Guide to Surgical Anatomy. By E. Bellamy, F.R.C.S. London: J. and A. Churchill.

British Journal of Dental Science. American Journal of Insanity. Practitioner. Guy's Hospital Gazette. Students' Journal. Obstetrical Journal. The Sanitarian. The Clinic. La Presse Médicale Belge. La France Médicale.

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VACANCIES.

House of Correction, Wandsworth, Surrey. Surgeon. Salary £300 per annum, with £20 extras and residence. Application to Richard Onslow, Esq., at the House. (See Advt.)

Hospital for Sick Children, London. Assistant Physician, Honorary. (See Advt.)

Bucks County Lunatic Asylum. Assistant Medical Officer. Salary £100 per annum, with board and residence. Applications to be addressed to Acton Tindal, Esq., County Hall, Aylesbury. (See advt.)

Cork Union. Resident Medical Officer to the Workhouse. Salary £150 per annum. (See advt.)

Birmingham Eye Hospital. House Surgeon. Salary £80 per annum, with board and residence.

Bristol Royal Infirmary. House-Surgeon. Salary £130, with board and residence. Applications, under cover, to the Secretary.

Board of Works. Poplar District. Analyst under the Adulteration Act. Salary £100 per annum. Applications to be sent to the Board Offices, Poplar, E.

Mid-Cheshire. Medical Officer of Health. Salary £800 per annum. Applicants must address the Acting Clerk of the Rural Sanitary District, Sandbach.

Dursley Union. Medical Officer. Salary £90 per annum. Applications to the Clerk to the Board of Guardians.

West Derby Union. Medical Officer. Salary £125 per annum. Applications to the Clerk to the Board of Guardians.

Borough of Birmingham. Surgeon to the Borough Prison. Salary £200 per annum. Copies of the rules to be had on application.

Dorset County Hospital. House-Surgeon. Salary £80, with board and residence.

Royal London Ophthalmic Hospital. Assistant House-Surgeon. Full particulars of the Secretary.

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Marriages.

Biddle—Brown.—On the 30th ult., at St. James's, Sussex Gardens, Daniel Biddle, M.R.C.S.E., of Kingston-on-Thames, to Frances Eliza Lydia, daughter of G. P. Brown, Esq.

Sankey—Thorne.—On the 4th inst., at the Parish Church, Kensington, Julius O. Sankey, Esq., Oxford, to Agnes Emma, youngest daughter of T. H. Thorne, Esq., of Leamington.

Deaths.

Bland.—On the 29th of October, C. Bland, L.S.A., of Winchester Street, Pimlico, aged 63.

Butcher.—On the 24th of October, at Pontypool, John Butcher, M.R.C.S., aged 38.

Cutcliffe.—On the 24th of October, at Calcutta, H. C. Cutcliffe, F.R.C.S., Acting Professor of Surgery, Medical College, Calcutta, aged 41.

Gardiner.—On the 28th of October, Wm. Stoker Gardiner, M.D., of Cork.

Milburn.—On the 23th of October, at Crawcrook, Ryton-on-Tyne, John T. Milburn, M.R.C.S.E., Army Surgeon (half pay) late 10th Hussars.

Pope.—On the 30th of October, R. Tyrrell Pope, M.R.C.S.E., of Shirehampton, Bristol, aged 40.

TO PARENTS of STUDENTS in MEDICINE.—The Surgeon to a Dublin Special Hospital, is prepared to receive a Student to reside in his family, for whose entire education he will arrange if desired.—Apply to G. F. B., Office of the Medical Press, 23 Ely Place, Dublin.

MEDICAL EDUCATION.—An Ophthalmic and Aural Hospital Surgeon in Dublin, is prepared to receive the Son of a Gentleman as a Pupil, who will reside with him, for whose Medical and Surgical studies he will arrange and superintend, and whose education, in his own special department, he will himself undertake.

The Pupil will have the advantage of extensive Hospital Practice in Eye and Ear Diseases and Operations.

Address R. S., Office of the Medical Press and Circular, Dublin.

THE HOSPITAL for SICK CHILDREN, 49 Great Ormond Street, W.C.—Notice is hereby given, that the office of ASSISTANT-PHYSICIAN to this Hospital having become vacant, Candidates, who must be Fellows or Members of the Royal College of Physicians of London, are invited to send in their applications, with testimonials, on or before Wednesday, November 12th.

By order of the Managing Committee,

SAMUEL WHITFORD, Secretary.

October 29th, 1873.

BUCKS COUNTY LUNATIC ASYLUM.—An ASSISTANT MEDICAL OFFICER is required at this Asylum, situate at Stone, near Aylesbury. Salary £100 per annum, together with board and furnished apartments in the Asylum.

Testimonials (limited to six in number) from duly qualified persons, are to be sent to me on or before Saturday, the 15th of November next. The officer to be appointed must be a single man, and he will be required to enter upon his duties as soon as practicable after his appointment.

ACTON TINDAL,

Clerk to the Committee of Visitors.

County Hall, Aylesbury, 25th October, 1873.

CORK UNION.

IN consequence of the death of the late Medical Officer, Dr. GARDINER, the Board of Guardians will, at their Meeting on Thursday, the 20th inst., proceed to elect a RESIDENT MEDICAL OFFICER for the Workhouse, at the yearly salary of £150, with apartments, fuel, light, and attendance, such as heretofore enjoyed by the late Dr. Gardiner.

The professional qualifications required in Medicine and Surgery are those prescribed by the order of the Local Government Board, dated 10th October, 1862; and in addition the Licence of the Apothecaries Hall of Ireland.

Age of Candidates not to exceed 30 years. The person appointed must reside in the Workhouse, and give his *undivided* services to the Board of Guardians in the discharge of the duties of his office.

Applications, enclosing Testimonials, to be lodged with me up to 12 o'clock noon on the day of the election. Personal attendance of Candidates necessary.

By order, R. McGRAGH, Clerk of the Union.

Office, Cork Workhouse, 1st November, 1873.

SURGEON.—HOUSE of CORRECTION, Wandsworth Common, Surrey.—Notice is hereby given that, at the General Quarter Session of the Peace to be holden at St. Mary, Newington, in and for the County of Surrey, on Tuesday, the 6th day of January next, the election of a Medical Officer to the said Prison will take place at 12 o'clock.

Candidates must have the necessary qualifications to practise Medicine and Surgery of not less than five years' standing, and must be duly registered under the 20th and 21st Vict., c. 90; must be in good health, able-bodied, and married, and must not be less than 31 nor more than 45 years of age next birthday.

The person elected will not be allowed to enter into any other professional engagements, but must devote the whole of his time to the duties of his office, and reside in the official residence provided for him.

His salary will be £300 per annum, with an unfurnished house and garden, an allowance of £10 per annum for a substitute during his absence on leave, and £10 per annum for providing instruments (drugs, &c., being found by the County).

Persons desirious of becoming candidates for the said office must apply personally (not by letter) to the Governor of the said Prison, who will give them all necessary information relative to the said office, between Saturday, the 8th November, and Thursday, the 13th November, both days inclusive, between the hours of 11 A.M. and 2 P.M.; and they must deposit with him their applications, stating age, number of children, and previous engagements, proofs of qualifications, and testimonials, before 4 P.M. on Thursday, 13th November.

An exact compliance with all the above-named requisites is absolutely essential.

October 28th, 1873. RICHARD ONSLOW, Governor.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 19, 1873.

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A Course of Lectures

ON THE

NATURE AND TREATMENT OF DEFORMITIES OF THE HUMAN BODY,

DELIVERED IN THE MEATH HOSPITAL, DUBLIN, BY

LAMBERT H. ORMSBY,

Surgeon to the Hospital, and Demonstrator in the School of Surgery, Royal College of Surgeons in Ireland.

Lecture III.

DEFORMITIES OF THE FEET.

Deformities of the feet are certainly of great importance when we consider what sad and distressing spectacles of humanity we so frequently meet with in our streets, all owing to want of treatment in an early stage, and allowing the distortions to increase unchecked. We little know, in many cases, what a bitter feeling of discontent is uppermost in the mind of the man or woman that suffers from some bodily deformity—very sensitive of their infirmity, and feeling that galling influence that they must always continue in the same position unless some treatment be adopted for their relief, and that no matter where they go, or with what society they mix, they are still remarkable. Ridicule and contempt are a certain consequence of deformity, and although what a person cannot avoid he should learn not to regard, yet, notwithstanding this, many a deformed person considers his life a burden to him, and is constantly repining that he or she is thus afflicted. Lord Byron, we read, felt his adversity most acutely, and it seemed to always cast a cloud over his spirits.

Again, the influence of bodily deformity on a man's fortune and livelihood must be considered. If a poor man, he is cut off from many professions and employments; he cannot be a soldier or a sailor, or, in fact, perform any of the arduous duties of everyday life, and generally finds his way as a pauper to the workhouse, or else places himself at some leading thoroughfare, claiming alms from all that chance to pass him by. If a rich man, or one more blessed with this world's goods, he generally lives a sedate and sour life, discontented and jealous, for deformed persons are generally despised, ridiculed, and ill-treated by others, are seldom favourites, and commonly most neglected by parents, guardians, and relations.

Knowing this, therefore, is it not our bounden duty to exercise our skill and ingenuity to the very utmost of our power to contrive some measure for the alleviation, if not the cure, of every case of deformity that comes in our way, and thus spare people thus afflicted many a sad and discontented hour, and, perchance, change a life of misery to that of comparative happiness? Much, indeed, can be done by surgical treatment, if it is only adopted in time.

In a preceding lecture I mentioned the four typical forms of club-feet usually met with—viz., 1. Talipes Varus; 2. Talipes Valgus; 3. Talipes Equinus; 4. Talipes Calcaneus. We also find combinations of the above four varieties, and will consider them in order as regards their nature and treatment.

To enter into a concise and minute examination of the anatomy of the foot, would, in my opinion, be entirely out of place here, but I take for granted that you are all more or less conversant with the number of bones, ligaments, and muscles we find in this region, and that you know how beautifully the tarsal bones are so adapted to glide and articulate with each other, allowing of so much motion and flexibility, and yet strong enough to support the whole weight of the body. The ease and gracefulness that a well arched foot in conjunction with a well turned ankle gives to a person walking, cannot but be admired. Owing, however, to the present fashion of persons wearing high-heeled boots, &c., we trust that deformities in this situation may not be on the increase. Weak ankles, flat feet, &c., I am quite sure, in many cases, are produced by wearing ill-adapted boots and shoes.

Google

Talipes Varus.

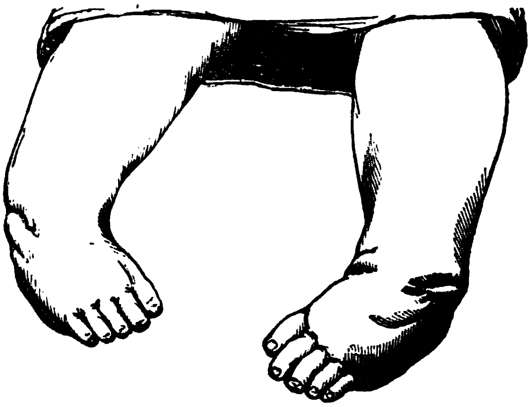

Fig. 1.

Talipes Varus before Treatment. Case of Maria Bennet, from Co. Roscommon.

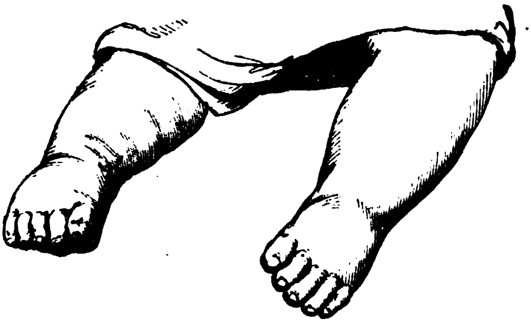

Fig. 2.

Talipes Varus after Treatment. Case of Maria Bennet, from Co. Roscommon.

In talipes varus, of which Fig. 1 is a very good example, we find the foot undergoing certain changes, as inversion; the outer malleolus is depressed, the heel raised from the ground and the toes pointing directly inwards, the dorsum of the foot more convex, and the sole more concave. In this deformity we find three grades—the first, the foot is very slightly inverted; the second, more so; and the third inverted and the heel drawn up to a great extent; and if this state of things goes on unchecked, and the child begins to walk, the weight of the body comes on the external side of the foot, and a bursal sac is developed by the constant pressure. In slighter cases of this deformity the foot can be restored to its natural position by the hands of the surgeon, by gentle manipulation; however, it quickly returns to its abnormal position on letting go the foot, if some permanent appliance is not adjusted. The other changes that occur in this region are, elongation of the muscles going to the outer margin of the foot, with a corresponding contraction of the muscles on the inner side; the bones of the tarsus begin to change their normal position as regards each other, the os calcis, astragalus, scaphoid, and cuboid become more or less separated and rotated upon their axis, without being dislocated from their natural position, and it is in a neglected case of this kind, where the bones have undergone some change, that makes the permanent cure so very difficult.

Varus is the most frequent deformity, generally double, nearly always congenital, and has, as I mentioned before, been hereditary in a few cases. In some it is acquired, though seldom attains the great deformity met with as a congenital affection. When it does occur subsequent to birth, it is caused by a deranged nervous system induced by teething, convulsions, neuralgia, and infantile paralysis; it may also be acquired by keeping the foot in the same posture for any lengthened period, bandaged up with splints in fractures, *wounds*, or scrofulous disease of the ankle-joints, or, in fact, anything that would disturb continuously the equilibrium of the muscles in this region. The tendons principally at fault in this distortion, are those of the tibialis, anticus, posticus, and tendo achillis.

Treatment.

Before mentioning the many modes of treatment recommended, we might consider for a moment what changes the foot has undergone, and we find on examining a case of varus, that the changes are threefold—viz., extension, adduction, and rotation, and then, as a matter of course, the indications for the surgeon are flexion, abduction, and retroversion, to effect a bringing back of the foot to its natural position.

Tenotomy is certainly very much in vogue throughout most countries in Europe; it has many advocates and but few dissentient opinions as regards the propriety and efficacy of the operation. I must say it is a very valuable means at our disposal for the cure of many cases, hastening many deformities to a speedy cure far more quickly than any other means I know of as yet suggested. I may mention it is the means I always adopt in children and infants, dividing the tense and contracted tendons subcutaneously with a small tenotome.

I divide but two tendons at first—namely, the tibialis anticus and posticus, and try and bring the foot into a talipes equino-varus position, and in ten days afterwards divide subcutaneously the tendo achillis, and this is all the cutting required.

To divide the Tendon of the Anterior Tibial Muscle, place the child on the lap of an assistant, grasp the foot with the left hand and slightly evert it—this will make the tendon more prominent—and insert the point of the tenotome to the outside of the tendon just at the bend of the ankle, and divide it cautiously and slowly; you will feel the fibres of the tendon yielding under the knife. Have a small dossil of lint ready; apply it on the small puncture made, and you should hardly lose a drop of blood; apply a narrow strip of plaster over your lint, and the operation is completed. Then divide the posterior tibial tendon; keep the foot in the same deformed position as before the operation, and have a narrow metallic splint about six to eight inches long, made of thin hoop iron padded with cotton-wool, bent at an angle to fit the contour of the limb, and apply it to the inside of the leg with a common roller bandage; this is kept on for about three or four days, and then taken off and re-applied to the outside of the limb. If you want tenotomy to be successful you cannot be too particular about this point; don't attempt to bring the foot into its normal position after the tendons are divided, keep it even more flexed to have the cut ends of the tendons in perfect contact so as to allow an interstitial tendinous substance (tissu inodulaire) to be poured out, which in a few days is quite elastic, and stretches and forms the connecting link between the two ends of the tendon; the utility of such a substance is quite obvious. The truth of what I have stated has been proven over and over again by numerous experiments, performed on the tendons of dogs, sheep, calves, fowls, and rabbits by many distinguished advocates of this system, among whom I may mention the names of Guerin (*a*) and Pirogoff abroad, and in England by Paget (*b*), Adams (*c*), and Broadhurst (*d*).

To divide the Tendon of the Posterior Tibial Muscle, place the child on its back, and you may either use one or two tenotomes in this operation, a sharp pointed knife to make the puncture, then insert the blunt or probe-pointed knife to divide the tendon; insert the first knife about an inch to an inch and a-half above the inner mal-

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(*a*) "Essais sur la Méthode Sous-cutanée." Paris, 1841.

(*b*) "Lecture on Surgical Pathology." *Medical Times and Gazette*, 1849.

(c) "On the Nature and Treatment of Club-foot." London, 1856.

(*d*) "A Communication to the Royal Society on this subject." November 4th, 1859.

leolus, feel the tibia and insert the knife parallel and close to the bone to get between it and the tendon, then turn the cutting edge to the tendon to be divided, and you will feel the fibres giving way as it is being cut through; it is better and safer to use the second blunt-pointed knife for fear of transfixing some vessel; then apply a dossil of lint and the operation is completed.

To Divide the Tendo-Achillis.—Place the patient on a bed or operating-table, or, if an infant, on the lap of an assistant: place the patient on his stomach, and have his foot held by an assistant, who will do his best to flex it, in order to put the tendon on the stretch, and render it more prominent; he must, however, be prepared to instantly relax this tension on division of the tendon. Insert the knife, with its flat surface parallel and underneath the tendon, either on the inner or outer side, whichever suits your convenience, about half an inch above its insertion to the os calcis; then turn the knife and cut from within outwards: perhaps it would be safer to insert the knife from the outer side, for fear of transfixing the posterior tibial artery, which I may mention, has been done in mistake before now. The division of the tendon is indicated by a sudden and audible snap, and a feel to your finger of nothing resisting the onward pressure of the knife. Your puncture should be very small, and it should be a bloodless operation. Apply a dossil of lint as before, and the metallic splint and bandage. After the division of the various tendons for the cure of varus. I recommend for the completion of the cure a pair of boots, with side-irons attached to the boots, and passing up above the knee, having joints in the instrument to correspond with those of the ankle and knee, and the boot is to be laced from the toes up. Very few cases ever relapse, if proper care is taken to see the instruments fit properly, and also that they are constantly worn for a few months after treatment, which is certainly very necessary.

Mechanical Mode of Treatment without tenotomy is also recommended in very slight cases of varus. "Scarpa's shoe," or modifications of it, are in daily use; but all these instruments are very expensive, and are, therefore, beyond the power of many poor deformed people. "Stromeyer's shoe" I have used in some cases, but have not arrived at such satisfactory results as to induce me in future to use it very frequently, although it has many advocates who are strong in the praises of the efficacious manner in which it acts.

Treatment by strips of adhesive plaster is also recommended, and may be used in very slight cases with great advantage, particularly in very young infants, and in the early stages of treatment. Connected somewhat with this plan, is a method proposed and practised very largely by Mr. Richard Barwell (a), who, I may mention, is not very partial to tenotomy, and decries it in the strongest manner. How far he is right I shall not pretend to say. Notwithstanding the many convincing proofs of the use and efficacy of tenotomy in the various forms of club-feet, Mr. Barwell's plan, no doubt, is a very good method for slight cases, and consists in strips of adhesive plaster, bound round the leg and foot with vulcanised india-rubber bands connecting the two portions of plaster, and the india-rubber elastic force is supposed to keep up a constant strain, and thereby bring the foot into normal position.

Treatment by Gutta-Percha Moulds is a plan which, I think, demands a trial, and I consider it very useful. It was first recommended by Dr. David Prince, of Illinois, who found it very successful in a number of cases. My plan differs somewhat from his, and is as follows:—I first of all bandage the foot evenly from the toes up to the knee; I then apply a layer of cotton wool on the limb, and take sheets of gutta-percha and soften them in a vessel of boiling water; I then fit the gutta-percha on in its softened state, so as to fit the contour of the foot and limb, making, as it were, a perfect mould. I then, while this mould is still soft and flexible, bend the foot and bring it into normal position, and keep it so for a short time until the gutta-percha hardens, which it does, and prevents the foot returning to its abnormal position.

There are also many other methods we might try in aggravated cases, and as you can see that each case stands on its own basis, one method might be more applicable to the case than another; but I would strongly advise you not to confine yourself to one system alone, but to take advantage of every line of treatment recommended, as all have certain advantages. I, for instance, am an advocate of the operative (tenotomy) means combined with the mechanical, which, up to this, I find most satisfactory.

The foregoing are a few cases taken from a number I have treated:—

Case I.

Double Talipes Varus (Congenital).

Catherine Smith, aged 14 months, sent to me by my kind friend, Dr. Lough, of Ballyganesduff, Co. Cavan.

History.—States that the child was born with the deformity. No history of maternal impression during pregnancy. Dr. Lough began treatment a short time after the child was born, with strips of plaster; but as the deformity was a distortion of the third degree, and as he did not consider the treatment encouraging enough to continue, he sent the case up to Dublin, and placed it under my care on December 2nd, 1872, on which day I divided the tibialis anticus and tibialis posticus muscles in each foot, subcutaneously, bandaged the limb, and applied a flexible metallic splint bent to an angle, and kept the foot in the same deformed position until the cut end of tendons united again. On December 12th I divided both tendo-achillis, re-adjusted the metallic splint, and in a fortnight began to bring the foot into position with the aid of the splint, bent at different angles. In six weeks I suggested boots with side-irons going to above the knee. These instruments were procured, and the child left for the country, and I have since heard from Dr. Lough that the child is going on remarkably well, and walks perfectly.

Case II.

Single Talipes Varus (Congenital).

Eliza M., from Clontarf, aged 16 months, came to me on November 30th, 1872, suffering from varus of left foot, and an apparent deficiency of tarsal development in the bones of the foot. I found that tenotomy was not necessary in this case, and suggested a boot with side-irons going above the ankle, which was procured, and enabled the child to walk and stand without any turning in of the foot.

Case III.

Double Talipes Varus (Congenital).

Mary G., aged 15 months, kindly sent to me by the late Dr. Clayton, of Athy, Co. Kildare.

The case had previously been under the care of the late Dr. Robert St. John Mayne, who divided all the necessary contracted tendons in the usual way, and brought the foot into a very fair position. The woman, however, anxious to return home, would not wait for boots, and in three months she returned with the child, whose deformity had greatly relapsed. Suggested boots and side-irons, which passed up above the knee, which kept the feet in a very normal position, allowing the child to walk perfectly.

Case IV.

Double Talipes Varus (Congenital).

Charles S., aged 12 months, was sent to me from Old Castle, Co. Meath. Divided tibialis anticus and posticus muscles in one operation; applied metallic splint; and in ten days afterwards divided the tendo-achillis in both feet; re-applied metallic splint, and then suggested boots and side-irons, which kept the feet in a very normal position: I saw the child six months afterwards, and it walks perfectly

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(a) "On the Cure of Club-Foot without Cutting Tendons." By Richard Barwell. London: 1863.

CASE V.

Double Talipes Varus (Congenital).

Maria B., aged 11 months, from Co. Roscommon, kindly sent to me by Dr. Shanley of Strokestown, on April 23rd, 1873.

Child, in appearance, very healthy and well-developed; suffering from varus, third degree. Figs. 1 and 2 represent this case as it was before and after treatment. Operated on the tendon in the usual way, and suggested boots and iron splints going to above the knee, which kept the foot in good position, and sent the child home to the country in two months; have since heard from Dr. Shanley, who states the child is going on well.

CASE VI.

Single Talipes Varus (Congenital).

John I., aged about 6 years, kindly brought to me by my friend, Dr. Morrisson, late of Newry.

History.—States that the tendons had been divided some years ago; and so far the case seemed very satisfactory; but owing to the parents not carrying out the directions of the surgeon, about keeping the boots constantly applied, the deformity had a tendency to relapse; and when he came to me I suggested a boot with a light metallic splint passing up to the hip-joint, with a pelvic band, and another splint attached to the boot, passing up on the inside of the limb to above the knee-joint, and adjusted with buckles and straps.

(To be continued.)

ON UTERINE THERAPEUTICS,

BEING A CLINICAL LECTURE INTRODUCTORY TO THE COURSE FOR THE SESSION 1873-74.

By LOMBE ATTHILL, M.D.,

Fellow and Examiner in Midwifery, King and Queen's College of Physicians, Obstetric Physician to the Adelaide Hospital, Vice-President of the Dublin Obstetrical Society.

GENTLEMEN,—It is my duty to commence to-day the regular clinical instruction which during the Session will be afforded to you in this hospital. As you are aware, we have discontinued the system of "Introductory Lectures," we, the medical staff of this hospital, believing it to be far more profitable for you that we should devote the time usually occupied by an introductory lecture to clinical instruction; I shall, therefore, at once proceed to the consideration of the subject to which I propose to call your attention, reminding you first of all that the day is past when you can afford to dispense with a knowledge of those diseases which are peculiar to women. You may be for years engaged in general practice, and yet never once meet with a case demanding operative interference; but not many months will elapse till you find yourself called on to treat cases of well-marked uterine disease, or cases, the symptoms of which, if correctly interpreted, indicate the existence of some one of the many forms of disease to which the reproductive organs of the female are liable. Nothing is so likely to gain for you the confidence of a large class of patients than skill in detecting, and fertility of resource in treating, these distressing ailments, while success in general practice is now a-days nearly impossible to him who is ignorant of, or unskilfully treat such cases. I would, therefore, earnestly urge on you the necessity of availing yourself of the opportunities now afforded to you of obtaining a knowledge of the symptoms and mode of treating those diseases which are peculiar to women. I have already, in previous lectures, endeavoured to point out to you the symptoms most commonly attending the various forms of uterine and ovarian disease, examples of which have from time to time presented themselves to our notice. I think now I shall be doing you some service if I devote one or two lectures to the consideration of the subject of what may be termed *uterine therapeutics*, a term which I must use in a very extended sense, so as to include not only medicine administered internally, but also the medical agents employed in the treatment of the diseases we have had under consideration, and of the means by which these remedies should be applied.

I am aware that such of you as have already paid attention to the subject may consider some of the remarks I am about to make as perhaps the unnecessary repetition of what you have already learned, but I must presume that I am addressing a class, many of whom are altogether ignorant of the subject. And, moreover, I know from my personal experience, that not a few even of those actually about to engage in practice are still so imperfectly acquainted with these subjects, that if called on to give directions to patients suffering from uterine disease, as to the manner of carrying out the treatment prescribed, they will either be altogether unable to do so, or will direct it to be done in an inefficient manner.

In considering the subject of the mode of treating uterine disease I shall direct your attention first to agents applied to the surface of the body; secondly, to agents applied directly to the vagina, os uteri, or interior of the uterus; and, thirdly, to those administered by the mouth, rectum, and skin.

Of external agents, none are of greater value, if judiciously employed, than baths. I am convinced, however, that much injury has been done to patients by directing them to use, it may be, either hot or cold baths, in a mere empirical fashion, and without duly weighing the effects likely to be produced by them. I do not now mean to enter in to the merits of sea-bathing, or of the *ordinary* tepid or hot bath, in which the whole body is immersed, but only of the cold and warm hip bath, and which, if judiciously employed, is frequently specially useful in the treatment of uterine disease.

There exists a very strong popular prejudice in favour of the various forms of hot baths as a means of inducing menstruation, if that function be suppressed or imperfectly performed; a prejudice not confined alone to females, but largely shared, and, indeed, encouraged, by many medical men. The common practice adopted in cases where menstruation is suppressed, or where the discharge if appearing at all is scanty, is to immerse the feet, legs, and sometimes the pelvis, in warm water, or mustard and water; a practice seldom followed by the intended results, but often, in my opinion, proving decidedly injurious. I can confidently advise you frequently to adopt a directly opposite line of treatment, namely, to direct your patient to sit in a bath containing cold water, of a depth sufficient to cover the pelvis, the legs and feet not being immersed in it, but kept warm by being wrapped in flannel, or by being plunged in a foot pan full of hot water, care being also taken to keep the shoulders covered. The temperature of the water in the bath, and the length of time during which the patient should be directed to sit in it, must vary in each case. The water should not be too cold. A temperature of about 58° or 60° is probably the best. The bath should be taken at bedtime, and the patient should sit in it each night for a period, gradually increased if she can bear it, from five to fifteen minutes. In summer obviously it can be borne longer than in winter. On leaving the bath she should be well rubbed with a coarse towel or sheet, and put instantly into bed. If chilly, a hot jar should be applied to the feet; should the patient, however, feel uncomfortable or chilly after the bath, either it should not be repeated, or the immersion should be for a much shorter time. Let me point out to you as an example a case recently treated in this manner here. A. M., æt. 25, unmarried, a servant, much confined to the house by her employment, had of late suffered greatly from headache, pain in the back, loss of appetite, and constipation. For months past the menstrual flow had become gradually more and more scanty, till finally it ceased to appear altogether. There was not any symptom of constitutional disease, nor of local congestion or inflammation. The bowels being constipated she was ordered pills containing aloes, in combination with iron, and was put on a generous diet. This sufficed to keep the bowels open, but the headache continued, and there was not any appearance of a return of the menstrual discharge. Strychnia was prescribed, still no improvement resulted. She was now directed to sit in cold water in the manner described, each night for ten days before the date at which the flow was expected, and as a result we had the satisfaction of finding the catamenia re-appear, very scantily at first, it is true, but still in sufficient quantity to afford satisfactory proof that the treatment was telling. The same course was adopted at the approach of the next menstrual period, and on that occasion the flow was much more profuse, and indeed in all respects more nearly normal than it had been for years, the patient's general health also improving in a marked degree.

Bear in mind, however, that the cold hip-bath is not applicable to all cases in which amenorrhœa is a prominent symptom. You should never employ it in any case in which you have reason to suspect the existence of constitutional disease; nor yet in patients of a very feeble, anæmic habit; but if you are careful in selecting fit cases I can safely recommend your imitating the practice you have seen carried out in the case I have just drawn your attention to.

The warm hip-bath is a not less valuable agent than the cold one, and is, moreover, capable of being used with advantage in a greater variety of cases. You have seen me repeatedly employ it in the treatment of patients suffering from endo-metritis. It is also useful in many cases of dysmenorrhœa as an adjunct to other treatment.

As in the case of the cold hip-bath, I recommend you to direct the warm bath to be taken at bedtime. The temperature should not be high, not more than two or three degrees above that of the body, care being taken that it does not fall below that fixed upon during the whole period of immersion, which should be for about fifteen or twenty minutes. In cases of endo-metritis, where much pain exists, I am in the habit of directing these baths to be taken every night for weeks together. Except during the continuance of the menstrual flow, when, however, they are employed with the view of relieving painful menstruation, they need not be taken, except for the eight or ten days preceding the period. In these cases, too, I find that a somewhat higher temperature (about 105°) is needed.

We have yet another mode of employing hot and cold water externally in the treatment of the various forms of uterine disease which come under observation, namely, by means of Chapman's spinal bags. This is a method of employing these agents of very great value, and it has besides this advantage, that it admits of their use without much trouble or serious inconvenience to the patient, for while the bath can only be employed with advantage at bedtime, the spinal bag can be applied with facility at any hour in the day, and can be worn, if necessary, when the patient is dressed.

I have for some years past employed the spinal hot-water bag—1st, in the treatment of menorrhagia; 2ndly, for the relief of pelvic distress arising in course of uterine or ovarian disease; 3rdly, in some cases of dysmenorrhœa. I do not advise you to rely exclusively on the use of the hot-water bag in cases of menorrhagia; nor to suspend other treatment while you employ it, but to use it in conjunction with such medicine as you may deem fit. But this I can promise you, after very prolonged and careful observation, that in many cases of profuse menstruation, especially in patients of relaxed muscular tissue, or in those suffering from the effects of imperfect involution of the uterus after delivery, you will often succeed in restraining for the time the excessive loss, by applying to the lumbar vertebræ a 10-inch Chapman spinal bag, filled with water of the temperature of about 110° Fahr., and this when other means have failed. The size I have just named is the best for the purpose, and the bag should be worn for not less than two hours at a time. The bag known as "Chapman's" is far superior to the ordinary hot-water bag, from the use of which latter I have not derived any satisfactory result. Even greater benefit, however, follows the use of the hot-water bag in cases of pain depending on the existence of almost any of the ordinary forms of uterine disease.

Few patients labour under any of these affections without suffering from pain in the back, above the pubes, over one or other of the ovaries, or along the margin of the false ribs; and few indeed there are of those who do not derive relief from the judicious use of the hot-water spinal-bag. Indeed, I have often wondered that it is ordered so rarely. In like manner in cases of dysmenorrhœa, especially if they are of inflammatory or congestive origin, marked relief from present suffering often follows the wearing of the hot-water spinal-bag for two hours at a time at intervals through the day. I say present relief, for I do not think its action exerted any permanent effects on any of the cases in which I have employed it. At present there are two cases in the hospital with whom I have practised this treatment. One is that of Mrs. R——; she has a large intra-mural fibroid, and suffers much from pain above the pubes shooting down the inside of the thighs; this is specially severe just before the occurrence of each menstrual period. Her case is not one favourable for operation; she has derived the greatest relief from the hot-water spinal-bag, and its use has also decidedly lessened the flow at the catamenial periods, which usually is very profuse. The other patient, Mrs. D——, was admitted last week in a very anæmic condition. She has been drained by uterine hæmorrhage, which had lasted continuously for three weeks. So extreme is her debility, I have not as yet ventured to dilate the cervix, as is necessary to enable us to ascertain with certainty the cause of this dreadful loss; I believe it will prove to depend on a granular condition of the intra-uterine mucous membrane. In her case the application of the hot-water bag was at once followed by a diminution of the discharge, and time was then afforded for the remedies administered internally to act. Previous to its use she had taken ergot, iron, and quinine in full doses.

The treatment of uterine diseases by the application of cold to the spine, best effected by means of Chapman's ice-bags, requires to be carried out with greater caution than does that by means of the spinal hot-water bag. The latter, injudiciously applied, may aggravate suffering or be altogether useless, but is not likely to be decidedly injurious. The ice-bag, however, may, without doubt, if used in unsuitable cases prove exceedingly so. I have found the ice-bag useful, 1st. In certain cases of amenorrhœa in which the cold hip-bath was not suitable; 2ndly. In relieving the sickness of pregnancy; 3rdly. In certain forms of disease in which severe pelvic and lumbar pains were experienced, together with and apparently depending on the condition known as spinal irritation.

Some females of feeble constitution are quite unfit for the prolonged immersion in cold water required for the carrying out of the treatment just recommended for certain forms of amenorrhœa; in such case Chapman's spinal ice-bag may oftentimes be applied with advantage over the sacrum and lower lumbar spines. It should, in the first instance, be used for not more than fifteen minutes at a time. If well borne its application should be prolonged, but I consider it better to carry out this treatment by repeated applications of the ice-bag made at intervals of some hours than by prolonged applications made once or twice a day.

The same observations apply to this mode of treatment when practised with the view of relieving pain which, though referred to the uterus or ovary, appears to depend on spinal irritation.

Without doubt the application of cold to the spine has often a marked effect in lessening the distressing sickness experienced during pregnancy. Doubtless, too, it is a remedy which frequently fails to effect good; but it is nevertheless a valuable one; let me, however, urge on you the necessity of using it with caution, for I am by no means sure that it has not sometimes produced abortion.

There is one other method of relieving the suffering so constantly experienced in cases of uterine disease by external means, which it is well to bear in mind, and which I urge on you not to despise because of its simplicity, or because it is recommended by a class of men whose practice is not in general worthy of imitation. I allude to the wet abdominal bandage. It is usually applied by dipping in tepid water one-third of a calico bandage three yards long and half a yard wide; the wet end is applied around the pelvis and the dry part rolled outside it so as to prevent the patient's sheets, or if worn in the day time, as it can easily be, her clothes, from being wet. This is specially useful in allaying pains depending on ovarian congestion or irritation, and, indeed, is beneficial in all cases of uterine disease. A more convenient method of using it is by covering a piece of calico sufficiently large to go round the entire pelvis with oiled silk or a thin sheet of gutta-percha, and retaining it in its position by means of strings. Such bandages can now be procured of most chemists.

Blisters are of great value in the treatment of many forms of uterine disease, especially in cases of chronic metritis or endo-metritis. Where the uterine walls have become thickened and indurated no relief from suffering follows the local blood-letting, whether practised by leeching or puncturing. Blisters prove in my opinion most useful when applied frequently, at intervals of a few days; they should be of small size, about the circumference of a crown piece. I generally direct them to be applied alternately over the sacrum and above the pubes, or over the ovary if that be the chief seat of pain. The application of iodine is in some cases preferable to the use of blisters. It does not weaken the patient as blisters often do, and should therefore be employed with patients who may be in a debilitated condition. To produce any beneficial effects, its use must be continued for many weeks, and as the repeated application to the same spot of either the tincture or liniment of iodine, especially the latter, is apt to produce much irritation, it is best to direct the iodine to be rubbed in over a limited space only, and when that spot becomes tender to apply it in a similar way to an adjoining part, so that without causing the patient much suffering the treatment may be carried on continuously. Liniments are of but little value in the treatment of uterine disease; their effects are too transient; but to relieve the distressing backache so commonly present in these affections, you may sometimes employ with benefit a liniment composed of ten drachms of the compound camphor liniment with three of the tincture of aconite and three of chloroform. I have, however, derived far more satisfactory results from the employment of an ointment composed of equal parts of keratria and iodide of potash ointments. This well rubbed in over the seat of pain often produces very satisfactory results. But you will soon discover that all remedies applied to the surface of the body effect at most but a transitory good. To cure, your remedies must be applied directly to the diseased parts. In my next lecture I shall call your attention to these.

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CLINICAL LECTURES ON VESICO-VAGINAL FISTULA.

By William Roe, M.D.,

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Lecture I.

Gentlemen,—We mean by the term *Vesico-Vaginal Fistula*, an abnormal communication between the bladder and the vagina through which the urine entirely, or in part, escapes, but apply different names varying with the situation and extent of the abnormal passages. Thus, when the abnormal communication is between the bladder and vagina, we say simply *Vesico-Vaginal Fistula*, but when it involves the urethra as well, we say it is a *Vesico-Urethro-Vaginal Fistula*; and when the injury extends beyond the vagina into the os and cervix uteri it is termed a *Vesico-Utero-Vaginal Fistula*. And again, when the opening is between the uterus and the bladder, the vaginal walls not being engaged, it is called a *Vesico-Uterine Fistula*. There are many other lesions which receive various complicated names; but for all practical purpose, the above varieties are enough to remember, while, of course, we should be aware that either variety of fistula may be complicated with other surgical lesions about the pelvis. For instance, the uterus may be displaced; there may be an abnormal communication between the rectum and vagina, termed *Recto-Vaginal Fistula*; or a part or the entire of the urethra may be lost. These urethro-vesical fistulæ are very important as regards operative measures, for in these cases it becomes necessary to make a new urethra—not a very easy matter always. Fistula is generally the result of ulceration and sloughing of the walls of the bladder and vagina.

Causes.—1. Fistula may result from a wound of the vagina, inflicted by some instrument during attempts to procure criminal abortion.

2. Retention of a pessary (not properly fitted) in the vagina may produce inflammation, ulceration, and sloughing, and an abnormal opening result.

3. Long impaction of the head of the child during labour, inducing, by pressure, inflammation, ending in sloughing and perforation, is, I believe, the most frequent cause.

4. Carelessness in the use of instruments, or the performance of version, the state of the bladder not being attended to, may undoubtedly cause this unhappy accident, although I believe this seldom occurs.

5. Malignant disease, or corroding ulcers of the uterus or vagina, may sometimes perforate the vesico-vaginal septum, and thus cause a fistula.

6. The existence of a stone in the bladder at the time of labour, the head pressing against the stone, may cause sloughing and loss of substance, giving rise to fistula. This, however, I believe to be a very rare occurrence.

7. Or a communication may be made by the surgeon between the bladder and vagina for the purpose of treating vesical disease, cystitis, &c., by making a fistula, and thus giving the bladder rest. The results of this practice are said to be very satisfactory.

Of the causes thus enumerated, I believe that all are now agreed that prolonged pressure of the head in the vagina during the second stage of labour is undoubtedly the most common cause, and that the cases which are attributed to the forceps and other obstetric instruments are very rare indeed, and I have no doubt that the early use of the forceps would save many of those poor women whom we see here day after day from this distressing accident. You will observe that most of our cases come from the country, and if you observe the history they nearly all give it as this:—"I was attended by a woman, and was five days in labour. (They generally state from three to seven days.) The doctor had to be sent for. He took the child (which is mostly always dead) with instruments. In about ten days or a fortnight afterwards, I found I could not hold water." Now I think the above history, which is the one generally received, is quite sufficient to show that if the doctor had been sent for in time and delivered her with the forceps she would not have had a fistula. The fact of the water not making its escape through the opening for ten or fourteen days shows plainly that it is the result of sloughing, for if the forceps produced the fistula, this symptom would at once present itself. I have more than once heard provincial practitioners blamed for the frequency of fistula in their practice; but I can conceive nothing more unjust than this, for I think the very history of the cases goes to prove that the doctor had no control over its occurrence, for I believe in nearly every case, inflammation, which is sure to end in sloughing and perforation, has been established perhaps days before he has been called in.

Symptoms.—An involuntary escape of urine is the prominent indication of the nature of this unhappy accident, which Dr. Churchill so aptly describes thus :—"The escape of urine is attended with so marked and irrepressible an odour that the patient is placed *hors de société*, obliged to confine herself to her own room. She finds herself an object of disgust to her attendants and even to her dearest friends. She lives the life of a recluse without the comforts of it, or even the consolation of its being voluntary. It is scarcely possible to conceive an object more loudly calling for our pity and strenuous exertions to mitigate, if not remove, the evils of her melancholy condition." In addition to the involuntary escape of urine, we find the thighs and external parts in a fearful state of excoriation produced by the dribbling away of the urine.

Mode of Examination.—Wherever this melancholy condition is suspected, we should make a most careful examination to ascertain with certainty the exact size, situation, and shape of the fistulous opening or openings, for we may find more than one, and sometimes several. Now, in order to make an examination, I will explain to you the mode we usually adopt here, while, at the same time, I must remind you that there are many other methods adopted. For instance, some place the patients on their hands and knees, others on the back, and so forth. You will generally be able, however, to get a good view of the parts by placing your patient in the semi-prone position, that is, on the left side, her hips well drawn to the side, and her head placed towards the centre of the couch, her left arm drawn behind the back, her right leg being slightly flexed and rolled over the left, which is extended backwards. Having placed your patient in this position, you introduce the duck-bill speculum of Marion Sims, which you give to an assistant to hold, and by introducing a small sound into the urethra, you will readily discover any opening that may exist, except, indeed, if the opening be very small, and in that case it will take a little more time ; but with the forefinger introduced into the vagina, and brought into contact with the point of the sound, you will be able to detect even a thinning of the septum. It is most important, before expressing an opinion, to make a thorough examination, and to ascertain :—

1. If there is a fistulous communication with the bladder, for in cases of partial paralysis of the bladder we may have incontinence of urine.
2. The exact nature, size, and position of the opening.
3. If there be any cicatrices which might interfere with operative proceedings.

Having satisfied yourself upon these points, you should commence the preparatory treatment, which consists in getting your patient into a good state of health, removing by division any cicatricial bands that might interfere with your operation, and by getting the parts into a healthy state by attending to cleanliness, and constantly having the phosphatic deposits which form at the fistula removed by suitable injections, and by relieving the excoriation of the external parts and thighs, and having your patient in good health, and the parts in a proper condition to expect union, you may proceed to operate. The mode of operation will be discussed in the next lecture.

(*To be continued.*)

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NOTES ON DISEASES OF THE CHEST.

By Charles R. Drysdale,

Physician to the North London Consumption Hospital, &c.

Pleurisy and its Treatment.—Most physicians must probably feel puzzled at this time as to the rules to be laid down for the treatment of that common chest affection, pleurisy with effusion. French physicians seem to have betaken themselves, since the days of Trousseau, and especially since the late debate on thoracentesis was held, to using puncture in a very great number of cases of pleurisy. Whether from this reason or from whatever other cause, it seems that the mortality from pleurisy has much risen in the practice of Parisian hospitals, and we are assured by Dr. Peter (*Journal de Méd. et de Chir. Prat.*, October, 1873) that from 1867 to 1873 the mortality from pleurisy in these hospitals has risen from 7·89 deaths per 100 in 1867, to 15·69 per 100 in 1873. Forty years ago Louis used to say that no one died of acute pleurisy.

Dr. Peter is an advocate, therefore, for the blood-letting which used to be in fashion in the days of Louis, or some twenty years ago; this he prefers to expectation, but above all he warns us against successive puncture of the chest.

For my own part, experience has made me come to the same conclusion with regard to thoracentesis, which I cannot help regarding as a most dangerous and doubtful remedy in acute pleurisy, although in certain cases it seems indicated. What then should be the treatment of acute pleurisy ? Some persons appear to treat the disease entirely by expectation, or let the patient lie in bed. Others use diuretics, blisters, and purgatives, although it is by no means clear that purgatives or diuretics effect much in getting rid of effusions into the cavity of the pleura.

Dr. Peter recommends in acute pleurisy the use of cupping, with ipecacuanha or tartarised antimony, and mild purges, and asserts that such treatment always prevents the formation of large effusions. Even when there is slight effusion, he maintains that the use of cupping and blisters will prevent its becoming greater. But when the effusion is great and the fever gone, then resorption is impossible, and puncture is the only rational treatment. After applying the cupping glasses, he is accustomed to apply a very hot poultice over the side covered with cotton wool and oiled silk, and having this renewed every five hours. It is by such energetic action, says M. Peter, that we may watch pleurisies disappearing in a few days without leaving any trace, whilst in numbers of examples we see patients treated by expectation, and even by revulsion and active derivation, by purges and diuretics, passing into dropsy or even into purulent effusions ; and the action of purges and diuretics is often too violent for weak patients.

Nothing, says Dr. Peter, is more evident than the action of local blood-letting in cases of pleurisy. The pain is calmed at once, and the insomnia and dyspnœa relieved. The patient feels himself relieved. So that we see that blood-letting has its partisans in our days too.

Blisters are not of much use when the disease becomes chronic, because both of the pleural surfaces become non-absorbent. Here, says Dr. Peter, we must have recourse to puncture, if there is a large effusion and the fever has abated.

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INDIAN MEDICAL NOTES.—No. X.

(From our Special Correspondent.)

Meerut, Upper India,
October, 1873.

At this station during the excitement of the gold fever a few insubordinate men committed crime to get transported to Australia, until it became necessary, after repeated warnings, to make a stern example ; when the next offender was shot offences ceased. Recently, an illiterate clod-hopping Welshman of morose habits, in cold blood without strong provocation, pointed a rifle at his only friend (who was in a stooping position at the time), shot him dead. The bullet, entering near the hip, dividing the arteries, smashing through the pelvis, was found near the umbilicus flattened and shapeless. By way of defence the murderer pleaded that, taunted about being a Methodist and speaking English so imperfectly, his angry passion intensified by drink, the devil prompted him to the crime, for which he was sentenced to be hung before the garrison. Forming three sides of a square, the regiments were duly drawn up, the pale-faced Europeans in white clothes and helmets without spikes contrasting with the black-muzzled native infantry, with the gay-turbaned scarlet-sashed native cavalry furiously riding about keeping the ground, and with the curious-looking police in blue serge and red caps – quiet, stupid-looking Dogberrys. In grim grandeur the gallows occupied the rest of the square, just two upright posts connected by a bar overhead from which a rope dangled; below was a platform, merely a treacherous swinging shelf on hinges, reached from the ground by a painter's ladder, all very rude and simple, yet admirably contrived. The two native executioners, stolidly sitting on the green grass damp with the dew, probably talk over the 32s. fee for the job, whilst the gaol-governor, conversing with one of his officers, paces up and down patiently waiting. None else near the scaffold.

It is too lively a morning to die—although the snow-capped Himalayas are not visible, the sun shines so softly, the air is so delicious, the sky so blue and clear, the broad expanse of green plain refreshed by recent showers, here and there dotted with noble trees, so reminds one of dear old England. About a mile distant are the thatched-roofed barracks resembling the toy-houses of the nursery, and above the well-wooded cemetery towers the column erected in honour of Robert Rolls Gillespie, the hero of Vellore. One thinks of the various mutinies in India, of the natives who fought like cowards yet died like philosophers; of the mirage at Cawnpore, when, parched and mad with thirst, the sufferers were tantalised with pictures of water and shady groves; of the curious circumstance that out of the 220 women shut up at Lucknow not one could cook; when the disjointed reverie was broken by the roll of the drums succeeded by the too painfully familiar flesh-creeping notes of the "Dead March in Saul," and the band with black-draped instruments appears in sight followed by a small party with fixed bayonets. In their midst, dressed in brown prison clothes, with head erect, marches steadily, as if on parade, past the troops, the man appointed to die. No one can realise that this firm, well-set-up soldier is, step by step, approaching the scaffold. There a little knot has now collected; for instance, the brigade-major on horseback who reads the proceedings of the court-martial, approved and confirmed by Lord Napier of Magdala; the clergyman and scripture-reader cheer and comfort the poor wretch by depicting the joys of Heaven instead of flourishing cruelly the flames of hell. With a firm step Private Elias Morgan mounts the ladder, stands respectfully, firm as a rock on the treacherous platform whilst a black cap is placed over his face and the noose slipped around his neck. The executioners jump aside, the platform gives way, the body drops, then swings round, the head turns on one side, the legs quiver, whilst overhead the dreadful vultures hungrily hovering about the scaffold already claim the corpse. The troops march past the tied and pinioned figure only a few minutes ago a strong, healthy young man; but he committed a foul murder, and all acknowledged the justice of the sentence. He was put in a shell and buried outside the churchyard. No *post-mortem* was made, but, according to Dr. McLaren, who examined three bodies twenty minutes after the drop fell, the pupils would be dilated, there would be dislocation between axis and atlas, odontoid ligaments ruptured, transverse ligaments uninjured; else dislocation and rupture of ligaments between the axis and third cervical vertebræ, or dislocation between the occipital bone and atlas; the brain and membranes congested, the lungs collapsed and anæmic. In the pericardium he found straw-coloured fluid, and the heart contained dark fluid blood in both ventricles.

Returning to my heavy sick list, 20 out of 150 men—6 of these enteric fever. I found on the table Dr. J. M. Cuningham's most elaborate, carefully prepared "Report on Cholera in 1872 in Northern India." Although no light is thrown as regards treatment, the book is a masterpiece of inquiry, stimulating others to try and find out the secret which has so long defied the most talented research. Of course, no Report is complete without allusion to Pettenkofer, Dr. Snow, and the immortal pump in Golden Square. Among the people in British India 165,000 died in 1872 of cholera almost within two months. In the European army, out of 888 cases among men, women, and children, 615 were fatal. In Bengal the cases were 817 to 559 deaths. Avoiding hair-splitting controversies, theoretical discussions, and time-honoured fables, Dr. Cuningham, analysing notes on 108 outbreaks, forms certain conclusions on the evidence of the medical officers, to the effect that the water theory is irreconcilable with the geographical distribution of the epidemic. All evidence points to localisation. At one place sufferers changed their houses, not their wells, yet recovered. At a school a number of boys drinking well-water supposed to be contaminated with sewage were all attacked; those living at the school died, the day-boarders, with one exception who lived near the school, all recovered. Some of these boys were sent home in various directions, yet did not carry pestilence to others. Clothes and bedding used by cholera patients have been sold by auction without any bad result. Moving into camp often appeared of no avail unless the troops were taken fairly out of cantonments. Some places escaped without quarantine, in others quarantine could not be enforced, the inhabitants preferring the disease to the remedy; objecting to isolation, concealed cases. *No* evidence of quarantine doing good, of the disease being communicated from the sick to the healthy, of cholera travelling quicker by rail, of water contaminated with cholera evacuations producing disease, nor of cholera conferring immunity from fevers. Imputation could not be traced in any one of 100 communities under careful observation. Dr. Cuningham, even doubting the pet theory concerning pilgrims and travellers, considers from the evidence adduced that the plague of 1872 was not spread by man, nor along the high roads of communication; outbreaks occurred at various places simultaneously, to disappear equally mysteriously. After all, what is the remedy? In no way disregarding the teaching and practice of the past, we must persevere in sanitary improvements and in patient practical research. In some old Indian work the author is very angry with London physicians who kindly offer to put us straight, and who made light of cholera, yet could not stamp out phthisis, cancer, scarlet and other fevers in their own country. Perhaps the same retort might be made now to some who wonder at the apparently slow progress made in conquering diseases whose formidable nature and rapid progress can only be understood by those who are daily battling with Indian ailments. Before reluctantly closing Dr. Cuningham's Report it should be further quoted that as to the prevalence of cholera amongst the single or the married, the temperate or the topers, the recruit or the old soldier, the upper or lower stories in barracks, no definite conclusions were arrived at. One is so apt to change opinions that, although sufficient materials have been collected to write about certain diseases, specially remittent, intermittent, and enteric fevers, dysentery and hepatic abscess, it would be more judicious to wait until very many more cases have been treated, and all the accessible Indian medical literature consulted. Also one is so apt to forget, or else to drop, the habit of recording interesting facts. For instance, a man was admitted with delirium tremens and a black eye, the effects of a severe blow; nothing else either in his medical history or statement to go upon. He dies suddenly, when we find the whole of the right hepatic lobe reduced to a shell, enclosing one old enormous abscess just like a rotten apple. The liver of purple colour extending right across, weighed 6½ pounds, glued to the intestines, the left lobe congested. Nothing particular about the lungs, heart, spleen, or kidneys, but the brain was gradually softening. No association with dysentery could be traced in this and other similar cases. For delirium tremens, years ago, I tried large doses of digitalis without benefit. An emetic, a turpentine enema, scruple doses of bromide of potassium, beef-tea, and a "hair of the dog who bit" include my present remedies. Since these notes were commenced, the Army Medical Department Report for 1871 has been received, wherein Hill climates are most ably discussed. Referring to Kussowlie, Dr. Corban, opposed to short sojourns, considers two successive seasons should there be spent, and that the climate is curative as well as preservative of health. The elevation of 6,500 feet, affording a climate ten degrees hotter than England, very suitable to the old Indian soldier. Mount Aboo, 4,015 feet, is also well spoken of. Landour, surrounded on three sides by vast ranges of mountains that, rising wave over wave as far as the eye reaches, and increasing in altitude as they recede northwards, end in the great Gangootry and Summootry ranges, has been most elaborately reported upon by Dr. Kellet. In his words, "perhaps the purest air breathed by man is found in the Himalayas close to the snows; consequently at Landour it is almost as good, except where tainted by man. Warm, dry, rarefied, and having a moderate range of temperature, it is sedative, astringent, and tonic, is opposed to congestion, deposits, and their organisation. Landour and Mussourie are brighter and warmer than England, their air and water are purer, and they are free from all endemic disease, with healthy ground enough to locate 10,000 men, close to wood and water in abundance." In the middle of the hot weather, Dr. Huntly Gordon sent men up from the plains with bad fever, spleen and liver, who at Landour did remarkably well. Dr. Kellet's paper will doubtless excite much attention, leading to an incalculable saving of life and health. I regret ever saying a word about neuralgia at Nyna Tal, but my informant's statement, experience, and position all pointed out to authenticity. Officers who have been up there are loud in praising the climate, the scenery, the boating, the hospitality, the flirtations, that even the most determined old bachelor *teres atque rotundus* becomes allured, hoping for a renewal of life, and to shake off dyspepsia in such an Eden. Just now the weather is pleasant in the plains, and should the heavy sick list improve, the intention is to run over to Delhi and Agra, to see the tombs, the marble palaces, the Taj, &c., and in these glorious antiquities to find some points of professional interest to record. It appears the natives believe in noisy processions, in the sacrifice of a scape-goat, and the efficacy of prayer to drive away variola and cholera, irrespective of sanitation. In a certain district, in 1829, when the wheat and other spring crops failed, and for three years the people subsisted on the lathyrus sativus, a kind of wild vetch, the young men, from the age of thirty downwards, became incurably paralysed below the waist, the attack suddenly taking place at night. Curious notes and facts constantly accumulating, I hope soon to write in a more cheerful strain the pleasures and advantages of India; but for the relaxation afforded by scribbling, there has been no escape from the sorrow and anxiety induced by sickness and mortality this year. Please God, the luck may change.

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Transactions of Societies.

MEDICAL SOCIETY OF LONDON.

Monday, Nov. 3rd., 1873.

Dr. S. O. Habershon, F.R.C.P., President, in the Chair.

A letter was read by the President from Dr. Rayner, of Highbury, informing the Society that he would give £50 if, before the next meeting, nineteen other Fellows would do the same, thus forming a fund of £1,000. The thanks of the meeting were warmly accorded to Dr. Rayner for his kind and liberal offer.

Dr. Semple showed a patient suffering from

ANEURISM OF THE AORTA,

in whom there was some erosion of the ribs, allowing the tumour to be felt beating under the skin. The patient, a thin, sallow-looking woman, æt. 40, had been ill since Christmas last, and had had daily hæmoptysis for a week. There was evident tumefaction of the left side of the chest above the nipple; the ribs on the right side could be seen plainly, especially the second rib, but on the opposite side their position could only be felt. The superficial thoracic veins, and the left external jugular, were swollen. On palpitation there was found to be a decidedly increased impulse over the cardiac region, and beyond it, superiorily and laterally on the left side. The pulse was 108, weak, but regular. On the stethoscope being applied, it was lifted up with a heaving motion at each pulsation of the tumour, and there was a distinct, blowing murmur heard over it, especially to the inner side of, and a little above the left nipple. The apex of the heart beat as low as the lower margin of the seventh rib.

Dr. Berkart read a paper on

THE PATHOLOGY OF ASTHMA.

He said Laennec was inclined to think that asthma was due to a disturbance of innervation, and that the disease was not located in the lungs. Subsequently the spasmodic theory developed, chiefly because, from the absence of physical signs, or rather from their insignificance compared with the intensity of the symptoms, it was supposed that the lungs were healthy, and because experimental physiology apparently supported the nervous origin of the disease. Neither of these causes can stand the test of inquiry. With regard to bronchial stricture, it is only known that the bronchiolis may contract, but nothing as to the how or the when. Paul Bert has shown that they cannot contract if the lung is over-distended, and as this condition, independently of the nutritive disturbance of the pulmonary tissue, constitutes the principal element of emphysema (in connection with which asthma occurs most frequently), it cannot be due to spasmodic contraction of the bronchiolis; moreover, in consequence of the catarrh which, in the vast majority of instances, accompanies or precedes asthma, the bronchial muscles are so thoroughly soaked with serum that they are completely paralysed, and are unable to contract. The author maintained that asthma represented one link in a chain of affections which commenced with diseases of the bronchi and terminated with emphysema, asthma being the latent stage of development of emphysema. He defined asthma to be a symptom which accompanied all pulmonary affections, in which congenital or acquired deficient elasticity of the lungs is the prominent feature, in consequence of which the diminished expiratory forces are, only after prolonged and increased effort, able to overcome an obstacle to the interchange of gases. The exciting causes of asthma are (1) Very tough and fibrinous mucus firmly adhering to the bronchial wall; (2) Catarrh from the inhalation of foreign substances, especially ipecacuanha pollen, and asthmaton ciliaris (of Salisbury); (3) Displacements of pellets of mucus into a larger bronchus after forced expiratory efforts, such as laughing, &c.; (4) Formation of crusts on the mucous membrane of the lung, a process analogous to the one observed on the tongue, and on the nasal and pharyngeal mucous membranes; (5) Interstitial œdema, as in gout and Bright's disease; (6) Thrombosis and embolism of the smaller branches of the pulmonary and bronchial arteries.

Mr. Hooper said that he had suffered severely from hay-asthma this summer, and had tried various remedies, and had found nothing so good as a short residence at the sea-side.

Dr. Theodore Williams said that the author had boldly attacked old theories, but had not proved a new one to be correct. In his own experience, asthma often began without any catarrh, and often only affected certain people in certain districts. He saw this well exemplified when travelling abroad, for he noticed that some of the passengers in the train with him were seized in certain regions through which they passed with sharp attacks of asthma, and then as they left these places the breathing of these people became natural. As well as this, the theory broached would not account either for emotional asthma or the asthma produced by dyspepsia. Again, if the disease depended on the diminished elasticity of the lung in general, it should exist in the suffocative catarrh of the dying, but it does not.

Dr. Thorowgood concurred with Dr. Theodore Williams. It had been shown that belladonna and stramonium diminish the contractility of the bronchial muscular fibres, and if the asthma depended on diminished elasticity, he did not understand how these remedies effected the good they did. At the present time, abroad, it was thought this muscular theory as upheld by Dr. Williams was an erroneous one, and some French works on the subject had gone so far as to say that this theory was no longer held by any man in his senses.

In his reply, Dr. Berkart maintained that there was no proof whatever that asthma consisted in a spasmodic stricture of the bronchiolis; on the contrary, that all well authenticated facts of physiology and pathology render it highly improbable, if not impossible, for such to be the case. He adhered to every statement made in his paper, the more so as every sentence of it could be proved to the satisfaction of every one.

Dr. Routh showed a specimen of

RENAL CALCULUS.

Mrs. S. came under his care about twenty-five years ago, at which time she was suffering from piles, with considerable uterine irritation, for which she was treated and cured. About twenty years ago she went to Australia, where she had a paralytic stroke, with loss of power in one arm and some difficulty in speaking. She recovered from this and returned to England. About sixteen years back she became subject to agonising pain in the region of the kidneys; it came on in paroxysms of a most acute character. This lasted for six or seven hours at a time, and disappeared; and during the attacks, she was kept for hours under the influence of chloroform or the subcutaneous injection of morphia. While in this state nothing was very remarkable about the urine; once or twice an alkaline reaction was noticed, but nothing more; the water was clear and without pus or blood, not only a trace of albumen. Specific gravity, 1,018. The case was seen by Brown-Séquard at the time, who diagnosed it as a case of neuralgia of the kidney, and said that such cases were frequent at the Mauritius. These paroxysms continued for two or three years, and then disappeared. She became very obese, had incontinence of urine, and died, at the age of 63, of effusion at the base of the brain. At the autopsy, the brain was found to be softened, the left kidney was normal in size. There were two cysts on it, and embedded in its substance and close together were two stones, the size of haricot beans. The right kidney was much larger than the left, and contained many cysts full of dark, discoloured pus, in the calyx; towards the lower end, were two large irregular-shaped stones, close together, but not adherent. These were lodged in a suculus and, in the recent state, weighed four drachms. Dr. Routh pointed out in this case that there was a remarkable absence of blood, pus, and albumen in the urine, and how the urgent symptoms had remained in abeyance so many years before death.

Mr. Halpin showed

A VERY CURIOUSLY-SHAPED RENAL CALCULUS.

The patient, a girl, æt. 15, had suffered from incontinence from birth. About two months before her admission into the hospital she had been attacked with vomiting, and diarrhœa, accompanied with great pain in the lumbar region, became constant, and death ensued in four weeks.

Mr. Brudenell Carter said that the ophthalmoscope occasionally showed functional, as well as organic, kidney mischief. He was consulted by a lady for sudden dimness of vision occurring in one eye. On making an ophthalmoscopic examination, he found there was a general opalescence of the retina, and it appeared œdematous; from this he suspected renal derangement, and on the water being examined it was found to be slightly albuminous. The patient now travelled by railway, and an attack of hæmaturia was the consequence. She was put under proper treatment, and the albumen disappeared, the vision gradually became perfect, and at the last examination the retina was in its natural condition.

November 10, 1873.

Dr. Habershon, F.R.C.P., President, in the Chair.

Mr. A. E. Durham related a case in which he had removed a portion of lint that had been accidentally introduced into the pleural cavity through an opening made for the evacuation of an empyema. The patient, a young man, æt. 19, came under the care of Dr. Wilks, in Guy's Hospital, on 22nd Sept., 1869. He had been ill some six or eight weeks, and presented all the signs of pleuritic effusion on the left side. This gradually increased, and the heart was pushed quite over on the right side of the sternum. The left side of the chest was much distended, and bulging of the intercostal spaces anteriorly was manifest. Mr. Durham introduced a medium-sized trocar and canula, just above the sixth rib, about an inch below and rather to the sternal side of the nipple, and drew off about a pint and a half of pus. As the escape was not free enough during the next ten days, the opening was enlarged, and a drainage-tube placed in. The entrance of some air took place during the following days, and the pus not escaping very freely, the tube was withdrawn, and the cavity kept open by a plug of lint soaked in carbolised oil. During the night of the 14th December the plug of lint was drawn into the chest by a violent inspiratory effort. The patient said "he felt it go right flop down on his heart;" in the morning he felt it close to his spine. Mr. Durham introduced a pair of long, slender forceps, of special construction (exhibited), which he had designed for the removal of foreign bodies from the œsophagus, and, using them probe-like, felt the piece of lint at the extreme posterior part of the pleural cavity. Opening the forceps, he fortunately succeeded in seizing the lint at the first attempt, and withdrew it without the slightest difficulty. From this period the man progressed satisfactorily. The lung continued to expand to some extent, air entering it, and the chest-wall fell in. The opening was permanently established, and the pleural cavity was daily washed out. The lotion was poured in, and then the patient having turned over, it was allowed to run out. On the 27th April the man left the hospital, but returned in October, 1872, three years after his first admission, having in the meanwhile followed his occupation as a shoemaker, and having continued to wash out his pleural cavity almost as regularly as he washed his face. Only about three ounces of fluid was admitted. The chest had to a considerable extent recovered its normal dimensions. *He* was suffering from symptoms of amyloid disease of the viscera, with albuminous urine. And although he left the hospital on the 11th December, yet he died soon afterwards; neither was a *post-mortem* examination allowed. Mr. Durham called especial attention to the construction of the forceps he had used, and showed several modifications, all on the same general plan, and adapted for use in different parts of the body, and stated that, as far as he knew, no other instrument had been yet designed with which the foreign body in question could have been reached and so easily withdrawn.

Mr. Brudenell Carter related the case of a girl, æt. 17, who was shot in the chest. A large effusion of blood took place into the right pleural cavity, empyæma ensued, and a drainage-tube was passed; traumatic delirium then set in, and the tube, about six to eight inches in length, slipped into the chest. A second tube was at once introduced, and worn for two years; the patient then becoming insane was placed in an asylum, and the fluid was unfortunately again allowed to accumulate. On her discharge, a third tube was introduced, and is being worn by the patient at the present time, who is doing domestic work, and during the last seven years there have never been any symptoms referable to the foreign body in the pleural cavity.

Dr. Symes Thompson gave an instance of a gum-elastic catheter seven inches long which had accidentally slipped through an opening in the thorax, and which remained there without exhibiting any signs of its presence till the death of the patient, which took place about seven months after from exhaustion.

Mr. Maunder wished to ask why in empyæma the pus always pointed at the upper and anterior part of the chest. It was most important to determine whether the best way to evacuate the pus was by means of a free incision, or by removing the fluid by a small opening, at the same time taking care to prevent the entrance of air.

Dr. Routh said he thought the indication was the injection of iodine or carbolic acid to set up adhesive inflammation.

Dr. Sansom spoke very highly in favour of the aspirator.

Mr. Royes Bell was averse to using the aspirator, and thought it a troublesome instrument. He thought the best mode of proceeding was to introduce a long probe from the front, and pressing against the intercostal space behind between the eleventh and twelfth ribs, to cut down upon it, and, passing a long drainage tube through the openings, to tie the ends together, thus making any such accidents as had been related quite impossible.

Dr. Crisp suggested the plan of tying the tube to a piece of silk fastened around the patient's body.

Dr. **Wiltshire** said that the patient in Mr. Durham's case had died of albuminoid disease, dependent in all probability on chronic suppuration. He thought the important question was, how to close the chest quickly so as to limit the time of suppuration.

Mr. **Durham** in reply said that the pointing of the pus took place where it did, as at that point there was the least amount of physical resistance. He was in favour of keeping up a constant drain, and did not advise repeated tappings. He then demonstrated a plan by which the drainage tube was made to fit tightly into the opening made by the trocar.

Dr. **Symes Thompson** read the history of a

CASE OF SCROFULOUS KIDNEY,

and showed the specimen. E. T., æt. 38, thin and very pallid, a bootmaker, had been troubled with irritation of the bladder for three years, and had been thrice sounded for stone. A large tumour was felt in the left hypochondriac and lumbar regions, extending within two inches of the umbilicus; it could be felt deeply in the lumbar region behind. The free margin of the tumour was rounded, and the hand could be introduced between the tumour and the margin of the ribs. It conveyed an obscure sense of fluctuation to the touch, and was dull on percussion, except when covered by intestine. A fortnight before death large quantities of pus were discharged with the urine, micturition was frequent, and occasional streaks of blood were detected. The tumour greatly diminished in size, and two days before death the veins of the left leg became painful and obstructed. *Autopsy.*—The lung contained miliary tubercle. The left kidney now shown weighed 1 lb. 12 oz. It was adherent to the surrounding viscera which formed the walls of several large cysts, and on separating the organ a considerable quantity of greenish purulent matter escaped. The left ureter was thickened, but neither impervious nor dilated. Dr. Thompson remarked that the diagnosis of this case afforded some interest. The extreme pallor of the patient, his tendency to faint on assuming the upright position, the freedom from heart mischief, or sign of extensive lung disease, together with the tumour on the left hypochondrium, suggested the idea of leucocythemia; but the blood showed no decided excess of white corpuscles, and the abdominal tumour appeared on deep palpitation to extend far back into the loin and groin, and not so much beneath the false ribs as is usual with enlarged spleen. The diagnosis of pyrtitis was soon confirmed by the discharge of pus with the urine; prior to this discharge the question whether the matter was in the kidney or in the neighbouring cellular tissue could not be confidently decided. From this time, however, there could be no doubt about the diagnosis, for besides the tumour there was pain in the loin, frequent micturition with small quantities of blood, pus-tailed cells and *débris* in the urine, ureter sometimes blocked with pain. The strumous aspect, phthisical family history, with developed though not advanced lung disease, were all confirmatory of the view that the case was one of suppurating tubercle in the kidney. In the absence of blood in the urine, and of cachexia, the idea of renal cancer could not be entertained. Primary tubercle of the kidney is less common than secondary, in the proportion of four to one. In the latter both kidneys are always affected, and no symptoms are observed during life. Primary tubercle of the kidney is more common in children than in adults. A tumour is observed in about one quarter of the cases. Both sides are affected in about two-thirds of the cases. The bladder and ureters rarely escape. Of thirty-one cases described by Dr. Roberts, of Manchester, the lungs were also affected in twenty-five, the abdominal glands in thirteen, the intestines in eighteen, the bones in five, the peritoneum in four, the spleen in three, and the liver in one.

Mr. **Braine** then read part of the minutes of the last meeting.

The **President** called attention to the fact that in albuminuria it was at times difficult to detect the albumen, but if the urine were allowed to stand for twenty-four hours, and the lowest part of the fluid then examined, the presence of albumen would at once become apparent. He mentioned the fact that a gentleman who had suffered much from renal calculus, had been for seven years before his death free from any symptoms. He remarked on the length of time the symptoms might last, and instanced a case where the patient's symptoms commenced when he was sixteen, and continued at intervals till he was sixty. Every now and then a large tumour formed in the right side of the abdomen, a free discharge of pus took place into the urine, and the tumour gradually diminished. This series of events took place a great number of times, and at his death, which took place from malignant disease, a large calculus was found impacted in the lower part of the right ureter.

Dr. **Crisp** mentioned the case of a gentleman who whilst performing an athletic feat was seized with sudden and severe pain in the lumbar region. The pain lasted three hours, and then subsided altogether. After his death from heart disease about a year afterwards, it was found that he had a renal calculus about the size of a man's finger; this was in two pieces, and doubtless the fracture had caused the sudden attack of pain.

Mr. **Durham** gave the particulars of a case in which he had removed the kidney, after having freely incised it at a previous operation, and in which although all the symptoms pointed clearly to stone in the kidney, yet the organ proved to be quite healthy, and no stone was detected anywhere in the urinary tract.

Dr. **Rogers** spoke of the difficulty in diagnosing some of these cases. He narrated the history of a lady who had, two years after a fall, had various abscesses and sinuses form in the iliac region and around the pelvis, leading to the belief that carious bone existed. During the whole of her illness there was no trace of blood, pus, or albumen in the urine, and it was not until after her death that the true source of the mischief was discovered. A calculus which had formed in the kidney caused suppuration, and was found external and posterior to that organ in a large abscess with which all the sinuses communicated. With the exception of one cyst in the kidney the whole of that organ was healthy.

Mr. **Cripps Laurence** said he was present at the *post-mortem* examination of an infant, æt. 8 months, who had died of pneumonia. A calculus of the size of a pea was found in the left kidney, and the tubules of the mammillæ were also filled with uric acid crystals.

Dr. **Farquharson** threw out the suggestion that clots of blood following blows in the lumbar region were often the cause of renal calculi.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 19, 1873.

THE METROPOLITAN FREE HOSPITAL.

For some time past professional gossip in London has been aware of a certain abuse of authority by the committee of the Metropolitan Free Hospital which cannot but prove injurious to the charity. We have hitherto refrained from comment upon the matter, but it has now become public property by the publication last Thursday in the *Pall Mall Gazette* of a letter from Mr. T. J. Phillips Jodrell, who relates the circumstances in a manner worthy of his position as an able advocate of hospital reform.

The medium of publicity is well chosen, since the *Pall Mall* is in one sense the cause of the high-handed act to which we have alluded, and which we look upon as a gross insult to the profession. That act is the dismissal of one of the medical staff, avowedly because he had written an article in the *Pall Mall*, in the course of which he alluded to the management of the Metropolitan Free Hospital as well as other charities.

It is of moment that the facts should be accurately stated, and we therefore proceed to recite them, in order that our readers may know the almost incredible length to which committees will go.

Last June the *Pall Mall* published a leading article on the Treatment of Out-patients at the London Hospitals and Dispensaries—a subject at that time, as our readers will remember, exciting a good deal of interest. In that article the following statement occurs :—

> "It is true that admission to some of these charities is by means of letters of recommendation given by subscribers, but the great majority of patients are received and prescribed for without their claims to gratuitous relief being submitted to scrutiny of any kind. The consequence is, the out-patient waiting-rooms of the different institutions, unless exceptionally large and exceptionally well ventilated, are, as a rule, crowded to excess, and during the summer months almost to suffocation. The so-called "casualty" patients who attend St. Bartholomew's Hospital are now attended in a new building consisting of a large, well-ventilated room, capable of seating about 600 patients ; but even this large room is often so overcrowded in summer that the heat and unpleasant atmosphere are much complained of. The three waiting-rooms at the Royal Free Hospital are frequently so much crowded that the patients hang about the yard of the hospital, and even during the present temperate weather, when passing through the rooms while the patients were waiting in them, we found the air was sickeningly offensive. The crowding at the Children's Hospital in Great Ormond Street is reported to be such that it has been necessary to prohibit the patients from sitting on the steps of the adjoining houses. At the Metropolitan Free Hospital, during the early part of each week, not only is the waiting-room so densely packed with patients that anyone would find it a somewhat difficult task to force a passage through it, but the lobbies and staircases are equally crowded. At this hospital the men are seen before the women, so that many of the latter often wait several hours before reaching the consulting-room. Considering the average length of time which patients have to wait before they are prescribed for, and the frequently crowded state as well as the insufficient ventilation of the rooms in which they are pent up meanwhile, we cannot help thinking that many of them, besides losing their time (which in a large proportion of cases is equivalent to losing their wages for the day), experience hygienically more harm than good from their visit to the hospital."

These statements seem to have annoyed the individuals who compose the committee of the Metropolitan Free, and a suspicion seems to have come over them that one of their staff must have informed the *Pall Mall* of the state of affairs. Accordingly they summoned the staff to meet them, and actually had the impudence to ask each medical man in turn if he were the author of the article. It was, we think, a mistake on the part of these gentlemen to deign a reply, and we should have rejoiced if, on the first being questioned, he had seen through his interrogator, and then the whole staff might have left the room as a practical protest against the insult.

However, they did answer—doubtless without reflection—and in the negative, until it came to the turn of Dr. Chapman, who, having pointed out that the article was editorial, and that no one had the right to make such an inquiry, was pressed until he admitted that he was the writer.

The next scene in this drama is best given in the words of Mr. Jodrell, who thus continues the story :—

> "The general committee, it seems, were not satisfied with this humiliation of their medical staff, for their next step was to get them to pass a vote of censure on their offending brother. For that purpose a meeting was summoned of the medical committee, at which a resolution was come to 'expressive of the deep regret of that committee that an article calculated to do such serious injury to the hospital in the opinion of the charitable public should have emanated from one of their colleagues, and their great surprise that he should deem it consistent with the feeling of honour to continue to hold the appointment of assistant-physician to a public charity which he deliberately and anonymously in the public press disparages.' It is a significant circumstance that, though the medical committee comprises the whole medical staff of eleven members, five only were present on this occasion, the three surgeons, and the two other assistant-physicians, one of whom only, with the three surgeons, signed the resolution, and he, Dr. McNalty, a very young man, not yet admitted a member of the College of Physicians. The three principal physicians were conspicuously absent. Yet on the authority of this resolution alone the general committee founded its mandate to Dr. Chapman to resign his office, and, on his refusal to do so, dismissed him."

Dr. Chapman was quite right to refuse to resign, and we wish that the abuse of power by this committee had been checked by an appeal to a law court. Perhaps, however, the appeal to the public is a greater terror for them. At all events, the mention of a fact patent to all the world—the truth of which has never been called in question, and is vouched for anew by Mr. Jodrell—seems to have moved them to madness. Now that the *Pall Mall* has published Mr. Jodrell's narrative, the committee will perhaps see that the light of public discussion can no longer be shut out from their management. An appeal to the governors at large should be made, and if the power of the press should not suffice to kindle interest enough to replace the clique that has too long ruled the Metropolitan Free Hospital by a committee of independent gentlemen, then farewell to all hope of hospital reform. If medical men are to be used as conveniences and insulted because they do not echo the notions of ignorant or prejudiced lay committees, they must decline to give their services to institutions that are thus controlled. The constitution of the hospital in question may look well enough on paper, but for years its management has been in the hands of a very close circle, and we have known instances in which a single person has exercised all the authority unchecked. This practical monopoly must now cease, unless the governors as a body are content to abide by a standing disgrace.

It will be observed by the readers of the *Pall Mall* that we have not noticed the letter of Mr. George Croxton, the Secretary of the Hospital, who has attempted to throw doubt on Mr. Jodrell's assertion that the staff were interrogated. Our reason is that we happen to know that Mr. Jodrell's statement is correct.

One word must be said about the medical committee. The resolution quoted from Mr. Jodrell's letter is one that we cannot but condemn. Five out of eleven medical officers agree to a resolution condemning the conduct of one of their colleagues—outside the hospital. Where are the other six ? Their wisest course would be at once to issue a repudiation of the judgment of the five. Neither singly nor collectively had either his colleagues or the committee any more right to ask what Dr. Chapman wrote in the public press than he had to demand from them a statement of their respective incomes.

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FRAUDS IN DRUGS.

The public analysts and inspectors, who have hitherto confined their attention to the vending of starch for cocoa and turmeric for mustard, have within the last month made a raid upon the adulterating druggists, and have created something like a panic even in the Council of the Pharmaceutical Society itself. On the 31st of October a chemist named McDermott was prosecuted by the sanitary authorities of Bermondsey for selling as "citrate of magnesia" a compound which the local analyst certified to be a mixture of citric and tartaric acids with sugar and bicarbonate of soda, without an atom of magnesia. The prisoner was, without hesitation, fined £10 and costs. This would appear to have been a very simple transaction—one in which, the offence having been proved without a shadow of doubt, the magistrate discharged a very plain duty without undue severity. And yet we find that not only the chemical traders, but the representatives of pharmaceutical purism, are aghast at what the president called "the injustice of fining a man for selling that which had been *universally known and sold to the public* under the name of granular effervescing citrate of magnesia." A comment on this observation is readily supplied to us in a communication which appears in the very same number of *The Chemist and Druggist* which contains the foregoing quotation. Mr. Cook, a chemist of high character in Liverpool, finds it necessary to remonstrate publicly against the gross and scandalous frauds which are, it appears, not the exception, but the rule, in the drug trade. He says :—

> "I happen to have some considerable knowledge of the wholesale drug trade. Anyone dealing in drugs knows quite well the variable quantity of active principle contained in many of them. I can attest that the jalapine in jalap root may, and does, vary from 2 to 12 per cent. ; the cantharidine in flies from 1 per cent. to none at all ; the morphia in opium from 10 per cent. to none ; the quinine in citrate of iron and quinine from 25 per cent. of sulphate to none. And all the qualities of these different drugs are offered for sale to the pharmaceutical chemist at, of course, varying prices. Gentlemen, it is an axiom that 'the public are gullible,' but in hitherto refusing to your calling the consideration you have asked they have shown that they are not 'gullible' to an unlimited extent.
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> "In these days of competition it is natural for every man to wish to buy as cheaply as he can, for he knows he must sell as cheaply as his neighbours, *but there is a point broadly indicated by the common sense of every pharmacien, beyond which cheapness simply means fraud;* and inasmuch as he cannot lay the soothing unction to his soul that he has been deceived, cheapness beyond a certain point means fraud on the public. If the market price of sulphate of quinine is 9s. per oz., and a druggist is offered and buys citrate of iron and quinine purporting to contain quinine equal to 25 per cent. sulphate at 2s. per oz., or, in other words, purporting to contain 2s. 3d. worth of quinine alone, he must be a very stupid man to suppose it genuine, and it would take a very 'gullible' public, acquainted with the facts, to acquit him of *unprofessional intentions.*"

With such a statement as this before us—a statement which everyone knows to be true—it is an astounding fact that even the exponents of pharmaceutical morality appear to consider that the legal suppression of such frauds is a violation of the recognised interests which they are bound to uphold. Whatever views chemists and pharmaceutists may entertain on the subject, doctors and patients ought, we think, to thank heaven that a law exists which forbids a trader to supply surreptitiously an article which is neither asked for nor paid for, and, still worse, to substitute for a medicinal agent, on the action of which the issue of life or death may hang, a different article, fraudulently compounded to deceive and falsely designated. It is not possible to wriggle out of the difficulty by saying that the adulterated article is "universally known" by its false designation. The physician who orders citrate of magnesia intends that it, and nothing else, shall be given to the patient ; and the sick person who buys it believes that he is getting what the doctor ordered him. The substitution of any more profitable article is a gross fraud, and we earnestly trust that the Legislature will be strong enough to punish it with a firm hand and even justice.

A CONJOINT SCHEME OF EXAMINATION.

[COMMUNICATED.]

Recently we directed the attention of our readers to a Conjoint Scheme of Examination for Ireland. Since then it has been authoritatively stated that the Royal Colleges of Physicians and Surgeons of England are about to co-operate with the London University under the sanction of a recent Act of Parliament in carrying out a similar scheme. We rejoice to find that the days of competing and rival examining boards are numbered. It is discreditable to the Profession of medicine to think there still exists anything like a feeling of rivalry between the several Boards granting degrees or qualifications, or that the public should, be led to suppose even that a man rejected by one Board of Examiners can forthwith appeal to another and obtain a legal qualification to kill or cure Her Majesty's subjects.

On the other hand, it has been again and again argued to be as unnecessarily expensive as it is vexatious to bandy young men about from pillar to post to obtain first a qualification in medicine, then another in surgery, while neither alone enables him to compete for certain coveted public appointments. If a qualification is wanted in medicine it must be obtained in Pall Mall, or at the Universities ; if in surgery, it can only be had in Lincoln's Inn Fields ; if to either it be thought desirable to add the M.D. degree, a journey further North or South is entailed. It is high time to insist on a radical change in the qualification system. The gross injustice of the present state of things becomes more flagrant when viewed by what is going on around us. During the past week Dr. Farr, a respected member of the Profession, has been pursued with all the vindictiveness of the pettifogging attorney, because, forsooth, and in spite of possessing two qualifications to practice, he had, through inadvertence and ignorance of his strictly *legal status*, signed his name to a worthless certificate as physician and surgeon. Why so anomalous and harassing a state of things is permitted we are totally at a loss to conceive.

Then, with regard to the Fellowship, we ask, can anything be more inconsistent than the method adopted by the two Colleges for admission to this honour? The Physicians only admit gentlemen after having been in practice a certain number of years, and are in all respects worthy of the honour ; while the Surgeons are ready to admit Tom Stokes and Jack Styles if they only consent to cram for another examination and pay the fee. No one will deny that the Fellowship of the College of Physicians is the blue ribbon of the Profession of medicine, while few would like to say so much for the Fellowship of the College of Surgeons. What is considered the right thing in Pall Mall is out of favour in the classical locality of Clare Market. If the examination for the Membership of the College of Surgeons is no longer a sham, then the Council can offer no reasonable excuse for compelling men advanced in life to undergo another examination, jostle with their juniors, and measure their mental capacity with men in no wise their superiors in position or professional knowledge. If we turn to the sister profession, the law, we find that the one-portal system not only holds good, but has never been found wanting. One qualification to practise at the Bar of England is thought sufficient, after which a man may rise by his own unaided efforts and ability to the highest grades of his profession, even to the woolsack, and become the foremost man in the kingdom.

One word more with regard to the Royal College of Surgeons of England. The Council, in a spirit of contradiction and inconsistency, grant an *ad eundem* admission to any Fellow of the Faculty of *Physicians* and Surgeons of Glasgow, and, in the playful wantonness of a bungling fencer who takes credit for having wounded his friend, refuses to give its own members the benefit of Section XXII. of the Bye-Laws.

We repeat, that it is neither just nor defensible on any grounds to compel men who have proved themselves equal to every exigency in the profession to return to school and prepare for another examination before they can be admitted to the highest degree their College can bestow.

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Notes on Current Topics.

Croton Oil in Nævus.

Dr. E. de Smet, of Brussels, gives an account in *La Presse Méd. Belge*, of a nævus which he rapidly cured by pricking with pins dipped in croton oil. The nævus was near the lower lid of the right eye, and had been treated by vaccination without effect. It was about the size of a half-franc piece. Dr. de Smet fixed fifteen sewing needles in a cork, so that the points projected about two millimetres. Having dipped them in croton oil he placed them over the nævus, which they had been so arranged as just to cover, and then by a sudden push of the cork he plunged them into the tumour. A little swelling and a few vesicles were seen next day. A crust formed in another day, and under it the vessels had some of them become invisible—others contained little clots. A little of the oil was brushed over the nævus, and this application was repeated three days later. No other treatment was required, the nævus having completely disappeared.

Waste of Food.

During the months of July, August, September, and October, 304 tons 3 cwt. of decomposed fish, brought to Billingsgate by rail, were destroyed by the officers of the Fishmongers' Company. At the rate of 2lb. per diem per head, this quantity would have been sufficient to feed 931 human beings for a whole year; and if we accept the same average for the eight other months, the irresistible conclusion remains that food sufficient for nearly 3,000 people is annually lost at Billingsgate alone. It is said that this waste helps to keep up the prices, and therefore the large salesmen do not care. It is to be hoped that such waste may not continue.

Japanese Medicine.

It will give some idea of the activity with which German enterprise is pushed in the East to note that a volume has lately reached Berlin, printed in German at Yokohama, and containing the first annual proceedings of a "German Society for the study of the Natural History and Sociology of Eastern Asia." The *Globe* notices this, and says that, including corresponding associates at Singapore, the local society in question boasts of fifty-two members, the German Minister at Japan, Herr von Brandt, being the chairman of the committee. The papers in each of the published volumes will be distributed between the two sections, as they belong to the historical and philosophical class, or to that of natural history and science. This first issue contains, among other matters, an exhaustive inquiry into the medical science of the Japanese, which appears to be founded wholly on that of China, its literature consisting entirely of commentaries on the Chinese medical writings. There have been, it seems, European medical men, Dutch for the most part, employed in the State service of Japan throughout this century, but they have either been debarred from extending their practice beyond that required officially, or have refrained purposely from doing so, and native medical treatment is, therefore, in the very infancy of the science.

Yellow Fever in America.

Of painful interest to the profession is the description given by a New York paper of the sufferings caused in Memphis and Shrieveport by the recent outbreak of yellow fever. Families in both places have been literally swept away by the pestilence. At the former place it came from New Orleans by one of the Red River line of steamboats. The first death from yellow fever was on the 18th of Aug., and the second on the 22nd, and from this date disease and death came with frightful rapidity. In two weeks from the first attack the city was depopulated one-half. Of the one-half left 600 died by the 9th of October, and quite one-half of those attacked fell victims to the disease. From the first there was no doubt that the disease was yellow fever.* The Howard Association of New Orleans established an infirmary, and kept it open day and night. The Rev. Mr. Adams, of New Orleans, rector of St. Paul's, died at the post of duty. And when a large Catholic community were suddenly bereaved of their curé, the Rev. Father Pierre, four Catholic priests in succession made good the gap, and were added to the victims of the pestilence. Drs. Hotchkiss and Hibbett, venerable in years and in service, next died. Dr. Wise, a young man of great promise, just returned from completing his education in Europe, and Dr. Richardson, a volunteer from Jefferson, Texas, followed them. Then Lieutenant Woodruff, of the United States' Army Corps of Engineers, who went on the breaking out of the epidemic to the relief of the city, died of exposure entailed by unremitting exertions in behalf of the sick. The violence of the outbreak is attributed entirely to the neglect of sanitary precautions.

Surgery in the Medical Council.

The deficient representation of surgery in the General Medical Council, to which we referred—anent the appointment of Crown members which is now taking place—last week, has received the attention of the Council of the Irish College of Surgeons, and we understand a memorial from that body has been forwarded to Mr. Simon, for the Privy Council.

We observe that the *Lancet* endorses editorially the demand of a correspondent, that a representative of midwifery should be one of the Crown nominations. We have argued for an adequate representation of surgery, not of its individual specialities, and we are unable to perceive either that midwifery does not hold its due weight in the mind of the Council, or that it is entitled to a representation which is not accorded to ophthalmology or any other speciality.

The Adulteration Act.

We have previously commented on the case in which a chemist was fined for selling the article known as citrate of magnesia, and we are not surprised to find that it has produced quite a sensation among chemists. The last meeting of the Pharmaceutical Society, as reported in their *Journal*, discussed the decision at great length, and various modes were proposed to avoid a similar occurrence. We are glad to observe that Mr. Bishop—on whom the responsibility appears to rest for the general use of the name—stated that the sufferer by the decision of the magistrate should be indemnified; but we, on the other hand, regret that there seems but little opportunity of an appeal to a higher court. We think the case one of miscarriage of justice, and cannot altogether exonerate the analyst, who, if he knew the custom of selling the article under an incorrect name—and he could scarcely be ignorant of it—might have taken the trouble to say so. The magistrate evidently was misled in the case. If the Act is to be administered in this manner, it will soon have to be repealed.

Another case has been brought forward, and cannot fail also to produce a bad impression. The bakers seem dissatisfied with the reports made on their bread, and if the statements made at their meeting be true, no wonder. We are told the bread known to be pure was reported to contain alum, and that a loaf in which a drachm of alum was purposely put was reported as free from adulteration. In the case of the adulterated loaf, Dr. Stevenson and Mr. Gardner both failed to find the alum, and we really do not see anything in the explanation offered by the latter. We would recommend all trades to combine, and submit samples to the analysts, and thus have a sort of check upon them, for it would appear that at least carelessness may have been manifested by some.

We have great fears for the Adulteration Act. Too many appointments under it are very unsatisfactory, and unless it be administered with discretion, and without partiality, it can only prove a costly failure.

Febrifuge and Sedative Qualities of Sal-Ammoniac.

An article in *L'Union Médicale* refers to a series of cases communicated last May to the Société de Thérapeutique by M. Martineau, and which tend to show that sal-ammoniac has been successfully administered in acute rheumatism. Seven cases are said to have been cured, and in others the pulse and temperature decreased after the medicine. In some, trimethylamine had been given in vain. Dr. Lapeyrère in *La France Médicale* gives some further notes on the subject. He tells us that Delioux de Savignac found daily doses of half a gramme too feeble, and gave from four to ten grammes. He carried the quantity per day to fifteen grammes in divided doses for the relief of nervous headache. Dr. Lapeyrère then goes on to observe that Baraillen, of Toulon, in an article in the *Bulletin de Thérap.* has related many cases cured by the administration of three doses of one gramme each, at intervals of half an hour.

Some English authors have used the drug with success in nervous affections. Delioux de Savignac has used it both externally and internally in gout as well as acute rheumatism, and says it diminishes both pain and fever. It may be dissolved in any of the waters of the Pharmacopœia. We should advise a trial in five-grain, ten-grain, and fifteen-grain doses.

The Visiting List for 1874.

With the various indications that the year is nearly gone comes the first of the annuals—Messrs. John Smith and Co.'s "Visiting List"—which is adapted for physicians, surgeons, and general practitioners. It is so well known that it can scarcely need to be described. Those who have once used it continue to do so, and that is the best proof of its being well adapted for the end it is intended to fulfil.

General Medical Council.

Dr. Haldane has been appointed to represent the Royal College of Physicians of Edinburgh in the General Medical Council. Dr. Alexander Wood had previously been the representative. No one member of the Council surpassed Dr. Alexander Wood. We suppose he is tired of the small performances of this body.

The Cure of the Craving for Stimulants.

Dr. Brunton has been writing letters to the *British Messenger* on the temptation to drunkenness caused by the craving for stimulants felt by some people. He furnishes prescriptions which he believes will overcome this craving, and which, we presume, are to be obtained by his readers at the nearest chemists. Here are two of them :—

"1st. Put a quarter of an ounce of sulphate of iron and half an ounce of magnesia in an ordinary quart bottle, and fill it up with peppermint water. A wine-glassful to be taken three or four times a day. Instead of the peppermint water an infusion of dried peppermint may be used. It may be made stronger or weaker according to the taste of the patient, and should be allowed to cool before it is added to the sulphate of iron and magnesia. A little gum-arabic or gum-tragacanth added to the mixture will keep the magnesia better suspended, but this may perfectly well be omitted. The bottle should be shaken before the dose is poured out. 2nd. Take an ounce of quassia chips and pour over them as much cold water as will fill three quart bottles. Let them stand an hour, and then strain. Add to the strained liquid 6½ fluid drachms of the solution of iron, sold under the name of 'Liquor Ferri Perchloridi.' Two tablespoonfuls or half a wineglassful to be taken three or four times a day. The iron solution may be measured out with a teaspoon, one teaspoonful being equal to one fluid drachm; but teaspoons vary in size, and it is therefore better to use a glass measure, which may be bought at any chemist's."

No doubt there are many cases in which chalybeate is indicated, but it may be questioned whether it would not be wiser of those who wish to try the plan to ask a medical man first. The value of such advice is indicated by the following remarks appended by Dr. Brunton to the recipes we have quoted :—

"When the person's tongue is pale, flabby, and marked with the teeth at the edges, the second prescription may be found more useful than the first. When there is any tendency to flatulence the first should be taken a quarter of an hour before meals; and if either of them causes uneasiness when taken on an empty stomach, they should be used immediately after meals.

"In presence of a robust habit or florid complexion, the following prescription, which I owe to the kindness of Mr. John Groom, of Hampstead, may be found more serviceable than either of the preceding. Add one ounce of bruised gentian root to one quart of boiling water. Let this stand four hours; then strain off the liquor, and add two drachms of carbonate of ammonia. A wineglassful may be taken two or three times a day when the craving comes on.

"This prescription was used by Mr. Fox (now of Brighton) when surgeon to Bedford Jail. Though I have recommended it in certain cases in preference to the other prescription, it may be used by all who are addicted to the use of intoxicating drinks."

Guaiacum.

Mr. J. B. Barnes read a paper at the Pharmaceutical Society on the 5th November, in which he said guaiacum resin, as it is imported, is exceedingly impure, which will be seen by the following experiments :—Sixteen ounces of guaiacum resin supplied by the wholesale druggist, a sample of which I place before you, was exhausted by boiling in rectified spirit; the quantity of purified resin obtained was 13 ounces and 288 grains; the insoluble woody particles weighed 2 ounces and 139 grains, or 14·4 per cent. of impurity.

Another experiment was made by operating in a similar manner upon 8 ounces of powdered guaiacum resin obtained of a wholesale house, which yielded about 7 ounces of pure resin, and 412 grains or 11·7 per cent. of impurity, consisting of a brown bulky powder.

These results show that pure guaiacum resin should be used for all pharmaceutical purposes, in preference to the guaiacum resin as imported and, I believe, universally used.

Simple extract of colocynth, prepared by two macerations of the pulp in cold distilled water, pressing, boiling the liquor, separating the coagulated matter, evaporating to dryness, and exhausting with rectified spirit, yielded the same amount of extract as was obtained from the same quantity and sample of colocynth pulp which had been exhausted with proof spirit and evaporated to dryness until the weight was constant. By this means the use of a large quantity of spirit and subsequent distillation was avoided.

The infusion of roses of the Pharmacopœia, as is well known to all pharmaceutists, loses it transparency when cold. I find that when one part of glycerine is added to eight or nine parts of infusion of roses, it at once becomes bright, and continues so as long as it keeps good. Also that when three fluid-drachms of glycerine are added to a mixture composed of one grain sulphate of quinia, one minim of dilute sulphuric acid, and nine fluid-drachms of infusion of roses, the precipitate of tannate of quinia which forms is dissolved, and the result is a beautifully bright solution. The precipitate which occurs in gargles containing tannic acid and infusion of roses can also be dissolved by the addition of two fluid-ounces of glycerine to the pint.

Post-Mortem Delivery.

Several months since we recorded the particulars of a case of considerable medico-legal interest. A woman, who was known to be far advanced in pregnancy, took seriously ill, and died, her relatives having neglected to summon medical attendance. Suspicion was aroused that she had died in giving birth to the child, and that the infant had been made away with for the purpose of concealing the birth. The relatives denied with great vehemence and apparent sincerity that any child had been born. However, the body was exhumed, and in the coffin was found—in the natural position—the body of an infant. But in spite of this discovery the relatives persisted in the asseveration that when the body was placed in the coffin no birth had taken place. The question thus arose whether *post-mortem* expulsion of the fœtus was possible, and it was eventually decided, we believe, in the affirmative. We find in the last issue of the *Indian Medical Gazette* a case which affords perfect corroboration of this decision,—

"The body of a female, æt. 34, was sent to the civil station for examination. The police report stated that as the woman was pregnant by her paramour, she committed suicide by hanging herself. When the body, which had been four days on the road, arrived at the dead-house, it was much decomposed. During the time the body was awaiting my inspection, a full-grown female fœtus was delivered, together with the placenta. The uterus was everted, and of course there were no signs of any hæmorrhage having taken place."

Composition of Milk at Various Times of the Day.

Professor Boedeker has analysed the milk of a healthy cow at various times of the day, with the view of determining the changes in the relative amount of its constituents. He found that the solids of the evening's milk (13 per cent.) exceeded those of the morning's milk (10 per cent.), while the water contained in the fluid was diminished from 89 per cent. to 86 per cent. The fatty matters gradually increase as the day progresses: in the morning they amount to 2·17 per cent., at noon to 2·63 per cent., and in the evening to 5·42 per cent.; so that if 16 oz. of morning's milk will yield nearly half an ounce of butter, about double this quantity can be obtained from the evening's milk. The casein is also increased in the evening's milk from 2·24 to 2·70 per cent.; but the albumen is diminished from 0·44 per cent. to 0·31 per cent. Sugar is least abundant at midnight (4·19 per cent.) and most plentiful at noon (4·72 per cent.). The percentage of the salts undergoes almost no change at any time of the day. Our analysts under the Adulteration Act will find this a hard nut to crack.

The Presidency of the Royal Society.

A writer in a morning contemporary, under the signature of "F.R.S.," and in a manner worthy of the friendship of the late Chief Commissioner of Public Works, assumes that because Dr. Hooker is the Director of Kew Gardens he is not a fit and proper person to occupy the Presidential Chair of the Royal Society. It is insinuated by the writer that a feeling of rivalry exists between the Herbarium Department of Kew and the Botanical Department of the British Museum; and although this is denied by a gentleman connected with the latter, he most unfairly reiterates his assertion, and says that as the President of the Royal Society is an *ex-officio* Trustee of the British Museum and a Government *employé*, he could hardly be expected to act without a bias in favour of his own department. Nothing can be more unjust; and the learned F.R.S., whose argument is more like that of an *A.S.S.*, might as well tell us that men who occupy the Judicial Bench cannot be trusted to offer advice and assistance in far more important matters to the community, and relating to the consolidation of our laws and their better administration. The thing is too preposterous to need serious refutation or discussion.

Sudden Death of a Spirit Medium.

On Sunday evening a person named Benjamin Hawkes, having a great local reputation as a medium, was addressing a meeting of spiritualists and others at the Athenæum Rooms, Birmingham. After holding forth for about half an hour, during which time he became visibly excited, he proceeded to describe how, during the *séance*, the Apostle Peter had appeared to him, he (the medium) having felt the grasp of his hand. From this he argued that it was quite possible to understand how St. Thomas was enabled to thrust his hand into our Saviour's side. We are told by telegraph that the instant these last words were out of his mouth he fell back a corpse. His hearers imagined for a moment that he was under spirit control, but a surgeon being present, pronounced life to be extinct, and the meeting broke up in wild confusion. Of course the awfulness of the death is the theme of general remark, and as the man was in excellent health, the popular idea of its cause will be readily inferred by our readers. A coroner's inquest is to be held upon the body.

Tea Adulteration.

The *Chemist and Druggist* declares that the grocers regard it as an unjust anomaly that in the matter of tea the Government should first of all charge the duty on everything which imaginative Chinese choose to send to us under that attractive name, and should immediately afterwards fine a retailer for selling it. It has recently been asserted that out of 183 millions of pounds of tea imported into this country in 1872, no less than 40 millions of pounds were so grossly adulterated as to be unfit for food. It is maintained that the simplest, surest, and fairest means of preventing the sale of this rubbish would be to stop it at the Custom House, where an analyst might be employed for the purpose. We perfectly concur in the last remark of our contemporary. It is tergiversation for the Government to assist, aid, and abet the sale of this fraudulent tea, and to accept a large part of the purchase money, and then prosecute the grocer who retails what they themselves have already—in a certain sense—sold wholesale.

Such stuff, however, is not passed through the Custom House under the false name which it subsequently bears, and as we hold that every article may be sold if only it be rightly described to the purchaser, the retailer is, after all, the person who commits the fraud.

The Vice-Chair of the Irish College of Surgeons.

On Thursday last Mr. Joliffe Tufnell was elected without opposition Vice-President of the Irish College of Surgeons, in the room of Dr. Robert W. Smith, deceased. Mr. Tufnell is Surgeon to the City of Dublin Hospital, and Staff Surgeon-Major in medical charge of the Dublin Military Prison. He was formerly Regius Professor of Military Surgery in the College, and has for many years been one of its surgical examiners.

For the seat on the Court of Examiners which Mr. Tufnell thus vacates, Mr. Robert McDonnell and Dr. P. C. Little are candidates, and for the seat on the Council which Dr. McDonnell resigns for the purpose of seeking the Examinership, Mr. Smyly, Mr. John Hamilton, of the Richmond Hospital, Dr. Robert Persse White, of the Meath, and Mr. Tyrrell of the Mater Misericordiæ Hospital, are candidates. The election for the offices of Councillor and Examiner is fixed for next Monday.

Recent Prevalence of Epidemics in the South of Ireland.

It would appear from the Quarterly Return of the Irish Registrar-General for the months of April, May, and June, that either the quarter has been a very unhealthy one or else the registration system is becoming more perfect and scrutinising than it has hitherto been. The ratio of mortality—19·6 per 1,000 of the population—is nearly 2 per 1,000 above the average (17·7) of the same quarter of the last three years.

The mortality from zymotics, which we recently pointed out had been so severe within the first quarter of the year in the province of Munster, continued during the spring quarter to rest heavily upon the inhabitants of that part of Ireland. Out of 220 small-pox deaths in all Ireland during that period, 143 were in Munster, Tralee alone contributing as many as 94, or the excessive ratio of 3·3 per 1,000. All the other zymotics were developed in the South of Ireland with proportionate severity, and, on the aggregate of the whole epidemic class, Munster suffered a loss of nearly 80 per 100,000 inhabitants, while the Ulster mortality, from similar causes, was only 41·3, or about half.

The first meeting of the Medical Society of the College of Physicians, Ireland, will be held this (Wednesday) evening at half-past eight p.m., when the President will give an inaugural address, and Dr. Arthur Wynne Foot will read "A Case of Blue Chromidrosis."

The election of a Professor of Institutes of Medicine in the University of Dublin, vice Dr. Robert Law, is fixed for the 13th of February. It is stated that Dr. Purser, Lecturer on Physiology in the Carmichael School, and Dr. Gerald Yeo, of the same school, will be candidates.

At a Special Board held on November 11th, 1873, Mr. Richard Davy, F.R.C.S., was elected surgeon to the Westminster Hospital, in the room of Mr. G. Legge Pearse, F.R.C.S., resigned.

Dr. Whitmore, the Medical Officer of Health of St. Marylebone, has visited a large number of dwellings in the occupation of the lower classes, and has recommended a timely distribution of warm clothing and coals during the present inclement weather as the best preventive of epidemic disease.

Dr. Octavius Sturges has been elected assistant physician to the Hospital for Sick Children in place of the late Dr. John Murray.

The St. Marylebone vestry has officially notified to Dr. Murchison its thanks for the part he took in connection with Dr. Whitmore in an investigation of the cause of the recent outbreak of typhoid in the parish.

It has been announced at the Army Medical Department, Chatham, that about 40 additional medical officers are to be despatched immediately to the Gold Coast for service with the troops engaged in the operations against the Ashantees. The medical officers to be sent out will be those who have volunteered for service on the coast of Africa.

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Literature.

HOGG ON PARASITES (a).

Mr. Jabez Hogg, whose name is well known in connection with microscopic investigations as well as with diseases of the eye, in this little work gives the results of his inquiries into skin diseases of supposed parasitic origin, and some kindred subjects, which he has treated in the *Microscopical Journal* and other publications. It is well known that some dermatologists have gone so far as to divide skin diseases into parasitic and non-parasitic; so confident are they that some forms are dependent on the growth of fungi on the covering of the body. Professor Erasmus Wilson utterly denies this, and the results of Mr. Jabez Hogg's experiments support Mr. Wilson's view. Mr. Hogg treats the subject as one worthy of patient investigation, and bases what he has to say on a series of careful inquiries made at a public dispensary. Besides describing the appearances he met with under the microscope, he gives no less than seventeen figures in the plate that forms the frontispiece. He by no means denies that the spores of a fungus, may find a suitable soil on a diseased surface, and then growing may render the departure from health more intense, just as we see to be the case in sickly plants. But he appears to be convinced that these spores cannot of themselves set up a specific disease, and we presume cannot therefore be regarded as diagnostic of the disease.

Plants and animals are admitted to be liable to become affected by fungi, and he has observed that this is more likely to occur in states of the weather in which it is known that the spores are more abundant in the air. He cannot subscribe to Pasteur's doctrine that the various kinds of fermentation are produced by different species of fungi, and in connection with this it may be remarked that Liebig's latest investigations lead to the conclusion that the torula after all plays but an unimportant part in fermentation.

It is not without practical importance to decide whether the fungi really cause the disease; for if they do, treatment resolves itself into the application of parasiticides. We notice that sometimes competent observers have failed to discover the specific fungus in a given case—that the sporule of one so-called specific kind has been present in other forms of disease—that attempts to implant sporules have often failed, that parasiticides constantly fail, and that general treatment often succeeds. We are therefore prepared to listen patiently to an able microscopist like Mr. Hogg when he declares that special parasites *do not exist* as the special causes of these diseases. He does not deny that parasites are found—he has seen them too often; but he says they are not surrounded by such special characters as to make them a proper basis for classification. He would, therefore, with Wilson, Malherba, and others regard them when present as adventitious.

The cases he investigated were selected for him as typical by Mr. Hunt, and reagents were employed and drawings made under powers of from 200 to 400 diameters. Favus and many other diseases are included in these investigations. In some the experiments are detailed with fulness, in others somewhat more briefly. The foot disease of India is described at length. Indeed, this section includes the substance of Mr. Hogg's well-known paper on the subject.

The conclusion he draws is, that instead of there being a great number of fungi, each producing a specific form of disease, there exists only a single fungus the spores of which find a suitable soil on the skin. He looks, therefore, to differences of constitution or of external influences, such as moisture, temperature, soil, &c., to explain the variations in the appearances presented. The consequence of this conclusion is, that if accepted, it must be incorrect to make a class of parasitic skin diseases.

In his discussion of the question Mr. Hogg has embodied such descriptions of the diseases of the skin that his little work may be read with advantage by those who may not be quite satisfied to accept his reasoning as conclusive.

Mr. Hogg has added an account of the fungoid theory of cholera, and we are not surprised to find that he rejects it. He gives, however, an interesting sketch of its rise and progress, and points out the reasons why the theory is unsatisfactory. We certainly feel disposed to think that the germ hobby has been ridden too far, and we are therefore not sorry to see an additional protest against it. The many sources of error that surround all cultivation experiments, the probability that mere *débris* have often been described as "micrococci," and other reasons lead us to believe that we cannot yet trace all diseases of an acute kind to specific germs. We would add that the fact that living organisms have been lately found in the blood of healthy persons seems a convincing proof that a few fungi more or less in the fluids of cholera patients do not seem to afford an adequate explanation of the phenomena presented. A whole generation ago it was known that fungoid bodies could be formed in the intestines immediately after death—so that it was thought they might have grown there during life; and now we know that it is highly probable that this is the case, and that they are very likely not a sign that the vital force is nearly expended.

In the part of his work on cholera Mr. Hogg is, of course, theoretical. He takes the position of a critic demurring to the arguments of an author, and he writes in a pleasing manner. We think, however, the former part of the book of much more value, because it is so much more practical. It gives actual experiments; these are of great interest, and of such a nature are they and so well marshalled that those dermatologists who have adopted the theory of special parasites for the several diseases of the skin are bound to bring forward such rebutting evidence as they rely upon.

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LECTURES ON DERMATOLOGY (a).

No one has established a better title to lecture the profession on dermatology than the author of the volume before us. Professor Wilson had already earned the gratitude of a nation by his munificent endowment of a chair of dermatology in the Royal College of Surgeons, when he undertook the laborious duty of the professorship, and determined to place the study of the pathology of the skin, for the first time in the history of medicine in this country, upon a solid and secure foundation.

(a) "Skin Diseases, an Inquiry into their Parasitic Origin and Connection with Eye Affections; also, the Fungoid or Germ Theory of Cholera." By Jabez Hogg, Surgeon to the Royal Westminster Hospital, &c. London: Baillière, Tindall, and Cox. 1873.

(a) "Lectures on Dermatology, delivered in the Royal College of Surgeons of England." By Erasmus Wilson, F.R.S., Member of Council and Professor of Dermatology. London: J. and A. Churchill. 1873.

Not content to stop here, he further added to the superstructure, by largely contributing to form a Dermatological Museum within the College walls; and at this moment we have a collection consisting of nearly 600 specimens, mostly well executed models of various forms of skin affections. To render these more useful and accessible for reference, he drew up a carefully digested catalogue, and this he supplemented by explanatory lectures, partaking of a practical clinical character. It is well known that these lectures have attracted large and attentive audiences during each annual course. Professor Wilson now presents the courses delivered during the years 1871, '72, and '73, in a collected form, and which will serve as a text-book and a guide to a more careful study of the specimens of cutaneous diseases in the College Museum collection.

It must be understood, however, that the professor's demonstrations extend to only about half the collection; and in an inaugural course of lectures delivered in a previous year, he confined himself to an outline map of the field of inquiry and study, and now presents the profession with a series of finished discussions on eczema, scabies, urticaria, herpes, furunculus, dermato-syphilis, elephantiasis, and lepra.

It is almost unnecessary to add that Professor Wilson exhibits a mastery of his subject rarely exceeded in the annals of the profession. He proceeds to divide skin affections into six pathological groups, and these into a further subdivision, in which, he says, "Every disease finds an appropriate place, and every group is allied, either pathologically or physiologically, with the groups which precede and follow it." Eczema is treated in an elaborate and exhaustive manner. It occupied the lectures during the session of 1871. The descriptive letter-press extends through a third of the volume. The origin of the term is first explained, and then follows a definition of the disease, which he tells us is "an inflammation of the skin, attended with a breach of its surface," and exhibiting all the common characters of inflammation, which may at any time be imitated or simulated by rubbing in a drop of croton oil, and "we have immediately developed a case of eczema."

This description is followed out in all its varieties and relations, and finally points to the principles which should guide us to a rational and useful therapeutical end. This mode of treating the subject is adhered to throughout, and, as we have before observed, the author not only proceeds to analyse the contents of the Museum collection, but fully explains the pathology, physiology, and treatment of cutaneous diseases. In this way we are furnished with an exceedingly valuable text-book of certain skin affections, which may be most profitably consulted in an emergency.

Correspondence.

THE *LANCET*, ITS PARAGRAPHS, AND IRELAND.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—The object of a medical paper should be to diffuse medical information and to keep the profession *au courant* with the latest improvements and inventions in surgery and medicine.

When a medical journal departs from this rule, and when, for the sake of what the editor may deem wit and financial success—by pandering to low, unworthy prejudices—a whole nation is wantonly insulted in its columns, such conduct is deserving of condemnation, and a protest should be made by one of those who belong to that nation.

In the *Lancet* of Nov. 1st the following sub-leader appears :—

"It is pleasant to turn from the social anarchy prevailing in Ireland, where the enlightened 'pisantry,' when not engaged in taking pot-shots from behind cover at their landlords, are cheerfully breaking each other's heads, to the peaceful and law-abiding condition of Wales. It is but a short time since that a judge at an assize had occasion to revert to the paucity of crime in the principality. We now learn that a large county gaol, that of Beaumaris and Anglesey, is absolutely empty, and that, with the exception of one prisoner, committed for a trifling offence, it has been so for some time.

"When it is considered that the county has a population of 52,000, this result is, indeed, gratifying."

If any fact interesting in a physiological or anthropological light was developed by this paragraph, I would not object to its introduction, for I am sufficiently educated to know that human frailty or human nature will assert itself, whether on tha banks of the Thames, Severn, or Shannon, but I am not aware that English or Welsh human nature is more perfect than Irish, or that the Welsh, who are identical in descent with the Irish, are more virtuous and self-restraining. The medical profession has ever been distinguished by a disregard of national and religious distinctions, and I trust that this proud prerogative may ever belong to us.

I do not wish to insult my English and Welsh *confrères*, but I should be happy to state England and Wales were free from agrarian and domestic crimes, that murder in all its forms of patricide, fratricide, infanticide, homicide, &c., &c., were not known in these favoured lands. But when I read the sad records in English daily papers of those horrible crimes, and see in the windows of English newsvendors that ghastly chronicle, the *Police News*, I cannot but feel that those "who are in glass houses should not throw stones," but should lament over that *common* humanity that encircles all the countries yclept Great Britain, and cannot but grieve over the common frailty of human nature. The diminution of crime must ever be a source of pleasure to all rightly constituted minds, and I congratulate the Welsh principality on its immunity from it.

On many occasions many Irish counties have presented the judges with a pair of white gloves to indicate that no cases were to be tried; but I have not found that Irish medical journals have made these incidents a matter of invidious comparison or self-congratulation. Such paragraphs cannot but have one tendency—viz., to widen the breach between two countries that should be united by unity of interest; both commercial and intellectual; to make Irishmen feel that however they may be deceived by the gloss that covers professional intercourse, still, that underneath "the trail of the serpent" may be found, and that any available opportunity will be taken of giving us a quiet insult.

In the interests of the great bonds that tie us together, of a common love for a profession that Irishmen have advanced as much as any nation under heaven, and are still advancing hand in hand with their English brethren, I raise my voice against the insertion of such notices in a leading English medical paper, and trust that the *Lancet*, which is ever ready to bow to the magnates of the Irish profession—particularly those who have settled in London—will in future avoid such insults; they are unbecoming a gentleman, particularly a member of a profession which knows no nationality in its mission for the furtherance of science and the alleviation of suffering.

I remain, yours truly,

Steevens' Hospital.

THE ACTION OF NITRATE OF POTASH ON THE BLOOD.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Should you think the following case worth recording, you will, perhaps, give it a place in your columns :—

August 27th, 10 a.m.—G. B., 35 years of age, of medium stature, dark complexion, and well made, has been ill for the last ten days, and has been passing large quantities of gravel; the urine is scanty, like butter-milk, of a pinkish colour, and has a heavy froth, with a strong ammoniacal smell; the tongue is thickly coated with a dry, dark brown fur; the mouth is clammy; thirst; headache; pain of abdomen, increased on pressure; pain of loins, particularly over right kidney, which is exceedingly painful on pressure; bowels very much confined; no quack pills would act; no appetite; nausea and sleepless nights; restlessness and anxiety of countenance; skin natural; pulse 70. Ordered a dessert-spoonful of croton oil mixture every fifteen minutes till it operates; at 4 p.m. has had four copious evacuations, the two first black, like tar, the last two were black, but liquid, containing scybalæ; his room was almost insufferable. Says he is very much relieved; less anxiety of countenance. At 9 p.m., tinct. opii gutt. xl.

28th, 10 a.m.—Slept well ; feels easy ; pains almost all gone ; bowels opened twice in the night ; less thirst ; urine as yesterday, but increased in quantity.

℞.—Nit. potass. tur. ;
Sp. æther. nit., aa ʒiiss. ;
Infus. quass. c. zingib., aa ℥viii.

Ordered a tablespoonful every two hours.

29th, 10 a.m.—Better ; continue medicine.

30th, 10 a.m.—Very much improved ; urine clearing, and the ammoniac smell nearly gone ; less gravel. Continue medicine every three hours.

Sept. 1.—Continues improving ; urine quite clear, and very little gravel. Continue medicine ; took a cathartic last night ; bowels free.

5th.—Says he is quite well, and has no complaint, but would like to continue the mixture for two or three days more.

This man had a similar attack nine years ago, but was seven weeks taking medicine before he got well.

I think this case speaks for itself with respect to the powerful action the nitrate of potash has on the blood ; and it may, as I have said before, possess a peculiar action upon certain poisons it might contain. At the time of writing the patient appears to be in perfect health.

I am, Sir,
Yours truly
Alex. Lane, M.D., R.N.

Brecknell, Salop, Nov. 11, 1873.

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INTRA-CRANIAL HÆMORRHAGE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In reference to the inquiry contained in the letter of "X. Y. Z.," at p. 447 of last week's Medical Press, I write to say that it has fallen to me, as surgeon for some years to one of the largest divisions of the Metropolitan Police, to make autopsies and give medico-legal evidence in three or four cases such as that in question. Mr. John Adams, the able surgeon to the London Hospital, and Lecturer there on Anatomy at the time of my student days, used to describe these cases so lucidly that I never thought them deserving of formal record, and I am surprised that there should be any doubt about their cause. They are not at all rare in cases of prize-fighting, falls of drunken men, and violent blows over the temple. They are due generally to rupture of the middle meningeal artery where it passes through its deep canal (sometimes a complete foramen) in the interior of the skull under the temporal fossa. This rupture necessarily takes place when there is fracture at that spot, but in two cases that I dissected very carefully for the purpose of testing this question, there was no fracture whatever, and the artery appeared to have been ruptured by the springing of the thin bone under a severe blow softened and diffused by the mass of the temporal muscle, where it fills up the fossa. It is at that spot that the injury is inflicted, although discoloration is often only observed more anteriorly. Generally the clot is found on the cranial aspect of the *dura mater*, and bulging the latter inwards, but it would appear as if in this case the clot were upon its cerebral aspect, and, if so, the *dura mater* also must have been ruptured. To define the exact nature of such an accident the autopsy must be conducted very gently and carefully. The skull must be cut completely through with a very sharp thin saw at a spot above the temporal fossa, and no blow or wrench must be permitted in opening the skull. If such course be not adopted in cases where fracture of the skull is surmised as the result of criminal violence, the medical witness may get badgered by counsel, and the fracture attributed to his own examination instead of to its real cause. It only then remains for a well-posted barrister to bring in "apoplexy," and the jury will get confused as to the real cause of death, and much annoyance is inflicted upon the surgeon. The cases are, as you intimate, fatal and irremediable. Their exact nature cannot be surmised until an autopsy has been made, and in none of the cases that I have seen did I think it justifiable to trephine over the artery, although at the autopsy it has appeared that such course would have relieved the compression at once.

Your obedient servant,
James Edmunds, M.D.

4 Fitzroy Square, London, W., Nov., 1873.

SCHOOL BOARDS AND MIDDLE-CLASS EDUCATION.

All London is astir, passing through a state of considerable mental excitement as to the final result of the School Board elections which are about to take place, and their probable effect on the controverted education question of the day. The School Board elected three years ago made a great outcry, but unfortunately leaves behind little wool. The Act of 1870 imposed upon School Boards the duty of providing the means of education and gathering into one fold the thousands of little thieves and gutter children that abound in our streets. A vast amount of zeal has been expended in sectarian controversies over what is termed the "religious difficulty," and the gain in the right direction is next to nothing. A school here and there has been opened, and a few wandering arabs here and there rescued a few hours each day from wretchedly demoralised homes, and not a few little ones have been enticed away from existing voluntary schools by the more attractive-looking buildings of the Board. It is truly disheartening to look back to the work of the School Boards, for in doing so we cannot fail to observe that valuable time has been consumed over "denominational" and "sectarian" disputes.

"'You are not the true religion,'
Said a sect, with flashing eyes ;
'Nor thou,' said another, scowling ;
'Thou'rt heresy and lies.'
'You shall not have the children,'
Said a third with shout and yell ;
'You're Antichrist and bigot—
You'll train them up for hell.'"

Will such things go on in the new Board? It was expected that the School Board should provide a plain and useful rudimentary education, which would fit poor children for the ordinary duties of life ; but this common-sense view of the question of education has entirely been lost sight of in the many schemes to add accomplishments and exercises of a kind not found in the middle-class schools of this country. The fussy wordiness of those who were determined to force their views upon Boards, disgusted and drove away many useful and valuable members, and the coast was then clear for crotchet-mongers and those who were determined to ride hobbies to death at the cost of the ratepayers. The issue was plain ; we are now saddled with a permanent and costly executive, and a debt approaching a million of money for "sites" and fancy architectural school buildings.

The work of education is a matter of deep importance, and, with momentous results hanging in the scales, it behoves everyone to see that intelligent, common-sense men and women are sent to take part in the deliberations of the London School Board. Naturally sympathising as we do in the great work of national education, we feel equal interest in a question of no less importance—namely, the middle-class education. The evils and failures of the middle-class schools were deplored by the elder Mill, and the success of his talented son was only secured by home teaching ; but those engaged in the harassing cares of a medical life are rarely able to help much in the work of home education. Since Mill's day little improvement has taken place in the "Modern Academy," or Public School system of England. Almost every boy is obliged to lean for success upon *cram*. John Stuart Mill's father looked upon this as the gravest of evils, and he tells us : "I was not crammed with mere facts ; my father never permitted anything which I learnt to degenerate into a mere exercise of memory. He strove to make the understanding not only go along with every step of the teaching, but, if possible, precede it." This was, he believes, the cardinal point in his training.

The dark side of the picture presented for contemplation is, that while the elementary training of our children is sadly out of joint with the times in which we live, the Examining College Boards grow more exacting, and make larger demands upon those who desire to enter the Profession. We do not complain of this, but it is a reason, and an imperative one, that we demand good and efficient middle-class schools, where a fair education can be obtained by persons of moderate means; otherwise we must be content to be left behind in the competitive race of the day. It will not be denied that there is something radically wrong in the educational work of most schools. If we look to the results of the preliminary examination of the College of Surgeons, of the 229 who presented themselves for examination in one year, only 106 passed, and 123 were rejected, thrown back upon elementary school-work, at the age of eighteen, subjecting parents to no slight additional expense.

The subjects upon which these youths were examined embraced reading, dictation, arithmetic, geography, grammar and composition, history, Euclid, algebra, and Latin. A few others are made optional. This, it will be seen, is simply the School Board curriculum. Boys of nine or ten in the Board schools are now expected to show proficiency in all these subjects. How, then, does it come about that more than half were rejected by the College examiner? It is perfectly clear that the existing means of instruction in all middle-class schools are shamefully below the requirements of the day. The fault necessarily lies with teachers, who are certainly guilty of a dereliction of duty and of great injustice towards parents. This, too, we in a measure believe arises from the fact that there is no let or hindrance in educational matters. Any one may open an academy, or set himself up as a teacher, or a blind guide. It was at one time thought that the medical profession had secured a boon in the way of education when it established a College at Epsom; but, alas! even this rag of comfort is in danger of being torn away. We see it announced by advertisements that the cost of education is about to be increased. The charge will be nearly two-thirds more than it was originally. *Paterfamilias, vir multis miseriis.* It is, however, the last straw that breaks the camel's back; and we are led to exclaim with Laidlaw in "Middlemarch": "Although we are all born in moral stupidity, we must still take the world as an udder to feed our supreme selves."

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Mistaken Magnanimity.

FINDING repeated in the *Philadelphia Medical Times* a glowing eulogism on a London surgeon of eminence who is said to have refused two fees of a thousand guineas each, we think it necessary to say that the Profession is by no means of one mind as to the merit of such a proceeding.

We were, at the time when this eulogy first saw the light, much surprised to observe that the journal of the British Medical Association—the organ of the working rank and file of the Profession—was loud in its homage to such princely magnaminity.

While we can envy the surgeon whose means enable him to decline such remuneration, we cannot go with our contemporaries in awarding the public thanks of the Profession to him. One of the patients to whom this charity was extended was an ex-Emperor, and the other an enormously wealthy commoner, both men to whom a fee of a thousand guineas was by no means out of proportion to their income. We fail to appreciate the surgeon's reasons for refusing the remuneration which was justly his due.

If those reasons were sentimental, we entirely fail to see the propriety of the self-abnegation; if personal we cannot understand why they should be made the subject either of an advertisement or of extravagant laudation. The surgeon might, perhaps, after returning the cheques, have paused to consider that if he had been so complaisant as to supply millionaires with gratis advice, some professional brother less fortunately circumstanced than himself would have received the benefit of the fee which was justly due, and, we doubt not, readily paid by the wealthy patient.

If a poor unconsidered general practitioner were to acquire glory by doing gratuitously that which his professional brother would otherwise be paid for doing, the *British Medical Journal* would be the first to apply the editorial *flagellum.* But where a baronet and a surgeon prince does the same, the case bears an entirely different complexion. We cannot change our tunes in this way.

Queen's University, Ireland.

THE election of Examiners in the Queen's University in Ireland took place last week, when the following gentlemen were chosen:—

In *Surgery*, Dr. J. V. Browne, of Galway; *Medicine*, Dr. Henry Kennedy; *Materia Medica*, Dr. Walter Smith; *Medical Jurisprudence*, Dr. Emerson Reynolds; *Midwifery*, Dr. Rutherford Kirkpatrick.

A notable peculiarity not only of this but all other similar elections is, that the Senate do not appear to consider that there is any special merit in their own *alumni*, and fortune does not seem to favour the graduates of the University.

Dublin School of Physic.

THE election to the office of University Anatomist in the School of Physic, Dublin, in the place of Dr. E. H. Bennett, who has been promoted to the Professorship of Surgery *vice* Dr. Robert W. Smith, took place on Saturday, when Dr. T. E. Little was the successful candidate. Dr. T. E. Little has been for a considerable period a demonstrator in the School. He had acted as Surgeon to Sir Patrick Dun's Hospital up to the time of Dr. M'Dowel's re-election to the Professorship of Anatomy and Chirurgery. Dr. Little now becomes Surgeon to the hospital in virtue of his office.

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NOTICES TO CORRESPONDENTS.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

ROYAL MEDICAL BENEVOLENT COLLEGE, EPSOM.—We wish to direct the attention of our readers who are subscribers to the Medical Benevolent Fund to an important announcement in our advertising columns, by which it will be seen that an alteration in the existing Bye-Laws is contemplated at an extraordinary meeting to be held on the 2nd proximo. We hope all who are able will show their interest in the College, by attending.

THE MEDICAL COUNCIL.—Notices of all incorrect information in the existing "Medical Register," as well as all claims for the registration of first or additional qualifications, must be sent to the office in Soho Square during the next month, after which no claims or corrections can be attended to.

To American Subscribers.—We have received an international post-office order, value nine shillings and sixpence, which our publisher will be glad to place to the credit of the sender if he will kindly forward his name. Amongst our many subscribers in the States, it is impossible to guess who, and the unusual sum makes it still more difficult.

Mr. T. D.—It was held over for want of space. We have seen the letter to which you refer in your second note, and approve of it.

BROTHERHOOD OF ST. LUKE THE PHYSICIAN.

To the Editor of the Medical Press and Circular.

Sir,—Allow me to state for the information of several correspondents who have communicated with me in reference to a recent article in your columns, that the Secretary to the Brotherhood is Mr. Edwin Laquesne, of St. Bartholomew's Hospital, London, and that the Secretary to the Association, or second order, is Dr. Arnott, 6 Nottingham Place, London, W. These gentlemen will be happy to give all necessary information in their respective departments.

T. W. Belcher, M.D., M.A. Dub., F.K.Q.C.P.I.,
Vicar of St. Faith's, and one of the Brotherhood.

St. Faith's, Stoke Newington, November 13th, 1873.

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APPOINTMENTS.

Barrow, A. B., M.R.C.S., House-Surgeon to King's College Hospital.

Bernard, F. R., M.B., C.M., Assistant-Surgeon to the Convict Prison, Portland.

Buchan, C. F., M.B., C.M., Medical Officer for District No. 2 of the Bridgwater Union.

Campbell, R. A., M.B., C.M., Assistant House-Surgeon to the Halifax Infirmary and Dispensary.

Campbell, W., M.B., Resident Surgeon to the Royal Infirmary, Edinburgh.

Davy, R., F.R.C.S., Surgeon to the Westminster Hospital.

Doyle, J., L.K.Q.C.P.I., M.R.C.S.E., Medical Officer for the Killann Dispensary District of the Enniscorthy Union.

Eddowes, A., M.B., C.M., House-Surgeon to the Salop Infirmary.

Ford, T. H., L.R.C.P.Ed., L.R.C.S.Ed., Junior House-Surgeon to the West London Hospital, Hammersmith.

Forrester, J. S., L.R.C.P.Ed., L.R.C.S.Ed., Resident Surgeon to Chalmers' Hospital, Edinburgh.

Grealy, J. W., L.R.C.P.Ed., Medical Officer, &c., for the Lettermore Dispensary District of the Oughterard Union.

Homan, G. W., M.R.C.S., House-Physician to King's College Hospital.

Hutchings, A. C., M.R.C.S., Resident-Accoucheur to King's College Hospital.

Lill, W. F., M.B., M.R.C.S.E., House-Surgeon to the General Dispensary, Lincoln.

Lindsay, A., M.B., L.R.C.S.Ed., Medical Officer for the Morland District of the West Ward Union, Westmoreland.

M'Cormack, M. P. C., L.A.H.Dub., Resident Medical Officer and Apothecary to the Dublin Provident Infirmary and Dispensary.

Mitcheson, Mr. J. H., House-Surgeon to the London Hospital.

Morgan, T. C., L.K.Q.C.P.I., L.R.C.S.Ed., Curator to the Royal London Ophthalmic Hospital.

Page, J. E., L.R.C.P.Ed., L.R.C.S.Ed., Assistant House-Surgeon to the North Dispensary, Liverpool.

Sturges, O., B.A., M.D., F.R.C.P., Assistant-Physician to the Hospital for Sick Children, London.

Tichborne, C. R. C., M.R.I.A., F.C.S., Lecturer on Chemistry at the Carmichael School of Medicine, Dublin.

Wade, A. L., B.A., M.B., Surgeon to the Royal Isle of Wight Infirmary.

Webber, W. L., M.R.C.S.E., Senior House-Surgeon to the West London Hospital, Hammersmith.

Naval Medical Department.—Staff Surgeons (Second-class): Astley Cooper, to the *Devastation*; Samuel Campbell, M.D., to the *Sylvia*; Walter Reid, M.D., to the *Active*, additional for transport service.

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VACANCIES.

King and Queen's College of Physicians. King's Professorship of the Institutes of Medicine. Emoluments £100 per annum, paid by the College, together with fees from Sir Patrick Dun's Hospital, and others from the College of Physicians. (See advt.)

Royal College of Surgeons, Ireland. Examiner for the Fellowship, &c. Full particulars of the College Registrar. (See advt.)

House of Correction, Wandsworth, Surrey. Surgeon. Salary £300 per annum, with £20 extras and residence. Application to Richard Onslow, Esq., at the House. (See Advt.)

Cork Union. Resident Medical Officer to the Workhouse. Salary £150 per annum. (See advt.)

Bristol Royal Infirmary. House-Surgeon. Salary £130, with board and residence. Applications, under cover, to the Secretary.

Mid-Cheshire. Medical Officer of Health. Salary £800 per annum. Applicants must address the Acting Clerk of the Rural Sanitary District, Sandbach.

Dorset County Hospital. House-Surgeon. Salary £50, with board and residence.

Bedford General Infirmary. House-Surgeon. Salary £100, with board and residence. Address the Secretary.

St. George's Dispensary, London. Physician-Accoucheur. Honorary.

Samaritan Free Hospital for Women, London. Surgeon, out-patients.

Hospital for Women, Soho Square, London. House-Physician. Honorary.

Metropolitan Free Hospital. House-Surgeon. Board and residence; no salary.

Halifax Infirmary. Assistant House-Surgeon. Salary £50, increasing, with board and residence. Address the Chairman of the Medical Staff.

◆

Marriages.

Thomas—Murrough.—On the 8th inst., at Grafham, Sussex, Gryfydd, Robert Thomas, Esq., M.R.C.S.E., of Midhurst, to Helena, younger daughter of John Patrick Murrough, Esq., of Great James Street.

Tomes—Cook.—On the 12th inst., at All Souls', Langham Place, Charles S. Tomes, of Albert Road, Regent's Park, to Lizzie Ene, daughter of Charles D. Cook, Esq., M.D., of Brooklyn, New York.

◆

Deaths.

Cooke.—On the 8th of Nov., Augustus Cooke, L.S.A.L., of Dover Terrace, Camberwell, aged 70.

Dalton.—On the 12th of Nov., at Bournemouth, William Dalton, F.R.C.S., M.R.C.P., in his 71st year.

Dobie.—On the 5th of November, at Ampthill Square, London, R. Dobie, M.R.C.S.E., Surgeon R.N., aged 8).

Kay.—On the 9th of November, at Old Street, St. Luke's, John Kay, Esq., Surgeon, in his 62nd year.

Scott.—On the 5th of November, at Albany Street, Edinburgh, Dr. Daniel Scott, Inspector-General of Hospitals, Hon. Physician to the Queen.

Skinner.—On the 5th of November, James Skinner, Surgeon, of Sherrington Manor House, near Lewes, aged 87.

Young.—On the 26th of October, at Gosport, John E'don Young, M.D., Surgeon-Major H.M.'s 18th (the Royal Irish) Regiment, aged 44.

Advertisements.

WANTED by a first class LIFE INSURANCE COMPANY, a MEDICAL EXAMINER for Dublin and the Irish Branch. To a properly qualified practitioner who would take an interest in the Company, liberal terms would be granted. Address, A. L., Office of this paper, 23 Ely Place, Dublin.

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ROYAL COLLEGE of PHYSICIANS of LONDON.—FIRST or PRIMARY PROFESSIONAL EXAMINATION for the LICENCE.—The next Examination will commence on Monday, December 1st. Students are admitted to this Examination after the termination of the Second Winter Session of Professional Study at a recognised Medical School.

SECOND or PASS EXAMINATION for the LICENCE.—The next Examination will commence on Monday, December 8th. Gentlemen who have completed four years of Professional Study, according to the College Regulations, are eligible for admission to this Examination.

Registered Medical Practitioners, qualified before January, 1861, are admitted to Examination under special By-law.

Candidates are required to give fourteen days' notice in writing to the Registrar of the College, with whom all Certificates and Testimonials required by the By-laws are to be left at the same time.

Pall Mall East, 1873. H. A. PITMAN, M.D., Registrar.

CORK UNION.

IN consequence of the death of the late Medical Officer, Dr. GARDINER, the Board of Guardians will, at their Meeting on Thursday, the 20th inst., proceed to elect a RESIDENT MEDICAL OFFICER for the Workhouse, at the yearly salary of £150, with apartments, fuel, light, and attendance, such as heretofore enjoyed by the late Dr. Gardiner.

The professional qualifications required in Medicine and Surgery are those prescribed by the order of the Local Government Board, dated 10th October, 1862; and in addition the Licence of the Apothecaries Hall of Ireland.

Age of Candidates not to exceed 30 years. The person appointed must reside in the Workhouse, and give his *undivided* services to the Board of Guardians in the discharge of the duties of his office.

Applications, enclosing Testimonials, to be lodged with me up to 12 o'clock noon on the day of the election. Personal attendance of Candidates necessary.

By order, R. McGRAGH, Clerk of the Union.

Office, Cork Workhouse, 1st November, 1873.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 26, 1873.

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President's Address

DELIVERED AT THE

HARVEIAN SOCIETY(a).

BY C. HANDFIELD JONES, M.B. Cantab., F.R.C.P.,
Physician to St. Mary's Hospital, &c.

THE Harveian Society acts it appears to me wisely, in pausing once a year in the order of its regular meetings from its ordinary work, and in devoting that occasion to a retrospect of its past, a prospect of its future, or a consideration of various matters affecting the general status of the profession. To your departing president on these occasions, the function of holding this review is assigned, and as my office now calls on me for the last time to fulfil my duty, I will endeavour to meet the call as best I may.

The past year has glided away unmarked by any unusual occurrence, except that of the presentation of a well-merited testimonial to our late secretary, Mr. Curgenven. Not the less, however, I may congratulate the Society on having pursued steadily its useful career, and on having held a profitable and pleasant session. Of the instructive utility of our meetings there can be no question. I may say, for my own part, that seldom if ever, have I returned home without carrying something with me which I should have been sorry to have missed. We have had papers on surgical topics from Mr. Fairlie Clarke, Mr. Gant, Mr. Victor de Méric, and Mr. Power; Dr. Day and Dr. Broadbent, and Mr. Milton, have discoursed to us on medical matters; and Dr. Payne has read to us a neurological paper, highly interesting in its bearing on Physiology and Pathology. Besides these *pièces de resistance* we have had various interesting casual communications, and three clinical evenings devoted to the consideration of subjects of practical interest.

The summary I have given you of the work of the past session represents no mean amount of observation and pains and thought. More it does not, perhaps, become your president to say; but I would venture to express my hope—looking forward to future years—that the communications made to the Society may always be characterised by richness in well-observed facts. The benefit of thus carefully studying and recording phenomena is very great to the observer himself, and the power, *so* to observe, is not the meanest of the attainments to which we should all aspire. The reputation of the Pathological Society has been made, and that of the Clinical is now being made by good work of this kind. Let us do likewise.

Thus much, then, for our own more personal matters, and I will now ask you to pass with me to some considerations of a more general kind. It may, I think, be profitable to us if we think over for a short time the errors which seem most liable to mar our efficiency in dealing with curable maladies. Obstacles often exist to successful treatment which are insuperable; but it is, at all events, most desirable that we should not be foiled by any of our own making.

One of our greatest hindrances to a satisfactory therapy proceeds, I believe, from our insufficiently recognising, or at any rate not realising, that a given morbid condition, quite similar, as far as outside show, in a number of cases, may nevertheless be so modified in each as to make it essentially different, if not to the statistician, yet certainly to the clinical inquirer and therapeutist. This modification may come to pass in different ways—(1) By some peculiarity, either in the nature of the operating cause or of the recipient system, which associates the resulting phenomena with more or less general depression, or in olden language, makes them more or less asthenic. This asthenia betrays itself most markedly in the tendency to failure of the circulation, and the question might perhaps be raised, how far the other phenomena were dependent on this state. That such variations do occur in the quality of the exanthemata is notorious, and needs no proof. With regard to other diseases, I find Sir James Paget quite lately (*B. M. J.*, 1872, p. 7, vol. ii.) giving different directions for the treatment of certain sthenic and asthenic inflammations. Walshe, Erichsen, and Stokes, observe the same distinction. I am quite aware that some authorities contend that all disease implies failure of vital power, and this may be conceded. Nevertheless, it seems to me undeniable that this failure may show itself in various ways, either by a simple paresis or feebleness of function, or by an excessive and depraved activity, and that these differing though not opposite conditions require to be dealt with very differently. Had I acute dysentery, I should be sorry to fall into the hands of a practitioner who was a consistent believer in the Toddian doctrine that acute disease cannot be cured by means which depress and reduce vital and nervous power. The free use of leeches and ipecacuanha with very restricted diet in the case of tolerably robust patients, would surely avail far more than all the appliances of the stimulant and restorative *régime*. In the acute laryngeal catarrh of children—croup—is not the same kind of practice often positively efficacious? There is abundance of older experience affirming this, but I prefer to cite a case recently recorded in the *Med. Times and Gaz.*, by Dr. Jordan. A boy, æt. 3, one morning was breathing 100 times per minute with great distress and agitation, an uncountable pulse, and rather dusky lips. He had vin. ipecac., ℥j., every twenty minutes, and calomel, gr. ½, o. h.; his throat was blistered and poulticed, and the room steamed. He vomited repeatedly. By the early evening the respirations were reduced to 25, and pulse to 90. Recovery went on steadily. Most of us probably have seen similar cases. But all cases of so-called croup are not of the same kind, and there are, no doubt, infinite grades from those where acute inflammation and inflammatory exudation predominate to those where the latter are at a minimum, and nervous irritability plays the principal part in the morbid phenomena. How important, then, is it to discriminate the kind of morbid action we have to deal with!

(a) January 2nd, 1873.

I have no hesitation in affirming that in the treatment of common scarlatinal nephritis, this matter of the *quality* of the morbid action demands much consideration. Often we give liq. ferri murias freely with the best results; but there are instances of a more sthenic condition—such as Watson and Graves record—where this would be injurious, and where C. C. to the loins and antimoniated salines with or without mercury are preferable. So in acute eczema it is a matter of absolute certainty that the morbid state is by no means always identical, that leeches, or even V. S., antimonials and saline aperients will rapidly reduce the inflammation, which the unseasonable administration of arsenic seriously aggravated. The same may be said of psoriasis, there is the same need for correct judgment as to the *quality* of the morbid action, and one cannot be surprised that any practitioner who uses antimony or arsenic, or the sulphur fume bath without due consideration of this point should have very ill success.

Turning to the neuroses we find further corroborative evidence. Bromide of potassium may be administered in acute delirium in doses which, beyond question, must depress nervous power, yet have the happy effect of arresting the disorder. Antimony, a still more depressing drug, may be used beneficially in the same way. Puerperal convulsions, there is plenty of evidence to show, may be most satisfactorily treated by V. S., and antimony in appropriate cases; while in others of a different type, chloroform, chloral, and K. Br. are far preferable.

If the doctrine I have been maintaining of the varying quality of apparently similar disease—which our predecessors knew so well—had not somehow lost its practical hold upon us, I should not have met, as I did some while ago, a case of typhlitis and commencing peritonitis, where the practitioner, a man in good position, had abstained from applying leeches to the abdomen, although the patient was a pretty vigorous youth, and the condition was altogether appropriate for depletion, as the success of the practice afterwards proved.

Disease may be modified (2) by the given morbid condition being dependent in different instances on different causes by which it is maintained. Here the cause is the *fons et origo mali*, and unless it can be removed, the morbid condition must persist. Icterus is a good illustration; it may be produced by catarrhal swelling of the duodenal mucous membrane, by an impacted calculus, or mass of pigmentary *débris*, by an enlarged gland pressing on the duct, by cancer of the head of the pancreas, by mental perturbation, or by the unknown cause of acute yellow atrophy. To attempt to institute treatment in ignorance of the cause which underlies the gross palpable disorder, must, in cases like this, be utterly unsatisfactory. In the instance just adduced all this is clear enough, and we are ready to say—"Oh! jaundice is not a disease at all; it is only a symptom." But are not more diseases than we think in very much the same case as this? Take psoriasis. In the great majority of instances its cause is quite obscure, though sometimes we can trace it pretty plainly to gout, sometimes to lactation, occasionally to certain articles of diet. I know it may be said these are only determining causes, which would be ineffectual but for a certain predisposition; but the disorder usually does not need the aid of such additional causes, and, at any rate, they are the only ones we can take cognizance of. From a therapeutical point of view, also, these are the causes which concern us, for our treatment must be ruled, to a great extent, by regard to them. Gouty psoriasis is cured by Carlsbad water, which certainly will not cure the ordinary psoriasis of the otherwise healthy, nor that of the over-lactating female. Here, then, we have a case where a mere nominal diagnosis may lead us quite astray, if we imagine that the apparent identity of phenomena implies a real unity and sameness. Urticaria is another very parallel instance. Its phenomena are very uniform and striking, and we ordinarily regard it, and authors describe it, as a disease; yet its causes are very numerous, and too frequently very obscure, and on the whole it seems to be rather a symptom than a substantive malady. Our ignorance of its causation is just that which makes our treatment of the chronic disorder so often unsatisfactory. Epilepsy, in our ordinary parlance, is recognised as a disease, and not merely a symptom; yet we know very well that seizures of which the phenomena are perfectly similar to those of the most regular epilepsy often depend on special causes, and so are essentially different from each other and from epilepsy without evident cause. Yet it is surely doubtful whether the difference between the essential and the sympathetic malady is anything more than this: that in the former the cause escapes our observation. Now, do not these instances—the number of which might, no doubt, be increased—afford considerable ground for questioning whether, in other diseases also, there may not exist important differences between different cases, which are marked by similarity of the prominent phenomena? May not this be the explanation of the varying action of remedies—a drug succeeding perfectly in certain instances, and failing completely in others? Let us take diabetes. We have not yet attained to a true pathology of this disorder, but clinical experience tells us that some cases are cured by remedies, as opium or ammonia, to which others are quite refractory. Is it not probable that in the successful cases the special symptom depends on a different cause to that which operates in others? This idea is supported by the connection which subsists between diabetes and injuries and diseases of the brain. It seems undeniable that these may be the essential cause of the malady, yet it is even more certain that they are not the sole cause, and that the characteristic symptom may be induced without primary derangement of the nervous system. Chorea, I am much disposed to think, may acknowledge different causes, may be produced by rheumatism, or loaded bowels, or the menstrual nisus, or embolism from heart disease, or meningeal irritation, or pregnancy, or some emotional perturbation, and therapeutically it is therefore to be regarded, not as one disease, but as several.

I would not make too much of this cause of error, for it is plain that in many diseases, the cause, after having started, the morbid action ceases to operate, and so has not to be taken into account.

(3). Admitting the same cause to be in operation, the resulting phenomena may, though apparently identical, differ materially in the way they are affected by therapeutic agents. This difference can only be ascribed to some peculiarity of system, some idiosyncrasy of physiological or pathological action. Such we seem often to meet with in rheumatic fever, for it is certain that in some patients the urine presents a very remarkable resistance to the action of alkalies, retaining its acidity in spite of very free dosing with these agents, while in others it is very quickly rendered alkaline. Some patients obtain considerable relief from alkalies; to others—those whose urine is speedily affected by them—they are absolutely pernicious. Some patients are apparently cured by quinine, others derive no benefit from it whatever. The same may be said, I believe, of the administration of potass. bromid. and liq. ferri perchloridi. It seems to me quite impossible to regard rheumatic fever as an uniform disease, differing only in degree of severity in different subjects. Pathological peculiarities it certainly presents, the consideration of which is vital to the question of treatment. It can hardly be doubted that similar ones exist in other maladies.

(4). Another source of error is encountered in the cases where it is difficult to decide whether we have to deal with a substantive primary inflammation or a secondary one, which is but the local manifestation of a general disease. Dr. Stokes says, in his "Address on Medicine" (1865, B. M. J.): "If we look at the diagnosis of this disease (pneumonia) in a purely physical point of view, we run the risk of committing the great error of confounding cases, the constitutional nature of which is widely different—cases, on the one hand, of original idiopathic pneumonia occurring from accidental causes, and cases in which the change in the lung is secondary to some form of fever." Again, a little further on, he tells us that he has long come to the conclusion that many of these cases, with every local symptom and sign, are, in truth, only examples of aborted fevers, ending critically in pneumonia. Now and then it occurs to me to have cases where there is much doubt whether the patient has continued fever, probably typhoid, with lung consolidation, or a primary pneumonia. But even the ordinary cases of pneumonia which occur now-a-days, when the temperature and pulse come down so markedly about the eighth or tenth day, the patient passing in the course, perhaps, of twenty-four hours, from a state of high fever to one of complete apyrexia, are surely more like fevers than inflammations. The defervescence of pneumonia is much more like that of typhus than that of a common inflammation. Now, if pneumonia be really a fever, there is the less reason to expect that its duration can be shortened by treatment. In fact, we have already pretty well abandoned the idea of curing it, we aim at little more than to support our patient's strength, and mitigate his sufferings, until the morbid process spontaneously terminates and convalescence sets in. If this is the right aim of therapy, and for the reason I have suggested, then clearly the olden idea, that pneumonia was a mere inflammation with attendant pyrexia, was misleading. But some may think that the disease then was not the same as it is now. This I neither deny nor affirm.

Another source of erroneous theory, and possibly of practice, is furnished, as it appears to me, by the current theory that many diseases depend on the presence of poison in the system, which are either bred therein, or imbibed from without. This is probably true, but the inference either tacitly drawn, or expressly made, that the main object of therapy is the elimination of the poison seems to me very questionable. For it is certain that patients convalescent from scarlet fever and typhus do continue to give off infectious matter for many days, after they have ceased to be injuriously affected by its presence in their system, so that they appear to recover not by expulsion of a *materies morbi*, but by those changes which its presence had provoked coming to a necessary termination. The same view—that the expulsion of the poison is not the chief thing—is supported by the fact that persons susceptible of the disease may be exposed to its contagion and yet remain unaffected. The miasm is inhaled and enters the blood undoubtedly, but the powers of the system are too stable to be deranged by its presence, and it passes away again, having done no harm. The same seems to hold good of the poison of dissecting wounds, as Sir J. Paget tells us of his personal experience. A frame which has become inured to the poison from long continued exposure, is much less liable to suffer than one which is so to speak virgin, or has long been exempt from exposure. These facts seem to me of great significance, and harmonise completely with much other experience. I do not, however, mean to contend that it would not be very desirable to expel the poison from the system if it were possible to do so. But I question exceedingly whether we have more than a very limited power in this direction. Setting apart the promoting of pulmonary exhalation by the freest possible exposure to the opening, which might, I suspect, be more utilised than our own prejudices and those of the sick allow us to do, there are but a few instances where we are able to do anything material in this way. We may, it is true, procure the excretion of some toxic material, but we remain infinitely far from ridding the system of the whole. Can we by any kind of treatment eliminate the cause of influenza, rheumatic, scarlet, typhus, or typhoid fevers? Can we entertain any reasonable hope of curing syphilis in this way—I am not speaking of causing the symptoms to disappear for a time, but of casting out the poison completely. In all these, and many like instances, the aim of therapy should be to counterwork the morbific agent, not to eliminate it. When once a toxic matter has mingled with the mass of circulating blood, there is as little chance of removing it by art as of separating the drop of venom injected by the bite of a deadly snake. To attempt this we know would be worse than futile, we cannot get rid of the venom, but by copious dosing with alcohol, or injection of ammonia into the veins, we may obviate its deleterious effects and save life. Our treatment of acute intoxications, as opium and belladonna poisoning, is essentially similar; as soon as we believe the blood to be entered, we employ means to counteract the impending arrest of vital functions, and lay aside all others. In the case of such a disorder as syphilis, it appears especially unlikely that diminution can be accomplished by art. For the original poison being, as we must suppose, an albuminoid matter, on mingling with the blood, converts in all probability the whole of its albumen into a substance similar to itself. What is needed here is to remake the blood, to restore its normal constitution. It is perhaps not often that the *gros bon sens* of the British practitioner fails to preserve him from erroneous treatment in the diseases here alluded to, at least when they are acute. In the chronic, however, error is more possible, and I was told by a friend that a celebrated German professor, an eminent pathologist, once consulted him about his cook, who was sadly tormented with boils, although he had well purged her with Epsom salts to eliminate the peccant matter. Apropos of this topic, I am glad to find that so good an authority as Dr. T. Fox, one of our associates, regards eczema as a catarrhal affection of the skin, and not as an eliminative process. This view, which is also held (at least the latter part of it) by Hebra, I maintained in some papers published in 1862, and I am strongly convinced of its correctness. It admits a rational analogy between the commonest disorders of the external and internal tegument, and is strongly suggestive of the dependence of both in most instances on the same cause, viz., some agent, or agents, of a volatile character, which act paralysingly on vasal and other nerves and centres.

(*To be continued.*)

Royal Infirmary, Edinburgh.—The following office bearers have been elected:—William Bourke, MB., C.M.; Robert D. Murray, M.B., C.M.; John L. H. M'Farlane, M.B., C.M.; Frederick Le Maitre Grasett, M.B., C.M.; and A. J. Urquhart, M.B., C.M., have been appointed resident physicians; and Henry Russell, M.B.; Alexander James, M.B., C.M.; C. Watson Macgillivray, L.R.C.P. Edin., L.R.C.S. Edin.; and William Campbell, M.B., C.M., resident surgeons.

Introductory Address

DELIVERED AT THE

RICHMOND SURGICAL HOSPITAL.

By William Stokes, F.R.C.S., Ch. M. Univ. Dub.,
Professor of Surgery, Royal College of Surgeons, Ireland.

A twofold duty devolves on me on the present occasion—one is, to bid you welcome to the Richmond Hospital, an institution hallowed by the memories of so many great men, who have so closely identified themselves with the progress of surgical science during the past half century; and the other is, to express how deeply I feel the honour and responsibility which my colleagues have conferred upon me, by asking me to inaugurate this session, to mark, as it were, the commencement of our common, and I trust our happy toil.

It has been noted as a peculiarity of our countrymen, that they have a tendency to keep feeding their minds on the memories of byegone days, and to devote themselves to the contemplation of the achievements of their predecessors. There may be some truth in the charge, but though the too frequent indulgence in the practice is certainly to be deprecated, producing, as it must do, more or less, a condition of mental stagnation, resulting in the character which is never over much to be admired or respected—namely, a *laudator temporis acti*, still, it is at times, not only fitting, but right, to recall the work likely to endure, and the progress in surgery made by those who have preceded us; and in doing so, we may look proudly at the fact, that during the last century a vast amount of that progress has been effected by the eminent surgeons who have made this hospital the scene of their labours. That which is true in all other branches of science is specially applicable to surgery, which is, that in order to advance it in the slightest degree, or even to keep pace with the rapid strides that it is every day making, we must be thoroughly familiar with the labours and results of those who have preceded us. In our efforts to master what has been done, we must not be discouraged by those—and there are many such—who decry modern research and the workers of the present day. Such persons are, to my mind, unphilosophical, and speak without reflection. It may be that we have not surgical investigators who stand out in such relief as John Hunter, Cooper, or Dupuytren; but this reason is, that in former scientific periods there were but few labourers, and the subjects of investigation were limited. Now the labourers are many, and the topics bearing on our science are without limit. Richard Carmichael, Todd, Peale, O'Byrne, McDowel, Hutton, and the two distinguished surgeons whose connection with this hospital has so recently ceased, have inscribed their names indelibly in the annals of Irish surgery. Both in surgical pathology and practical surgery, there are few topics that have, during the period I have mentioned, engaged the attention of surgeons, with which their names are not intimately associated. The chief characteristic of their work, however, was, that it was original. I may mention, for example, the introduction of the non-mercurial treatment of syphilis, and the introduction of the operation of amputation at the hip-joint by Carmichael; the improvements in the operation of lithotomy by Peale; the introduction of the use of tobacco in the treatment of tetanus, by O'Byrne; the original memoirs on acute osteitis and periostitis, by E. McDowel, the distinguished father of our distinguished colleague; the masterly investigations on vesical injuries and diseases by my immediate predecessor, Mr. Fleming; and those on tertiary syphilitic lesions by our present senior surgeon, Mr. Hamilton; and lastly, the splendid researches on the diagnosis and pathology of rheumatic arthritis, congenital malformations, neuroma, ephyphosay disjunctions, luxations, and other numerous lesions of the osseous system, as evidenced in our museum, which are so intimately associated with the honoured names of Robert Adams and Robert Smith.

This list of works done proves the activity, zeal, and enthusiasm that have ever actuated those who have made the time-honoured Richmond the scene for their labours; and it makes us, their successors, deeply sensible of the great responsibility that devolves on us to maintain its *prestige*, and entertain the not unworthy ambition that hereafter, when our voices are still, and the last chapter is being written for us, our names may be deemed worthy of a place beside those pioneers of surgical science.

One great discovery I may call it, one great advance in surgical art which originated here, I omitted to mention. The treatment of aneurism by pressure was first conceived and put into practice here. Some hold that determining the question as to whom is due the credit of priority in any important scientific discovery, is, comparatively speaking, an unimportant matter. Doubtless it is very secondary to determining whether the discovery is likely to be of practical or theoretical value. Still, I hold, I believe with the majority, that "honour should be given to whom it is due," and unquestionably the credit of introducing the pressure treatment of aneurism, the treatment known now all over the world as the "Dublin method," belongs to Charles H. Todd, the father of Robert Beatty Todd, the late eminent physician of King's College Hospital. It is not long since the late Professor Smith mentioned to me the particulars of the case when this treatment was first applied. The case was one of popliteal aneurism, and pressure had been in the first instance applied, in order to temporarily occlude the femoral until the calibre of the collateral vessels had increased, ligature of the main artery being at first contemplated. The pressure had been applied for upwards of three days, and Mr. Smith, then a junior student, with a few others, went with Mr. Todd into the ward where the patient was. Mr. Todd went up to the patient, and put his hand on the tumour, kept it there for some time, and then removing the pressure, after a few moments he looked up, and said, to the astonishment of all present, "it is now still." The tumour eventually almost completely disappeared, for, the moment the pulsation ceased, the process began which was so characteristically described by the illustrious John Hunter, when first he applied a ligature to the femoral artery for the cure of aneurism; "Now," he said, "the absorbents are at it like mites at a cheese."

A pathological specimen, in which this process is well exemplified, is to be found in our unrivalled museum. It was a case of double popliteal aneurism, in which deligation of the femoral artery on both sides was performed by Mr. Todd. Both operations were successful. Some time after the second operation, the patient died of an internal organic affection, and we are indebted to Mr. Adams for obtaining the magnificent preparation now on view in the museum, in which the dilatation and tortuosity of the collateral vessels are so well seen. This preparation is of extreme pathological interest, and is, in truth, quite unique.

It is, as you are doubtless aware, customary on occasions like the present, to offer advice to the students who are now beginning the work that will probably be uppermost in their thoughts during the rest of their natural lives. It always, however, appeared to me a futile thing to advise an industrious and earnest student how to work, what books to read, how many hours a day he should spend in the dissecting-room, how many with his private teacher, what lectures he should attend or should not attend in his first, second, or third year of study. To advise such a student on these points is to my mind so many words wasted, so much time uselessly spent. For, as was said, in speaking of worldly success, by Mr. Cusack, one of the most sagacious and eminent surgeons this country has produced: "Every man has his own way of getting on, and no man who adopts another man's method will succeed." Much the same may be said of medical or surgical study. For the industrious student there should be no compulsion. He should be left free to work in the way he conscientiously believes or knows to be best. The student in medicine requires a much closer amount of application now than formerly, if he wishes, in obtaining his qualifications, to start his professional life with a practical knowledge of the existing state of medical and surgical science. The advance in both departments of our profession has been enormous of late years, and this has been, I believe, chiefly owing to the application of many physical sciences to medicine and surgery. A knowledge of these must be acquired, for as yet those who legislate for the primary or intermediary education of youth take but little heed of this necessity. The old stereotyped system of education, appealing altogether to authority and rarely to observation and experiment, pursues its weary and mistaken course. "The modern world," says Huxley, "is full of artillery, and we turn out our children to do battle in it equipped with the shield and sword of an ancient gladiator. Posterity will cry shame on us if we do not remedy this deplorable state of things. Nay, if we live twenty years longer, our own consciences will cry shame on us." It is, in truth, enough to make a student well nigh despair, when during the first year of his pupilage he hears continually discussions on topics connected with medicine and surgery, to understand which requires a knowledge of sciences of which he has no more idea than he had the day he was born.

In giving a death-blow to empiricism, on which, until recently, medicine has so largely depended, physical science has been the bridge over the gulf that divided the two branches of our Profession. It has been said by a great physician and great thinker, that "surgery is the salvation of medicine," and this is absolutely true; for in surgery there is no place for the conscious charlatans who, in numbers like vermin, infest and pollute the intricate paths of medical science. By the application of optics alone, how many organs of the body, before inscrutable, are now laid open to us?—the trachea, larynx, urethra, vagina, bladder, vocal chords, pharynx, and fundus of the eye. The normal and abnormal appearances of deeper structures of the eye are now, as you all now, disclosed by the optical appliances of the illustrious Helmholtz, and reveal several changes that are not only local phenomena, but at times are pathognomonic of lesions in other and distant organs.

But in the proper domain of surgery, inside the cordon that custom and public opinion have placed round it, the largest advances and greatest improvements have been made, especially in connection with operations, flippantly and unphilosophically termed the opprobria of our art. I allude especially to the subject of joint resections, lithrotrity, ovariotomy, improved methods of amputation, the removal of tumours and other growths by the action of galvanism, the treatment of abscesses by the aspirateur of Dieulafoy, the recently introduced and improved methods of treating urethral contractions by rupture, internal or external division, the treatment of nævi by injection, and periosteal preservation in resections, plastic operations, and amputations. Our age can also boast of the introduction of local and general anæsthesia, one of the greatest boons that was ever in any period of the world's history vouchsafed to man, and a discovery which ranks not inferior to those which crowned the labours of Harvey and Jenner, the various methods of arresting hæmorrhage, and of preventing it altogether by the method generally known as that of Prof. Esmarck, of Kiel. This method, I may mention, I tested the other day, in a case in which I had to amputate the greater portion of the hand, and the result, as regards the hæmorrhage, namely, was a subject not only of surprise, but of astonishment; for it is not too much to say that the operation was almost a bloodless one. We cannot but feel a thrill of pleasure in witnessing such advances, and as we may look with pride on what has been done in our own time, so is there the necessity for hope in the coming triumphs of surgical investigation, and faith in the powers of our art.

One remarkable circumstance must be noted in connection with the gigantic strides that have recently been made in the science of diagnosis by the aid of various physical sciences; and that is, that the breach which formerly existed between medicine and surgery, has become well-nigh obliterated; and the practical lesson to be learnt from this is, that the one branch should not be studied to the exclusion of the other. Remember that the best surgeon is not the man who is the best operator, but rather he who knows best the laws of constitutional disease. The importance of not separating the two studies was recognised by the earliest physicians of antiquity. Prof. Bilroth, of Vienna, informs us that in the Agur-Veda ("Book of the Art of Life"), the most important Sanscrit medical work we have, and which was the production of one Susrutas, who lived probably about the time of the Roman Emperor Augustus, the healing art was regarded as a whole. As he observes, "It is only the combination of medicine and surgery that makes the complete physician. The physician lacking knowledge of one of these branches is like a bird with only one wing." At that time surgery was without doubt by far the more advanced part of the medical art. A large number of operations and instruments are spoken of; still, it is truly said "the best of all instruments is the hand."

Two topics connected with what must ever be of prime interest to the surgeon, the treatment of wounds and the hygienic measures that should be adopted in surgical hospitals to diminish the mortality after operations, notably amputations, are now anxiously engaging the attention of the profession and the public, and are the subjects of warm controversy. As regards the first of them, I may mention, for the benefit of my lay-hearers, that the controversy is in reference to the theory of Prof. Lister, that the chief obstacles to the natural process of union in wounds, are extrinsic not intrinsic agencies, consisting of atmospheric impurities, which are for the most part lower organisms. The practical deduction which followed this, to my mind, always a suspiciously material theory, was obviously to exclude or neutralise these alleged putrefactive-producing elements, and the agent which was selected for accomplishing the latter object, was carbolic acid, one which, under the name acide phénique, I saw, years before its introduction into British surgical practice, extensively used as an antiseptic agent in the treatment of wounds, in M. Maisonneuve's Clinique, in the Hôtel Dieu, of Paris. Although I have not adopted a plan which has been followed in some hospitals for estimating or determining the comparative merits of the dressings generally employed in the treatment of wounds, by dividing them into "antiseptic" and "non-antiseptic" wards; yet I have adopted the method in very many cases, and I am constrained to say, with very variable results. In some few the suppuration was, in truth, very slight, in some few absent, but in the great majority of them the method appeared to exercise very little influence at all on the amount of suppuration. That it is no safeguard against erysipelas, I am also in a position to affirm, and cases of pyæmia have also been recorded after amputations treated antiseptically. I cannot, therefore, avoid endorsing Mr. Wood's opinion, "that the agencies, whatever they are, in pyæmia operate in the general system, or, if through the atmosphere, in other channels besides the wounded part, as in cases of pyæmic poisoning from deep internal glandular pus deposits."

With reference to the theoretical basis of Prof. Lister's treatment, I may mention that it has been rudely assailed by some of the greatest living physiologists, among whom I may mention Professor Burdon Sanderson and Dr. Bastian. The former holds that "the contamination of putrefactive fluids with germs of bacteria is not brought about by the atmosphere," and Dr. Bastian has proved definitely that in certain fluids which have been previously boiled and placed in closed flasks, living organisms will appear, this being effected by "virtue of spontaneous chemical changes which take place on the fluid itself, during the progress of which living organisms are abundantly engendered" (a). It has often struck me with some surprise that the advocates for or opponents to the antiseptic system do not take into account the cases which continually occur both in hospital and private practice in

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(a) See *Lancet*, Oct. 25, 1873, p. 602.

which, without any of the so-called antiseptic treatment, large wounds unite without suppuration. Arguing on the hypothesis that Mr. Lister's theory is correct, is it not, at all events, strange that so many cases of large wounds are observed, which day by day are exposed to the putrefactive influences of atmospheric organisms, and, notwithstanding, unite by first intention? Quite recently in this hospital I excised two tumours; one, a small scirrhus of the breast, the other, an adipose tumour, situated in the infra-scapular region. They were about the same size, the wounds made during the operations were about the same length. The time occupied in both operations was about the same. In neither case was any anæsthetic used. Neither operation was attended by any hæmorrhage worth speaking of. Similar sutures were introduced in both cases. They were both placed in the same ward, and in one case there was union by first intention, but in the other the healing process was accompanied by profuse suppuration. Surely, cases like these point to the greater probability that the agencies, whatever they are, which induce suppuration, are not extraneous altogether, but operate largely in the general system. I should be, however, sorry if you thought I wished to decry or make little of the praiseworthy efforts of the successor of the illustrious James Syme, to improve the surgical practice in the treatment of wounds. Even though we do not all accept his theories in their entirety, still it cannot be denied that he has effected a great and salutary change in the surgical treatment of wounds by the introduction into British surgery of carbolic acid dressings. Independent of anything else, the great care and attention on the part of the surgeon in the treatment of wounds, and the consequent cleanliness and freedom from smell which result from the application of carbolic dressings, cannot but prove of great benefit to the patient, and doubtless tend to promote union by first intention.

There was a topic now largely engaging the attention of the Profession—namely, the hospital arrangements that some hold should be made in order to improve the hygienic condition of such institutions, and diminish the number of unfavourable results which it is alleged attend or follow the performance of the graver surgical operations, notably, amputations. I may say that, as the majority of my hearers are probably aware, it is a subject on which the late Sir J. Y. Simpson took a very deep interest, and in some papers published shortly before his much-to-be-regretted death, his statements in reference to the general unhealthiness of our hospitals, and his startling statistics in reference to the mortality after amputations in these institutions, were received by the Profession with mingled feelings of astonishment, incredulity, and regret. He alleged that his statistics proved that amputations are four times as fatal in hospitals as they are in private practice, and this result he believed to be due to the aggregation of patients in our larger hospitals. However, as his statistics satisfied none of the conditions which they should have fulfilled, and as his alleged facts were so much at variance with the experience of most hospital surgeons, and his suggestions for remedying this grand defect in all our great hospital establishments so utterly devoid of practicability, his statements and suggestions were soon forgotten, and allowed to pass into the limbo where rest countless other impracticable theories of visionary *doctrinaires*. The other day, however, at an introductory lecture given in one of the largest of the London hospitals by Mr. Erichsen, the subject was again revived and the doctrines of Sir J. Simpson in the main endorsed. No fresh proofs, however, in my opinion, were given of their truth, no statistics were compiled; the fact that Simpson's statistics based for the most part on book statements and the recollection of his friends, had been proved by every one who had taken the trouble to examine them to be far from being accurate, was not noticed, or that no one who examines them impartially can avoid entertaining strong suspicions that the theory was first conceived, the statistics, perhaps, subsequently compiled. Mr. Erichsen states, "Taking the average mortality after amputations of all four limbs, in the largest hospitals, in the hands of men of the most consummate skill in the great centres of civilisation, we come to this result, that the mortality calculated on large numbers varies from 35 to 50 per cent., but is steady and unvarying between these figures. This is a result but little creditable to surgery; and in some amputations, as of the thigh and at the hip-joint for injury, the mortality rises to the frightful and astounding height of from 60 to 90 per cent.' According to Sir J. Simpson, the mortality after amputations in hospital practice is 1 in 2·4, and in private practice 1 in 9·2. Were these the results of reliable statistics they would in truth be, as Prof. Erichsen calls them, "startling facts." But the question is, can we receive them as such? Time would not permit me to discuss the statistical records of the results of amputations at any length on the present occasion, but I may mention two facts which, to my mind, tend largely and conclusively to prove how doubtful are the statements I have already quoted. Mr. Callender, one of the surgeons of St. Bartholomew's Hospital, one of the largest, if not the largest, in London, and situated in one of the most populous districts of the metropolis, thus writes, "For four and a-half years there has not been one patient lost as a consequence of amputation, although during that time, under Sir James Paget or myself, thirty-five consecutive cases have been treated in the same wards." In the Richmond Hospital, I may mention, during the past four years I have had thirty-eight amputations, fortunately with only two unfavourable results; and during the period of my official connection with the Meath Hospital, the results of the cases of amputation treated by my eminent colleagues there were equally satisfactory. The facts I have mentioned in reference to the results of amputation cases in the three hospitals I have alluded to, of the results obtained in two of which I have had personal experience, are, I think, of the greatest practical value in disproving the confident assertions of Sir James Simpson. I may mention also that I have recently spoken to five eminent surgeons of this city, all of whom enjoy a large amount of public confidence, in reference to the question as to whether better results are obtained after amputations in private or in hospital practice; and it is a remarkable fact that three of them asserted positively that the results obtained in hospital practice were superior to those in private, and the remaining two were of opinion that the results obtained were about equal. I mention this as it certainly is not in accordance with what has been asserted by Mr. Erichsen. Hospital reform should not consist in the substitution of a cluster of huts like a gipsy encampment, for carefully constructed buildings where arrangements can be made for having good ventilation, pure air, plenty of light, an even temperature, a perfect system of sewage, carefully cooked simple but nutritious food, and skilful nursing. Place these advantages beside those a patient would enjoy in a peasant's cabin in an Irish bog, in which pigs, fowl, dogs, men, women, and children are all congregated together; and in which locality, I would say, would a patient after his thigh was amputated be most likely to recover? Could any rational surgeon hesitate in his answer? In an able article on "Hospitalism," in the *British Medical Journal* (Oct. 18, 1873), the writer remarks, "That hospital air is to some extent contaminated, even in our best hospitals, by the necessary aggregation of patients, may, doubtless, be admitted; but that such contamination is worse than the abominations which are met with in poor men's cottages and lodgings (where most of our private practice in amputations are carried on) has never yet been shown. Nor has it ever been shown by any testimony which is worthy of credit what the difference is between the mortality of similar cases treated in and out of hospitals. Still less has any attempt been made to show how far any difference which may exist may depend upon the greater care and more personal attention of the surgeon in one case and in the other."

As far as this hospital is concerned, we have no reason to be dissatisfied with its hygienic condition. On the contrary, I believe that it may well compare in this respect with any similar institution in this country; and this satisfactory state of things I believe is due altogether to the praiseworthy efforts of the Board who direct its management, a Board presided over by the distinguished nobleman who has honoured us by his presence here to-day, and who has always been foremost in furthering every project that had for its object the well-being and advantage of his countrymen. As a proof of the vastly improved sanitary condition of this hospital, I may mention that many of the so-called "hospital diseases," such as erysipelas, pyæmia, hospital gangrene, and cancrum oris, which were so frequently the subject of observation during the period of my pupilage, are now, it may be said, especially as regards the two latter diseases, almost entirely stamped out. During the time that I have been officially connected with this hospital I have not had an opportunity of seeing a single case of either of these two latter affections. This is a most gratifying and important circumstance, and I can only attribute it to the cause I have already alluded to—namely, the vastly improved sanitary condition of the institution.

Quite recently, as you all know, two men who have done so much to make this hospital famous have resigned their respective offices. These offices have been filled by the appointments of Dr. William Thomson and Dr. Thornley Stoker, both of whom, I need hardly say, have been cordially welcomed by their colleagues, and by all here who take an interest in the welfare of this institution, as they both have already, by their talents, attainments, earnestness, and social qualities, given proof that they are destined to merit the highest distinction in our Profession. Of one of those who have resigned, our late senior surgeon and the honoured father of Irish surgery, Robert Adams, I will only say, that in retiring from the active duties of this institution he bears with him the sincere regard and esteem of his former colleagues and pupils, all of whom hope that he may often revisit the scene of his former labours, assist and guide by his sage advice, and encourage by his example, and that he may be long spared to look back with pride and satisfaction on his distinguished career, a career so beneficial to the public, so useful to the Profession, so honourable to himself, and so creditable to the country of his birth. The voice of the other—of Robert William Smith—is now hushed in the stillness of death—the voice that for forty years has been heard so often within these walls, and who, until a fell disease prostrated and enfeebled him, worked with a vigour, a zeal, a fidelity, and an enthusiasm, combined with a pure love for truth, that has been in the annals of our Profession, I may say wholly without example, and who was rewarded by acquiring for himself an undying fame, and what he prized far more, the deep respect of his professional brethren, the admiration of his countrymen, and the warm and lasting affection of his friends.

Scientific workers may be divided into two great classes. There are those who advance it by patient investigation, by honest criticism, and by faithful endeavours to verify or disprove the opinions and theories of others. They are like the stars that shine by a reflected light. But worthy are they of praise and honour, for their work is useful and it is good. If they have not creative power they have the power to adorn, to strengthen and make permanent the work of others. But Robert Smith belonged to a nobler band of workers, those, namely, who illumine the rugged paths of science with lamps of their own—lamps which shed no borrowed light, and which they fashion by honest and bitter toil, and light with their genius. No petty ambition for worldly honours, no sordid love of gain stimulated him to labour. His great aim, the goal he ever strove after, the one noble ambition of his pure, his blameless, his religious life was, in the hitherto unexplored regions of the great Art and Science to which I may say from his early boyhood he devoted himself, to unfurl the glorious banner of Truth, for he felt and knew that by so doing, he best advanced Christ's work here on earth.

THE DIAGNOSIS OF OVARIAN TUMOURS.

Notes by Dr. C. R. Drysdale.

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A patient comes before us with increased circumference of the abdomen and abnormal resistance, and who is believed to be suffering from ovarian disease. Our first task is to see that there truly is a tumour present. It is easy to make up our mind on the point if a clearly circumscribed tumour is felt in the abdomen, but quite different when the borders of the tumour are undistinguishable and there is great tension of the abdominal walls. This may arise either from tympanites or from ascites without any cyst being present.

It would at first sight appear unpardonable to take tympanites for tumour; but the records of medicine show that the mistake has been made by even the most experienced practitioners. Simpson (*Works*, 1872, vol. iii., p. 426) mentions six cases of abdominal section, in which tympanites was found, no abdominal tumour. It is well known, too, that tympanitic women are frequently supposed to be pregnant by careless medical practitioners; and every experienced man must remember hosts of cases of hysterical tympanites when the tension of the abdominal wall, and the spasm of the recti muscles have at first sight tempted him to make a diagnosis as to the presence of ascites, hydatids of the liver, or ovarian dropsy. Percussion gives, of course, in tympanites, direct evidence of the absence of fluid and the presence of gas; and if the patient be put under the influence of ether, the phantom tumour often at once subsides and the abdomen can easily be explored by the hand. Even without the previous administration of anæsthetics, examination of the abdomen may be made if the patient lie on the back with the thighs flexed and the practitioner keep up constant pressure on the abdominal wall by the hand directed towards the vertebræ of the abdomen. The resistance of the abdominal walls soon gives way and the cavities of the abdomen and pelvis can be examined. But there are cases where masses of fat in the abdominal walls or internal organs are with great difficulty diagnosed from tumours of the abdomen.

With respect to those cases in which there is fluid present, and when we have to make out whether we are in presence of ascites or cystic ovarian tumour, the diagnosis is easily made when we can grasp the ovarian cyst and push it backwards and forwards in the abdomen beneath the abdominal walls, or, on the other hand, when every change of position of the patient makes the fluid flow to the dependent part of the abdomen. But when there is great accumulation of fluid our difficulties commence, since a large cyst with thin walls has no clear definite form, and the fluctuation is so general as to make us uncertain as to the presence of a cyst.

Some general rules may assist; for instance, in ascites the abdomen is generally equally enlarged at both sides, the lumbar regions are full, the navel region is flat and the navel prominent. When there is a cyst the form of the abdomen is generally more pointed or barrel-shaped, the navel does not protrude, the expansion of the abdomen is unequal, and one side is more prominent than the other. As to the enlargement of the veins, this may occur in both cases, and there is nothing diagnostic in their appearance. Œdema of the extremities is certainly more common in ascites; but this is not a symptom of much value, since the pressure of cysts on the pelvic veins may produce œdema of the ankles. The chief means of acquiring certainty in diagnosis are those of palpation and percussion.

With regard to percussion, in ascites the fluid gravitates in all positions of the patient to the lowest side, and thus the percussion note varies whether the patient lies on the back or on the side; whilst in encysted fluid the territory of absolute percussion, dulness remains constant, whatever be the position of the patient. Thus usually, when ascites is present, the loins sound dull on percussion when the patient is in the prone position, and the navel region sounds tympanitic; whilst, in cysts, the opposite takes place, since the tumour arising from the pelvis shoves the intestines upwards and behind it. Yet some circumstances may deceive in this matter. In the first place the right iliac and lumbar region may be tympanitic in ascites from tympanites of the cæcum. Then, with regard to fluctuation, that is certainly usually more marked in ascites; but it may be as well marked in some cysts. In fat persons ascites may give but ill-marked fluctuation. In cystic disease the fluctuation is absent where the percussion note shows the intestine, as in the loins and the epigastrium; but, in ascites, fluctuation is perceptible even in places where there is intestinal percussion note.

In very large effusions of fluid, again, the bowel may not reach the abdominal wall, on account of shortness of the mesentery, and there are large cysts, which press into the lumbar regions so as to cause dulness on percussion. It has occurred that a cyst of the ovary may contain gas, from its communicating with the intestine, or having been previously punctured; and, in this case, there will be tympanitic percussion note.

In such doubtful cases puncture alone will give satisfactory elements for diagnosis; although it is by no means quite free from danger. Emptying the abdomen gives great information, since, after this is accomplished, it becomes first of all possible to palpate and percuss the abdominal organs; but it occurs sometimes that even this plan fails to be of great service on account of too little fluid being removed, or because there exist adhesions, whether parietal or visceral. The examination of the fluid drawn off is of great importance; and this examination should be both microscopical and chemical.

Dr. Otto Spiegelberg (*Sammlung der Klinisher Vorträge*, No. 55), who has paid great attention to this point, notes that the contents of ovarian cysts vary from a watery, clear, yellow fluid up to a tough, colloid, dirty-brown or yellowish-green mass; whereas ascitic fluid is always thin and comparatively clear. In cysts we find mucin, albumen, and especially paralbumin, which last substance we never find in ascitic fluid. Ascitic fluid is poor in solid material, but on exposure to the air it deposits a fibrine-like sediment, which is not the case with the contents of cysts. The microscopic appearances are dissimilar, since in ascites we find the endothelium of the serous membrane and corpuscles of the lymph sacs; whilst in ovarian cysts, cylindrical epithelium is found, with portions of cells, large fat cells, and often cylindrical cells. In addition to these are occasionally seen masses of detritus, crystals of cholesterine, and products of dermoid formation, with here and there altered blood-discs and pigment cells. In a word, in ascites we meet with the elements of a lymph cavity; in cysts, with epithelial formations. When ascites and cysts are both present both elements will be met with (*a*).

It must, however, be noticed that the examination of the fluid is sometimes tedious, and it requires some considerable time before the diagnostic points can be clearly recognised. Some days are required occasionally for the chemical investigation to give a clear result.

Should this method of research still leave us in difficulties, examination may be made by the rectum, in order to assure ourselves that a tumour in the pelvis is ovarian, and that it does not belong to the uterus itself. Many errors are committed in this matter. If we succeed by examination *per vaginam* to isolate the tumour from the uterus, we have gained much; as, in this case, we have most likely ovarian disease present. As a general rule, the uterus lies in front of the hard and enlarged ovary, as it does before the organ when not enlarged, and may be prolapsed and greatly anteverted or flexed, but the uterus may also be felt retroverted behind the tumour.

It is not every ovarian tumour that can be reached from the vagina, either on account of the long pedicle or because there are adhesions between it and the uterus or intestines. Here the most important characteristics of an ovarian tumour, its rising out of the pelvis and being free from the uterus, are wanting. In such cases it may be quite impossible to form any accurate diagnosis, even after the most careful examination. It must be remembered that, in rare cases, we may have to do with cysts of the kidneys as well as with tumours of the uterus, and even in pregnancy in some cases.

The great difficulty in diagnosis between fibrous tumour of the uterus and ovarian disease is well known, and although fibroid degeneration of the ovaries is very rare it yet does occasionally occur, and fibrous tumours also sometimes fluctuate a little and thus resemble ovarian cysts. When these doubtful cases occur examination may be made by the rectum, introducing the whole hand or the half of it into the intestine. (See Simon's article in the *Deutsche Klinik* for 1872, No. 46, on the method.) The patient should have some anæsthetic such as ether during the examination, which is made with the patient lying on the back. The patient must be warned that defecation may present some difficulty for a week or two, or even that there may be difficulty in retaining the fæces.

Those who have practised this method of investigation assure us that it is wonderful how well we are able to explore the pelvic organs by its means, and to recognise alterations in shape or position of the organs. In many cases the origin of the tumour can be felt, and an absolute diagnosis can be made; as, for instance, the separation of a fibroid of the uterus from an ovarian cyst can often be made. But there are cases in which an exploration even by the rectum fails to enable the practitioner to make up his mind; and these are precisely the cases in which there is a doubt as to whether an ovarian tumour or a fibroid tumour of the uterus is present.

Preliminary incisions for the sake of clearing up the diagnosis are very dangerous, and should only be undertaken when the patient and the practitioner have fully made up their minds to the operation of excision in case of necessity. The incision must be large enough to admit four fingers or the whole hand into the cavity of the abdomen, and if carefully conducted, is not so dangerous as might be supposed, since of twenty-four cases, Spencer Wells ("Tumours of the Ovaries," p. 464) says that seventeen recovered from the incision without any harm.

Small ovarian cysts have been taken for movable kidneys, and it is known that movable kidney is most commonly met with among women. Enlargement of the kidneys and hydatid cysts of these organs have been mistaken for ovarian disease on more than one occasion. Incisions in the abdomen have even been made before the character of the tumour was recognised. A cyst of the kidney, it appears, may lie in the middle line, have adhesions with the pelvic organs and be movable, and, moreover, may be large enough to descend into the pelvis. In many cases puncture will give information from the sediments and salts of the urine being present, or hydatids appearing, since these have not been noticed in ovarian cysts; but urine is not always contained in cysts of the kidney. In such cases rectal examination is of the greatest use, since this shows whether the tumour does or does not proceed from the pelvic cavity.

Tumours of the mesentery may give rise to difficulty, when large enough to descend into the pelvis, especially when peritoneal fluid becomes involved in the mass, as takes place in cancerous tumours. The character of the fluid will separate these from ovarian tumours. Such punctures as are made for diagnosis should be made when the bladder is empty. Tumours caused by fæcal accu-

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(*a*) The fluid of an enlarged Graefian follicle may externally resemble that of ascites; it is clear, pure, without many morphological conditions, and contains paralbumin, besides epithelium not well-marked.

The important marks of paralbumin are as follows:—

A part of the fluid, after the sediment has been allowed to deposit in a cold place, is treated with plenty of water, and then a stream of carbonic acid gas is conducted through it; a flocculent precipitate shows the existence of paralbumin.

Another part of the fluid is treated with absolute alcohol. The precipitate which then falls is kept under alcohol for several days (three days), then filtered, and then the precipitate warmed with distilled water for some hours. By this means the paralbumin part is again dissolved.

mulations in the colon must be thought of, and tumours of the spleen, liver, and hæmatometra must be borne in mind.

The multilocular character of an ovarian cyst is easily made out when well-marked, through the irregular, uneven feeling of the superficies of the tumour, the uncertain fluctuation, and feeling of hard masses in company with large cystic spaces. Unilocular cysts are comparatively rare, and not so easily made out, since three or four large cysts may be very like a single one, which is of importance in the question of drainage and injection. Indeed, the uncertainty of this diagnosis makes the latter experiment have many opponents. The diagnosis as to which ovary is affected is very difficult; as also the ascertaining where and what kind of adhesions are present. This is now admitted on all hands.

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Transactions of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday November 11th, 1873.

Dr. C. J. B. Williams, F.R.S., President, in the Chair.

A SUCCESSFUL CASE OF ABDOMINAL SECTION FOR INTUSSUSCEPTION, WITH REMARKS ON THIS AND OTHER METHODS OF TREATMENT.

By Jonathan Hutchinson, F.R.C.S.,

Surgeon to the London Hospital, &c.

The author first narrated the particulars of a successful case in which he had opened the abdomen for the relief of intussusception. The patient was a child aged two years. The intussusception had commenced at the cæcum, and was of such length that its extremity, presenting the inverted ilio-cæcal valve, was extruded several inches at the child's anus. The condition had been one month in course of development; latterly the case had been treated as one of prolapsus, and attempts had been made to keep the bowel in place by means of a cork pad. The child was very ill, and the author having failed in attempts to effect reduction by enemata &c., and having had experience of several similar cases which had ended fatally, determined to operate. The child was put under chloroform, and the abdomen was opened in the middle line, below the umbilicus. The intussusception was then easily found, and as easily reduced. The after-treatment consisted only in the administration of a few mild opiates, and the child made a rapid recovery.

The author next narrated briefly the particulars of three somewhat similar cases in which he had been consulted, and in which the intussuscepted bowel could be easily felt by the finger in the rectum. In all three, in spite of persevering treatment by injections, bougies, &c., the patients had died unrelieved.

Without attempting anything like a statistical analysis of recorded cases, the author appended to his paper, in tabular form, the notes of a very considerable number of cases bearing upon the diagnosis and treatment of similar lesions.

From the consideration of these the following conclusions were suggested:—

1. That it is by no means very uncommon for intussusception to begin at the ilio-cæcal valve, and to progress to such a length that the invaginated part is within reach from the anal orifice, or even extruded.

2. That it is of great importance in all cases of suspected intussusception to examine carefully by the anus.

3. That in almost all cases of intussusception in children, and probably in most of those in adults, the diagnosis may be made certain by handing the invaginated part through the abdominal wall.

4. That the prognosis of cases of intussusception varies much; first, in ratio with the age of the patient, and secondly, with the tightness of the constriction.

5. That in a large proportion of the cases in which children under one year are the patients, death must be expected within from one to four or six days from the commencement.

6. That in the fatal cases death is usually caused by shock, or by collapse from irritation, and not by peritonitis.

7. That in many cases it is easy, by estimating the severity of the symptoms (vomiting, constipation, &c.), to form an opinion as to whether the intestine is strangulated or simply irreducible.

8. That in cases of strangulated intussusception, whilst there is great risk of speedy death, there is also some hope that gangrene may be produced, and spontaneous cure result.

9. That in cases in which the intussuspected part is incarcerated and not strangulated, there is very little hope of the occurrence of gangrene, and it is probable that the patient will, after some weeks or months, die, worn out by irritation and pain.

10. That the chances of successful treatment, whether by the use of bougies, or by the injection of air or water, are exceedingly small, excepting in quite recent cases, and that if the surgeon does not succeed by them promptly, it is not likely that he will succeed at all.

11. That the cases best suited for operation are those which have persisted for some considerable time, and in which the intestine is only incarcerated; and that these cases are also precisely those least likely to be relieved by any other method.

12. That in the cases just referred to, after failure by injections, bougies, &c., an operation is to be strongly recommended.

13. That the records of *post-mortems* justify the belief that, in a considerable number of the cases referred to the surgeon will encounter no material difficulty after opening the abdomen.

14. That the circumstances which might cause difficulty are—(1) the tightness of the impaction of the parts; (2) the existence of adhesions; and (3) the presence of gangrene.

15. That in selecting cases suitable for operation, the surgeon should be guided by the severity of the symptoms to an estimate of the tightness of the strangulation, and as to the probability of gangrene already set in.

16. That in cases in which the patient's symptoms are very severe, or the stage greatly advanced, it may be wiser to decline the operation, and trust in the use of opiates.

17. That the operation is best performed by an incision in the median line below the umbilicus.

18. That in cases of intussuspection in young infants (under one year of age) the prognosis is very desperate, scarcely any recovering excepting the few in whom injection treatment is immediately successful, whilst a large majority die very quickly.

19. That the fact just mentioned may be held to justify, in the case of young infants, very early resort to the operation.

20. That it is very desirable that all who, in the future, have the opportunity for *post-mortem* examination of intussusception cases should give special attention to the question as to whether an operation would have been practicable, and should record their results.

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DUBLIN OBSTETRICAL SOCIETY.

The thirty-sixth annual meeting of this Society took place on Saturday, in the hall of the College of Physicians, Kildare Street. There was a large attendance of the leading members of the profession. Amongst those present were—Dr. Duncan, President of the College of Physicians, Dr. Denham, President of the College of Surgeons, the Governor of the Apothecaries' Hall, Drs. Johnston, Tufnell, Kirkpatrick, W. Colles, M'Clintock, Richardson, Brady, Ringland, Grimshaw, T. W. Moore, Cryan, Collins, B. F. M'Dowell, Churchill, Barton, More, Madden, Persse White, M'Swiney, Kidd, Long, Baxter, J. A. Byrne, Cronyn, Peebles, F. T. Porter, J. A. Baker, Davy, H. F. Kennedy, Sibthorpe, Lombe Atthill, Halshaw, Bennett, Finney, Walter Smith, A. H. Jacob, Young, Darby, Gordon, Roe, Wade, Richard Willis, Aquila Smith, Harley, &c., &c. The President, Dr. Evory Kennedy, occupied the chair.

Dr. Kirkpatrick (the hon. sec.), having read the minutes of the last meeting, they were confirmed; he then read the report of the Council, which stated that during the past session nine meetings had been held, one of them being a special one, in order that the papers might not be lost to the Society. Twenty-two papers had been read, and sixteen new members had been admitted to the Society, and one associate. Allusion was then made to the death of several members of the Society during the last session, and the report alluded in most laudatory terms to the services of the late Professor R. W. Smith. There were now 12 honorary and 142 ordinary members, as well as 10 associates. In consequence of some members having failed to pay their subscriptions, the income of the Society had not been equal to the expenditure, and resulted in a sum of £16 odd having been taken from the reserve fund. At the end of last session there was a balance of £67 14s. 7½d., and the subscriptions amounted to £73 12s. 6d. The expenditure was £80 12s. 1½d., so that a balance remained of £50 15s. 4d.

On the motion of Dr. CRONYN, seconded by Dr. M'SWINEY, the report was adopted.

The PRESIDENT then delivered his inaugural address, which was most varied and comprehensive in its character. After touching on the various branches of obstetrics referring to scrofula, he said that in Switzerland, Germany, Prussia, Poland, and elsewhere, it was a constantly existing endemic disease, perpetuated by local atmospheres, *non-naturals*, and other external influences, as well as by hereditary taint, in whole districts of country, and numbering its victims by millions. Strange to say, little had been done to remedy that opprobrious endemic in this, the nineteenth century, when they looked with complacency at millions of their fellow-creatures, dragging through a miserable existence, many of them little removed from the beast. All that was preventible, if not curable, by proper laws of hygiene, and which might, if carried out, in the course of at most two or three generations, put an end to all that misery and bestial deterioration of millions of our fellow-creatures. With reference to the growing practice of administering stimulants in cases of scrofulous ulcers, he said that a very considerable proportion of the cases, both in single and married women, were induced to exceed in that respect. His experience in the treatment of these and most other cases in females was that for one who required stimulants, and derived benefit from them, ten were injured by their use (many of them irreparably), and the others recovered only when the stimulants were desisted from. When a physician prescribed wine, as he was occasionally compelled to do, he should explicitly direct the exact quantity, and if that quantity amounted to more than was usual and right as a habit, he should limit strictly the time for which the increased quantity was to be continued, in order to prevent an excess of wine becoming a habit. A neglect of that caution had, to his own knowledge, had the most deplorable consequences, and that in cases where, in the first instance, the smallest quantity of stimulant was taken with great reluctance, and only when insisted upon by the medical adviser.

A vote of thanks was passed to the President for his admirable address, and his conduct in the chair, and it was ordered that the address should be printed in the proceedings of the Society.

Dr. EVORY KENNEDY, having acknowledged the compliment,

Dr. KIDD moved a vote of thanks to the Presidents of the Colleges of Physicians and Surgeons, the Governor of the Apothecaries' Hall, and the other visitors, for having honoured the Society by their presence.

Dr. J. A. BYRNE seconded the motion, which was adopted and acknowledged.

The Council and officers of the Society having been declared re-elected, the Society adjourned.

[In our next issue the President's address will be published at considerable length.—ED. M. P. & C.]

The will of Sir Henry Holland, Bart., M.D., has been proved under £140,000. He leaves the whole to his children.

Sanitary Condition of Islington.—Dr. Tidy reports that in the course of the four weeks ending 25th of October there have been 312 deaths and 663 births registered in the parish. The annual death-rate, calculated on the estimated population at the present time is 17·4. The death-rate of London generally, during the same period, according to the Registrar-General's returns is 20·7 per 1,000 of the population. The mortality during the corresponding periods of the last ten years ranged from 216 in 1864 to 328 in 1869—the actual average being 286·6. 133 of the deaths were of children less than five years; and 71 were of persons sixty and upwards. These returns are satisfactory.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 26, 1873.

THE QUESTION OF DOSES.

IT would appear that the question of how dangerous doses, as they have been called for the sake of distinction, ought to be prescribed is almost as far from a satisfactory settlement as before the late case drew attention again to the precautions which dispensers have been accustomed to take. We have more than once mentioned the question, and offered practical suggestions, and have given publicity to the recommendations of the Pharmaceutical Conference, accepting them all, except one, as reasonable. We are glad to observe that our medical contemporaries have endorsed similar views, and with so much agreement prevailing, it is surely time for these or similar resolutions to be carried out. Delays are dangerous in many things, and when we come to talk of dangerous doses, surely there ought to be no great difficulty in adopting a practice that all pronounce proper, and that is in other countries imposed by law.

The London College of Physicians has a peculiar responsibility in this matter, and we hope that the enlightened President will not hesitate to bring it before the fellows. The College requires its fellows and members to append their initials to their prescriptions, and this has been until now interpreted as meaning that they should add their initials *only*, though it is clear that a complete signature would include such initials. On the Continent physicians and surgeons alike are compelled by law to sign in full all prescriptions, and in this country it is the custom for surgeons to do so. What is proper for Sir Wm. Fergusson and Sir J. Paget cannot be improper for Sir Wm. Jenner and Dr. Burrows. It is, therefore, we think, for physicians in the position of the latter to say whether they are willing to adopt the practice of their surgical brethren. It is but fair that the wishes of pharmacists should be allowed due weight in a case like this, and those wishes have been expressed in a decided manner. It seems to us really trifling to say that only initials are to be permitted, when everyone knows that it is the general practice to write prescriptions on paper having the prescriber's address embossed at the head, and sometimes with the very sensible request at foot to bring the prescription at any future visit. Could the full signature be more inappropriate?

We are desirous of reiterating our opinion that the continental plan might be advantageously imitated still further. It is the custom to write both prescriptions and letters on paper having at the upper left-hand corner the full name and address of the writer embossed in very small letters—*not* coloured. This is not obtrusive, and has several advantages, one of which is that the name can always be deciphered, a point that is worth the consideration of not a few in the profession.

Unfortunately, signatures have assumed such strange disguises that it is not unfrequently impossible to say what they are intended for; and physicians have never been notorious for the legibility of their handwriting. We speak from much experience. We are often unable to reply to correspondents because we cannot make out their names and addresses, and the pharmacists have many stories to tell on this subject. Let our suggestion be adopted, and all would so far be well; a prescriber could be identified without making inquiries that might excite suspicion, or marking the prescription in a manner that might alarm patients, who would be sure to find out the meaning of unusually placed initials. For this reason we should prefer to emphasise any important dose or drug by underlining it rather than adding the initials after it. We have, indeed, very often done this as it is, and hope the confession may not shock our venerable College. When the new Pharmacopœia was introduced, it was common to indicate it by putting "B. P." at the head or foot, and we have often emphasised preparations by underlining one of the words, thus:—

Acid. hydrocyanici diluti.

This distinguishes the preparation from Scheele's, often kept in shops, and leaves no excuse to the dispenser.

In regard to unusual doses we have acted similarly on several occasions, and the intention can be made obvious enough in this way, even when using the signs ʒ and ℥, but these are certainly less distinct than words, and we have accordingly adopted the plan in very important cases of writing the full words instead of the sign, or when that has been hastily made, of adding them in a parenthesis after it, thus:—

Tinct. digitalis, ℥ss. (unciam *semisse*).

It has been suggested to us by a leading pharmaceutist that it would be better still to write the words *in English* after the sign, thus:—

Tinct. digitalis, ℥ss. (half an ounce).

There is no objectien to this except that English in the middle of a Latin prescription might excite the attention of the patient.

Taken in its integrity we believe our plan would give satisfaction to all. It has, moreover, this advantage, that only the example of a few leaders is needed to make it at once adopted. Surely there can be no objection to the name and address stamped in the modest manner indicated. It is less obtrusive than the flaming colours of the monograms or crests that often appear with the address on prescriptions or note paper, and with it the initials alone would suffice, and the custom of the College of Physicians remain unaltered.

We hope our able President will take it into consideration. If he were to place in the way we have indicated his *name* and address on his paper, every one would follow the example, and we venture to assert that it would be no more *infra dig.* for him to do so than for the Presidents of the Academies of France and Germany.

The pharmacists think that facility of communication is of the highest importance, and unless we do something they will be asking for a law. We believe they would be quite satisfied with the plan we have proposed, and they are quite justified in asking it. At the same time, we cannot conclude without observing that prescribers should not altogether ignore the propriety of writing legibly, and when dangerous doses are ordered this is of the utmost importance.

THE TESTIMONIAL MANIA.

We regret to have to revert once more to the Testimonial Mania of the day. Scarcely a week passes without a further indication that our proposal for the establishment of a Mutual Presentation Plate and Testimonial Society will soon be accomplished. The recognition of bashful retiring merit will certainly become universal, and every member of a society formed on the mutual principle will find himself elevated upon a flaming brazen pedestal. A small knot of men get together and chat over the merits of some personal friend, and forthwith it is at once proposed to start a testimonial. For why, they argue, should such manifold excellences be hid in cold obscurity and remain unrecognised or unrecompensed? The latest move in testimonials is in the direction of Berlin, where it is proposed to erect a memorial to a late Professor, to whom it is alleged ophthalmology is greatly indebted.

Those who look about for unrequited merit to raise testimonials to, need not go to the Continent for the display of their philanthropy. The pioneers in this branch of surgery lie covered by English soil, and it would appear are forgotten by those who promote a testimonial to Graëfe. But if the work of our countrymen is forgotten at home, it has not been quite so badly treated in France, as Dr. De Wecker's "Monograph on Iridectomy," just published testifies. Dr. De Wecker reminds us that it is now nearly a century and a half since Cheselden and his master, Thomas Woolhouse, first devised the operation for artificial pupil; that he made an opening in the iris which is scarcely inferior to any later operation in the value of its results. Cheselden described his operation in the Philosophical Transactions of 1735, and the iris knife he figures is still very much employed. His pupil, Samuel Sharp, a surgeon of Guy's in 1739, made some improvement both in the knife and the manner of making the artificial pupil; he also published a description of his operation, "which," he says, "is not yet much known in the world." In 1756 Heuerman completely modified Cheselden's method, and employed a double-edged lance-shaped knife with which he penetrated the cornea and made the artificial pupil. Thirteen years later Guèrin devised another plan of performing the operation that of cutting out a piece of the iris with scissors. Janin, a little later, 1772, published a "New Method of making an Iridectomy." This he did with scissors, which he introduced through an opening in the cornea made with a cataract-knife; "a section like that used in his time for the extraction of cataract." "I then," says Janin, "raised the section made in the cornea with a curette, which I held in my left hand while the right was furnished with bent scissors, one blade of which was pointed; having plunged it into the iris, I directed the point of the instrument upwards, and made my section in one stroke; this wound formed an artificial pupil in the shape of a crescent, and about two lines and a half in width." Janin devised another method of iridectomy, and this had the merit of having perfectly mastered the conditions most favourable for the establishment of an artificial pupil by simple incision of the iris.

The danger of iridectomy could not have escaped one who had so fully studied the advantages and mastered the dangers of the operation; and these he clearly points out in his treatise. On the whole, no recent modification of the several operations of Cheselden, Sharp, Guèrin, and Janin has effected much more brilliant results. We do not deny that the further improvements effected by Wenzel, Beer, Maunoir, Gibson, Mackenzie, and a host of well-known men in this country deserve equally to share our gratitude and admiration, but to pretend to say that the work of one man more especially entitles him to be crowned with laurels than another, is, in our opinion, certainly going much too far.

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Notes on Current Topics.

Poisoned by Homœopaths.

When we mention the subject of homœopathy, the organs of that sect are too apt to grow angry. On several occasions they have bestowed a considerable amount of personal abuse on the Medical Press, for brief articles or notes on events; though when we some time since published an elaborate series of articles they were discreetly silent. What can they say now that several cases of poisoning by so-called homœopathic medicines have been discussed publicly at the Clinical Society of London. Dr. George Johnson recounted three cases of poisoning from the use of the "concentrated solution of camphor," which is more than seven times as strong as the British Pharmacopœia preparations. Dr. Johnson remarked upon the notorious fact that many of the disciples of Hahnemann have passed from the irrational and ludicrous extreme of infinitesimal dilutions to the dangerous extreme of the greatest possible concentration of active and poisonous drugs. There is an obvious risk that this concentrated solution of camphor may be mistaken for the much weaker solution of the British Pharmacopœia, or the yet weaker essence of camphor, which is often used to make camphor julep. Far be it from us to wish to impugn the good faith of all who have embraced the dogma of Hahnemann; but we do hope that the facts will not be blinked, and that not a few will have their eyes opened to the deceptions that appear to have been perpetrated.

An Abuse of Medical Journalism.

The Editor of the *British Medical Journal* may, perhaps, profit in future by a friendly hint which we give him, in advising him either to dispense with the services of his Dublin Correspondent, or else to exercise precaution in giving publicity to the statements of that subordinate. A fortnight since—on his authority—a spiteful and entirely undeserved sneer against one of the surgeons of the Richmond Hospital was allowed ventilation in our contemporary's column.

We have now to protest against the publication of a paragraph in reference to a recent appointment in the City of Dublin Hospital, which is not only a tissue of untruth, but is personally malicious. We will not do the medical staff of that hospital the injustice of reprinting the statement. It may suffice for us to say that the informant of the *British Medical Journal* displays ludicrous unacquaintance with the facts. He misstates the name of the surgeon who made the vacancy; falsely puts forth that there were few candidates for the succession, misrepresents entirely the monetary arrangements, and ends by omitting altogether the name of the successful candidate, and designating a gentleman who never had a chance.

If the Journal of the British Medical Association considers it proper to allow a malicious person to make such uses of its columns, it ought, at least, not to permit itself to be made ridiculous by complete ignorance of facts, with which every Dublin practitioner—except our contemporary's special—was conversant.

Infection in Schools.

One of the difficulties to be met by School Boards will be that of defining the condition in which a pupil, recovering from infectious diseases, may return to their school. This is just now the subject of serious consideration in one of the large metropolitan proprietary schools, where a pupil, certified by the family attendant as quite recovered has been the means of communicating measles to those seated on either side. One of these, after a week's absence has returned to the school, and, it is feared, will be a focus of infection. When we consider the serious consequences carelessness in this respect may entail it behoves medical men to be exceedingly cautious in giving certificates of health.

A Barometric Test of British Gullibility.

Some official figures recently published show that during the financial year, 1872-73 (ending March 31st, 1873) stamp duty was paid on 12,731,753 packets, boxes, &c., of patent medicines. The number is considerably above a million over that of the preceding year. The stamp duty amounted to £95,812 19s. 7½d., while the Excise duty on vendors reached £7,283 15s.

Health of Westminster.

The seventeenth annual report of Dr. Edwin Lankester, F.R.S., medical officer of health and food analyst for St. James's, Westminster, has appeared.

The general condition of the parish in 1872 was satisfactory. The deaths for fifty-two weeks of 1872 were 655. This is the smallest death-rate that has been recorded for any year since 1866. This number, however, includes the death of a large number of individuals who have died in the workhouse, who had been brought from the parish of St. Anne's, Soho; if these be deducted, a still smaller bill of mortality is presented.

The average death-rate of the parish for the last sixteen years has been 14 a week; whilst during the year 1872 they did not reach on the average 12 a week. The whole number of lives saved, as against the average deaths of the parish, which has been 730, is 110.

The death-rate is therefore but 1 in 55 of the whole population, or 19·6 in the 1000. Although not a death-rate incapable of diminution, it shows a considerable decrease in the mortality of preceding years. It also shows very favourably in comparison with the death-rate of all London for 1872, which was 21·5 in the 1000.

Comparing the death-rate of St. James's with other cities and towns in England in 1872, out of seventy of the largest cities and towns in England there are only seven that presented a lower rate of mortality, and these were Cheltenham, Hastings, Maidstone, Chatham, Reading, Oxford, and Colchester. The mortality of St. James's, Westminster, with its crowded courts and streets, and overcrowded Berwick street division, was less than that of Brighton, Devonport, Southampton, Chester, Worcester, York, Tynemouth, Exeter, Gosport, or Plymouth. Its death-rate is also less than that of any of the great cities of Europe, whose statistics are supplied to the Registrar-General.

Patent Medicine Vendors.

An action for libel was lately brought against an American paper by a Dr. Ryan, a patent medicine vendor. Judge Brady, of New York, before whom the case was tried, gave the following opinion :—

1. "A medicine that claims to be an antidote, but is not, is calculated to deceive, and is a fraud."

2. "The seller of a drug or medicine, who vends it with an unqualified statement of its efficiency, must take the consequences if his representations be untrue."

3. "That men should be held to a strict accountability who attempt to practise on the credulity of the afflicted."

The *Canada Lancet* says—We fully concur in this interpretation of the law, that any man who buys a nostrum advertised to cure a certain disease, and is made worse, or is not cured, can bring suit and recover damages from the vendor of said nostrum.

Sudden Death of Dr. Frith, of Nenagh.

It is our painful duty to announce the sudden death of Dr. Frith, which occurred at Nenagh on Saturday week. The deceased gentleman had been attending to his professional duties, and was, apparently, in his usual health up to seven o'clock, when he was seated at his parlour fire, conversing cheerfully with a friend. Suddenly he asked for hot water in which to place his feet, and scarcely had the words passed his lips when he fell back in his chair, unconscious. All the medical gentlemen in town were speedily at his side, but all efforts to restore him to consciousness were unavailing, and about half-past eleven o'clock he breathed his last. Dr. Frith, who was in his sixty-eighth year, and unmarried, was one of the oldest and most successful physicians in Tipperary, and had been for more than twenty years the medical officer of the Nenagh prison.

The Metropolitan Free Hospital.

It is satisfactory to a journalist to find that on a great question he is at one with other representatives of the craft. We regard the conduct of the committee of the Metropolitan Free Hospital, to which we last week directed attention, as deserving of the reprobation of all enlightened men, and we are glad to see that our medical contemporaries have echoed the sentiments to which we gave utterance.

We have received up to the time of writing this, no statement from the five members of the staff who agreed to the resolution we regard as so injurious to the Profession, nor from those members who did not join in it. We think that both owe some explanation to their professional brethren, and hope it may not be long delayed.

The conduct of the committee ought to be brought before a general meeting of the governors, and we trust that these latter will not suffer themselves to be made parties to conduct which tends to bring their institution into contempt.

A Tumour Heavier than the Rest of the Body.

We often receive histories of remarkable cases in our American exchanges, and have not seldom cited them. Dr. James L. Taylor lately reported to a medical society the case of a child only seven months old with an enormous abdominal tumour. He watched the case throughout, and was permitted to make an autopsy. The following account of the case is from the *Clinic* :—

"Early in July I was called to see a female child about seven months old, whose mother gave me the following history : About two months before, she noticed a tumour in the epigastrium, which increased rapidly in size, and extended downwards towards the umbilicus. She stated that it was bottle fed, drank large quantities of milk, and was a little fretful, but otherwise did not seem much sick. Though its appetite was voracious, it was constantly emaciating, while the tumour augmented. The parents seemed anxious to impress upon my mind their own conviction, viz., that the tumour must be an overgrown stomach, or some other internal reservoir created and developed by the child's insatiable greed, that it was filled with the accumulating deposits of the cheesy or curdy products of the vast quantities of milk consumed, and unless something was speedily done for its relief, that 'its little belly would burst open.'

"When I first saw it, the tumour filled the abdomen, its bulk lying in the left lumbar region, while a small lobe distended the right hypochondrium. It was firm, or rather semi-elastic, everywhere dull on percussion, except over the track of the colon which lay in front of it, and usually tolerant of manipulation. The superficial veins of the abdomen were but slightly enlarged considering its enormous distension. For two months longer the morbid growth increased rapidly, when, at the age of nine months, the child died of inanition. Its appearance at that time had become truly hideous. Its frame was in a condition of extreme emaciation. The face was wrinkled and haggard, and wore the peculiar *old* look described by authors. Its whole appearance vividly recalled to mind Dr. Kane's graphic description of the sick Esquimaux child in the polar regions, especially that portion of it in which the lower part of its body was likened unto a huge pumpkin with two sticks stuck into it.

"An autopsy was held eighteen hours after death, Drs. J. M. Warren and M. K. Moxley assisting. The circumference of the body at the umbilicus measured 23½ inches, midway between the umbilicus and xyphoid cartilage 25½ inches, and around the epigastrium 26 inches. Distance in the median line from the xyphoid cartilage to the os pubis, 13 inches. On section a little straw-coloured serum escaped from the abdominal cavity. The tumour was found slightly adherent to the liver, the colon, the mesentery, and abdominal walls. The intestines, except the colon, were pressed down into the pelvic cavity. All the viscera, thoracic and abdominal, were normal in appearance except the kidneys. The left kidney was greatly enlarged—large enough for a subject eight or ten years old, and healthy in appearance. The remains of the right kidney adhered to the tumour, a small portion of the cortical substance being all that was left of it. The ureter could not be found. The diseased mass evidently originated at the hilum of the kidney, involving the ureter, no doubt, at an early period, and gradually encroached on the remaining substance of the kidney until only a trace of it was left. The tumour proved, upon examination, to be encephaloid. It weighed nine pounds, and was larger than the remaining body of the child. It consisted of three lobes nearly equal in size, containing so much fluid as to destroy its value as a morbid specimen. No uræmic symptoms supervened at any time during its growth, and no family history of cancer could be traced.

"The chief points of interest in the case are (1) the extraordinary size of the morbid mass, and (2) the difficulties in the way of establishing a diagnosis. It is extremely rare to meet with tumours as large as the body of the subject; but in this case the morbid growth was actually the larger of the two, and we have presented the extraordinary phenomenon of a child only nine months old, stunted in growth, and emaciated to the last degree, carrying a tumour exceeding in weight the average contents of the female uterus at full term!

"Then with reference to the diagnosis, the situation of the tumour appearing first in the epigastrium, extending thence towards the umbilicus and down into the left lumbar region, and subsequently a lobe protruding with great prominence into the right hypochondrium, was well calculated to mislead the most expert diagnostician. It is true that no chemical or microscopical examination of the urine was made, but the ureter being occluded, no doubt early in the disease, it is probable that these tests would have thrown no light on the case. That the growth was malignant and probably encephaloid in character, almost anyone would have surmised. But to have located its precise origin in this case, even with all the helps that modern research has brought to our assistance in the study of physical diagnosis, it seems to me would inevitably have baffled the highest skill."

Swallowing a Bell.

It has often been a moot question as to what sized foreign body would be capable of passing through the alimentary canal, and being discharged *per rectum*. In the last *Indian Medical Gazette* an interesting case bearing upon the question is reported by Mr. Higginson. He reports that a child of four years of age put a "ghungree" (a little brass bell such as is commonly attached to ankle ornaments) into her mouth and accidentally swallowed it; the child at once ran to her father and told him what had happened: as she felt as if the thing had stuck halfway, the father made her eat a piece of bread to force it into the stomach. Application was then made to him for a purgative. He directed the parents not to give any medicine whatsoever, but to keep the child quiet, and give her a hearty meal of her ordinary food, in order that the foreign body might haply get surrounded by feculent matter, and so pass through safely. Next day the child complained of pain in the belly, and soon after had a motion, in which the "ghungree" was found imbedded.

The bell is three quarters of an inch long, and an inch and a half in circumference round its middle; it tapers towards each end, to one of which is soldered a little ring, the other being cleft to admit of a small stone.

The last weekly report of the Irish Registrar-General informs us that scarlatina has been gradually and steadily increasing in frequency and mortality within the last seven weeks. The deaths from that cause in each week are recorded in progressive ratio as follows: 7, 9, 12, 13, 5, 10, 17. This increase in the number of deaths is remarkable, inasmuch as we believe that the epidemic is generally of a mild type.

The next evening meeting of the Pharmaceutical Society of Great Britain will be held on Wednesday, December 3rd, 1873, at eight o'clock.

The verdict last week in the case of the spiritualist who suddenly dropped dead at a *séance*, as reported in our last, was "death by the visitation of God."

Smallpox, of a malignant type, has made its appearance in a low-lying district in Londonderry, in the heart of a poor and populous locality. There have been two deaths. The malady is said to be of the hæmorrhagic character.

We understand that Mr. Gladstone, Junior, and two commissioners are now in Ireland, prosecuting an inquiry into the relative expense of maintenance of the Dundrum Central Criminal Asylum, and that at Broadmoor. The commissioners held an inquiry at the Dundrum Asylum on Tuesday last.

A foreigner, named Maskell, who arrived from Rotterdam last week, was received into the London Hospital suffering from true Asiatic cholera. He died about an hour after admission. As he had only been on shore for forty-eight hours, and did not show any symptoms of the disease for some time after landing, it may reasonably be hoped that the further spread of the poison may be prevented.

At the last meeting of the Metropolitan Court of Common Council, on the motion of Mr. Medwin, after a short discussion, it was referred to the local government and taxation committee to inquire under what circumstances part of the *corpus* of the estates of St. Thomas's Hospital is proposed to be applied to purposes of current expenditure, and whether such proposed alienation of part of the endowments of the hospital is legal, reporting thereon to the Court.

The announcement of the vacancy of the King's Professorship of the Institutes of Medicine in the Dublin School of Physic has been made, and on Friday, the 13th February, the president and fellows of the King and Queen's College of Physicians will proceed to elect, pursuant to the provisions of the School of Physic Act, 40 George III., cap. 84, and Amendment Act, 30 Victoria, cap. 9. The emoluments of the professorship consist of £100, paid annually by the College, of fees for clinical lectures in Sir Patrick Dun's Hospital, and of certain other fees regulated from time to time by the College of Physicians. Candidates must send in their names on or before the 1st February.

The Royal Society.—The elections of the officers and Council of the Royal Society will take place on the 1st of December next, and after the election the Fellows of the Society and their friends will dine together at Willis's Rooms. We believe that the following list of officers will be proposed:—*President:* Joseph Dalton Hooker, C.B., M.D., D.C.L., LL.D. *Treasurer:* William Spottiswoode, M.A., LL.D. *Secretaries:* Prof. Stokes, Prof. Huxley. *Foreign Secretary:* Prof. Williamson. *Other Members of the Council:* Sir George Biddell Airy, K.C.B.; Sir B. C. Brodie, Bart.; *Professor*

Arthur Cayley, LL.D.; John Evans, Sec. G..; *Daniel Hanbury, Treas. L.S.; Nevil Story Maskelyne, M.A.; Prof. James Clerk Maxwell, M.A.; C. Watkins Merrifield, F.R.S.N.A.*; Joseph Prestwich, V.P.G.S.; *Andrew Crombie Ramsay, LL.D.*; Rear-Admiral G. H. Richards, C.B.; *Prof. Rolleston, M.D.; J. S. Burdon Sanderson, M.D.*; William Sharpey, M.D., LL.D.; Francis Sibson, M.D.; Major-Gen. R. Strachey, R.E., C.S.I. We print in italics the names of the Fellows who were not Members of the last Council, from which it will be seen that medicine is likely to be reinforced by the addition of Drs. Rolleston and Sanderson. After the anniversary dinner, those present will be invited to adjourn to the new apartments of the Society at Burlington House, which will be opened in the evening for the reception of the Fellows at 9 o'clock, when tea and coffee will be served.

Literature.

A TREATISE ON THE PRINCIPLES AND PRACTICE OF MEDICINE (*a*).

ON this side of the Atlantic most of us are aware of the great energy and activity displayed by our brethren of the profession in America; and this applies equally to medicine as to surgery. The late Civil War, too, would seem to have added to this zeal; for, from the numbers engaged, it could not but follow that an immense field was opened up, of which the medical officers were ready to avail themselves; and this has been confirmed by the formation of museums of great pathological interest, of which we have heard much, as well as by the publication of a number of essays and papers, all of which were the direct outflow of the war. In addition to these, however, we have, of late years, even more than the ordinary number of medical and surgical works, representing all the departments of medicine; and one of these is the well-known work now before us. We call it well-known as it has already reached the fourth edition, a fact, sufficient in itself, to stamp its value. And yet it has ever seemed to us a great venture for any one person to undertake the writing of a complete practice or medicine. We may be mistaken on this point, but we think it next to impossible that any one mind can gather up such an amount of medical knowledge and experience —for these are very different things—as will enable him to write a complete work. Hence it is that we know of none in which there does not appear to us to be more or less of what is known as compilation. Some we could name seem to us to be entirely so compiled. In others (and the work before us is an example of these) the author speaks from a large experience, and his work bears the impress of it. But we must add that portions of it seem to us to be inferior; in other words, his experience has not been so large as to enable him to write *ex cathedra*. We fear, too, that with the immense advances which are being made in medicine, the difficulties are increasing every day in writing a complete work. Lectures, clinical and otherwise, papers, and essays we have in abundance, and of the very first quality; but no work on the practice of medicine, with which we are acquainted, and written by one individual, can be named in which a high quality is sustained all through; and we repeat that, for ourselves, we do not expect it. With these few introductory remarks we shall now proceed to notice some of the points of importance which have struck us in the volume before us.

The author begins the work with a short but well-written account of the changes which the several textures of our frames are liable to. Thus we have hypertrophy, atrophy, induration, softening, &c., spoken of in concise terms; and this is followed by the more direct effects of disease, as, for instance, fibrinous exudation, carcinoma, scrofula, tubercle; and then those changes which are known as degenerations, such as the fatty, waxy, and calcareous. Of these we shall only notice at present the morbid product known as tubercle, into the consideration of which our author enters at greater length than any of the other morbid products. The great attention which, within the last few years, has been given to this substance will justify us in dwelling on this topic, the more so as many of the German physicians, with Niemeyer at their head, have promulgated views which we believe to be erroneous. We were very glad to find our author opposes these views strenuously, and pertinently observes that the question is not one of theory, but of clinical observation. We need not tell our readers that the German school, with a few of the profession in these countries, have recently stated that the views taught by Laennec, as to the formation of tubercle, are incorrect, and must be given up; and on the other hand, that inflammation is the starting-point, without which no tubercle would be formed; and that this inflammation is of the nature of broncho-pneumonia. From these last views we have said our author dissents, and gives the most potent, and, as it appears to us, unanswerable reasons for so doing. It would be out of place to enter into this discussion here; and we must therefore refer our readers to the author's arguments, not only while speaking of tubercle as the morbid product of a certain diseased state of the system, but also when discussing phthisis as a disease. Our author is, we believe, the first writer of good repute who has not hesitated to oppose the views of the late Niemeyer, and, as we have just said, with a force of argument which seems to us unanswerable. This subject we would not have dwelt on did we not consider it one of the greatest practical moment, and bearing directly on practice.

After speaking of the morbid changes which affect the more solid portions of our frames, the author enters at some length into the diseased conditions of the blood, and to these belong an excess or diminution of the red globules; excess of the white corpuscles; increase or the contrary of the fibrine, and the same of albumen; the presence of sugar in the blood; the diminution of the saline ingredients; the presence of too much urea and uric acid, &c. On all these points the reader will find a concise and accurate account, and, as we believe, on a level with the most advanced knowledge of the day. Besides these points, however, we have a chapter on what the author calls indeterminate blood changes, in which he shows, we think conclusively, that there are, or rather must be, a number of alterations in the vital fluid which are the causes of those diseases known as constitutional, such as the tuberculous, carcinomatous, &c. Of these states, he rightly observes, very little is as yet accurately known, and their investigation opens up a wide field for inquiry.

A very interesting chapter on the etiology of disease follows, and in it the reader will find a brief allusion to the latest discoveries made as regards the existence of vegetable or animal organisms in the blood or elsewhere, as well as the results which follow from their presence. It would certainly seem as if we were approaching a time when the causes of at least some diseases, about which there hangs so much obscurity, were being ascertained. The researches of Salisbury in particular seem to us of the greatest moment, though we are aware that others too have worked in the same field.

Then follow chapters on Symptomatology, Diagnosis, Prognosis, and Therapeutics. In all of them will be found sound practical remarks; and there is but one subject to which our author calls attention, on which we would make a few remarks,—we mean the question how far diseases have changed their character within the last forty or fifty years. Our author thinks there are no real grounds in support of this idea. To a certain extent we venture to differ from him, and would refer to the writings

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(*a*) "A Treatise on the Principles and Practice of Medicine; designed for the Use of Practitioners and Students of Medicine." By Austin Flint, M.D., Professor of the Principles and Practice of Medicine and of Clinical Medicine in the Bellvue Hospital Medical College. Fourth Edition, carefully revised. Philadelphia: Henry C. Lee, 1873. Pp. 1,070.

of the famous Sydenham, who taught that the same diseases did differ materially at different epochs, and required, in consequence, varied treatment. The mistake which we believe has been made on the point has arisen from supposing that it is the essence of the disease itself which has changed; whereas it seems to us it is the human frame which has changed, and is constantly changing. Did our space allow, we could give a number of facts which would confirm this view of the question. We shall, however, only here observe that it is notorious how much all the fevers vary from time to time—typhus, small-pox, scarlatina, measles, &c., afford examples of what we mean. Scarlatina will at one period be a very plague, and, again, so mild as scarcely to cause a death. Now it seems to us it is in the highest degree improbable that it is a change in the essence of the disease which causes these varieties. Nature is more uniform in her laws. On the other hand, it is known the health of the community varies much. A striking example of this is afforded where there is famine, to the effects of which the masses are exposed. Here the diseases which so constantly ensue are known to vary in a very marked way, and whether it be fever, or dysentery, or scurvy, it is all the same. A retreating army is notoriously unhealthy; and so of other causes which might readily be named. It is enough, however, for our present purpose to draw attention to the point, and to show the reason why diseases do, in one sense at least, at different periods vary, and consequently will demand different treatment; and those who jeer at physicians for the difference of treatment only prove that they do not know what they are talking about. With these remarks we end what we have to say on the first or introductory portion of the work; but we do not consider it incumbent on us to notice in detail the several diseases which are described subsequently. The descriptions of each seem to us concise and to the point; indeed, some of them are probably too much so. We might instance, as an example of this, the chapter on Fatty Degeneration of the Heart, which occupies only three pages. This is surely not enough space to devote to such an important affection, and one which the advancing knowledge of the day proves to be of such frequent occurrence, not only as a disease *per se*, but as complicating so many other diseases, both medical and surgical.

Before concluding our notice of this volume, there is one point to which we would call attention in connexion with the natural history and treatment of acute rheumatism, about which our readers must be aware a very considerable difference of opinion exists at the present time. Our author claims—and we believe he is justified in claiming—priority in describing the natural history of the disease, that is, in ascertaining the duration of the affection when left to itself. This was as far back as the year 1862. Subsequently Sir W. Gull and Dr. Sutton gave a number of cases in which no treatment was used. But here a discrepancy arises, which we confess ourselves quite unable to solve. Our author makes the average duration of the disease twenty-six days, whilst the London physicians make it just one half, or, more correctly, somewhat under this. How are we to explain this? It can scarcely be that there exists any such difference of the disease between this country and America. Acute rheumatic fever is an affection which is wonderfully uniform in its course, possibly more so than any other acute disease. It is just possible the two parties may differ, and materially too, on the question of what constitutes convalescence. What one might consider this state another might not. For ourselves, we have seen many cases which had got no treatment till the tenth day, and they certainly showed no sign of the disease declining, though, from the very nature of the affection, the patients had been confined to their beds; so that we consider our author as much nearer the mark than the London physicians. As to the idea, too, that we have no power over the duration of the disease, we do not entertain it for a moment. Unless we disbelieve our senses, the disease can be materially shortened by treatment; and on this point we are entirely in accord with Garrod, Fuller, and our author. But it would be out of place here to enter on this part of the subject.

It was our intention to have noticed some other matters which caught our attention in looking over this volume; but we find we must draw our remarks to a conclusion. We cannot do so, however, without expressing a very high opinion of the value of this work. Though the descriptions of the various diseases are short, they are all to the point, and what must be considered practical. The author has evidently kept up with the increasing knowledge of the day. With such a conviction on our minds we confidently recommend this book to the favorable notice of our readers.

AN EASY INTRODUCTION TO CHEMISTRY (a).

Of good text-books on chemistry, there has of late years been no lack, and where there are so many equally good, the student is at some loss which to select. Most of these works, however, although excellent in their way, are yet chiefly intended for those who have made some progress in, or at any rate gained some idea of, the science of chemistry. Elementary books, intended simply to teach the first rudiments, and give the learner some idea of the science and its scope, have been more scarce. The work before us is of the latter kind. It is based upon a "First Book of Chemistry," by Dr. Worthington Hooker, published in America. It professes to be simply an introduction to the science, and is intended for the use of those who wish to acquire an elementary knowledge of the subject, and for families and schools. It aims by describing the properties of some of the elements and their compounds, to convey information in respect to changes likely to interest young persons of an inquiring and observant turn of mind. The titles of some of the chapters will give some idea of the book: Oxygen—The Air—Combustion—Animal Heat—Alloys and Amalgams—Acids—Glass and Earthenware—Wood—Chemistry of Animals, &c. Its range will be seen to be sufficiently extensive for a small volume of thirty-two chapters (200 pages). The work is printed in clear type, and the illustrations are pretty good. Some of them might have been a little larger. The frontispiece, representing the interior of a chemical laboratory, is rather too sensational for a book on a scientific subject. The work is rather unequal in its treatment of the subject, some parts being rather too diffuse in explanations, whilst in others scarcely enough is given. It is, however, pretty fair on the whole, and is, in so far as we have examined it, correct in its facts and experiments. The student who has carefully been through this little volume, and mastered the chief of it, will have, at any rate, the satisfaction of knowing that he has nothing to unlearn, and if he have understood it all, can scarcely fail to have some idea of the science of chemistry, which may, perhaps, stimulate him to pursue the subject farther.

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Correspondence.

THE SOLIDS AND FLUIDS, AND *VICE VERSA*.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—The solids and fluids have had a dispute as to which caused disease, or whether in reality it was or was not entirely "*ab externo*." As both parties stoutly denied the accusation, a council was held by a party totally disinterested in the point at issue, and a President was elected to hear what each party had to say, and if possible decide the dispute. We will hear the Solids first, said the President. I therefore call upon the Arteries to explain.

(a) "An Easy Introduction to Chemistry." Edited by the Rev. Arthur Rigg, M.A., late Principal of the College, Chester. With numerous Illustrations. Rivington's, London, Oxford, and Cambridge. 1873.

Sir, said the Arteries, we beg to deny the charge *in toto.* Our duty is very plain; we carry the blood to the most remote and intricate parts of the body; we have nothing to do with its component parts; we cannot, therefore, see how such a charge could be sustained. Next come the Veins and General Absorbents. Sir, we beg to observe that we are rather unpleasantly situated; as far as we are personally concerned we repudiate the charge, but the duty we have to perform is quite another thing. We do our utmost to select the best and purest portion of that which the arteries deposit, for our own and separate special uses; but sometimes the arteries leave behind them—not that they are themselves to blame—such impure matter, that very often we are perplexed whether to take it or leave it; if we do occasionally take up any impurity, I cannot see that we are to blame; we are always very hard worked, too frequently get exhausted, and not being able to do our duty fairly, we must leave behind us not only much which we ought to take up, but a vast amount of what would be highly injurious if we did; if in doing our duty we are the cause of disease, the fault does not lie with any of us personally. The Nerves come next. We have merely to say, Sir, that we are not concerned in this dispute. Our duty is most painful, and we are but too often harassed to death in its performance. The bare idea of such a charge is hurtful to our feelings. We keep a good look out, give warning upon the instant, but we repel the charge with indignation. The Lungs are next. That there is a general murmur against us, Sir, we freely admit, yet we do not knowingly cause disease. We are often taken into atmospheres in which our very existence is risked. Our supply of air is not at all times pure, at least such as we could wish; but when it is charged with poisonous effluvia, what can we do? Although we deny that we are the cause of disease, we fairly admit that it is forced through us; and though we cough until we are almost ready to burst, it is of no use; we are dragged everywhere, and we must submit. We do our duty, but we cannot help the consequences. The arteries often leave behind them stuff which fills up our cells, and renders us unable to do our duty conscientiously, yet we cannot admit we are personally to blame.

We shall hear what the Blood has to say. There is a great cry out against me, Sir, I know full well, but you will please to observe that I am not my own master. I am fed from different sources, and I am compelled to take what I get. I have no choice; and if there is anything impure in my composition, you know who to blame. My purveyors are not very particular. I beg, therefore, to refer you to them for anything you may find amiss in my composition; give me a pure supply and you will have no fault to find. It is very strange, said the President, there must be fault somewhere; perhaps the Purveyor-General can throw some light upon the subject. You mean me, said the Stomach. Of course, replied the President. I know very well, Sir, that I am the common receptacle, and that you want to place the whole weight upon my shoulders, and I dare say you are not far wrong; but please look at the treatment I receive. I get no rest, and I am filled with all sorts of compounds, and crammed to such an extent, that sometimes I am almost ready to burst, and before I have finished one mess another is pitched into me; fat pork, caoutchouc cheese, and poisoned beer or sour cider. Prince or peasant, it is all the same; from soup or fish until the dessert is finished—what a compound will I have received! But when the fermentation process commences, if my gastric juice is not in full vigour, look out, 'tis awful. I swell prodigious! By-and-by I am knocked up, and then the cry is, Oh! I am "out of order." What put me out of order? Sometimes I do not know what I am doing. I feel full of fire! I am obliged to hold all sorts of fluids. I get no fair play. And please, Sir, recollect that I myself do no harm, therefore blame the "Crammer" and "Filler." I get no fair play. I see, I see, said the President, you go, each and all of you, upon the "*ab externo*" principle. I believe you are right; if you are brought into the world healthy, it certainly is not your fault when anything goes wrong—that is, I mean as far as each of you is personally concerned. Keep the blood pure, and see that nothing poisonous gets into it.

I cannot blame the Lungs for receiving poison from the atmosphere, nor can I blame the Stomach for sending impurities into the blood, and these are the simple facts which this dispute has tended to explain, and I trust it has answered a good purpose, as it is essentially necessary to know what we are about when we attempt to cure disease, and we certainly ought to know what the disease is in before we begin; yet there are thousands and tens of thousands making the attempt without knowing what they are doing. Look at the disease called Fever. Is it a substantive disease? Where is it situated? Has it a locality? What are you attempting to cure? The Fever? Where is it? If it is not in the solids, the arteries, &c., it must be somewhere. Is the blood not poisoned more or less in all cases? Is there not a difference in poisons as well as in their virulence? The poison which produces ague will not cause typhus. Supposing it is in the blood, and not knowing what it is, how will you remove it? This is not the only obscure disease. There is tubercle in a lung, about which there is at present, I believe, much discussion. It is necessary to have some knowledge of its component parts, but that is not exactly the point; the question is, how did it get there? and then how are we to get it away or remove it? Was it deposited by atmospheric atoms, or by the blood? The same questions may be asked respecting granular deposits. If a tubercle will suppurate, I think we might term the disease "phthisis confirmata."

I remain, Sir, your obedient servant,

ALEXANDER LANE, M.D., R.A.

Clun, Salop.

P.S.—The Soft Solids individually and collectively beg to add that the charge made against them in their personal capacity is a mere speculative theory, based upon no known principle, and unsanctioned by any well-known facts, and therefore they await patiently until some facts are adduced to substantiate the charges. A. L.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—Will you kindly inform me by means of your valuable journal. According to the new examination scheme, the licence in surgery of the Royal College of Surgeons in Ireland can be obtained at the termination of the third year of medical study. Will it be necessary to attend lectures for *four* years in order to obtain the L K. & Q.C.P.I.

Yours truly,

A MEDICAL MAN.

[The final examination can be passed at the end of the third summer session of medical study—*i.e.*, in three complete medical years. Four years actual attendance will not be necessary.]—ED. M. P. and C.

Gleanings.

Two Cases of Fistulous Tracts Closed by the Use of Carbolic Acid.

By H. G. LANDIS, M.D., Niles, O.

I GIVE the cases in full, to show the origin of the fistula in each, and that the reader may judge of the efficacy of the acid.

Case I.—Mc— –, æt 64; has had hydrocele for a number of years; has been tapped several times; is of a very nervous temperament, and has had financial misfortunes recently, which greatly depress him, and make him unfit for any severe operation. The hydrocele is on the right side, large and increasing in size, and is so annoying that he desires to be tapped. Desiring to avoid the use of chloroform, on which he insisted (greatly dreading the pain which the former tappings had given him), I tapped it in this manner.

January 25th, 8 p.m.—The needle trocar of a hypodermic syringe was passed into the tumour, having attached to it two inches of rubber tubing. In the other end of the tubing a two-ounce syringe was introduced, and by slowly moving the piston was readily filled. It was then emptied and reapplied, and in this way a pint and a half of fluid was withdrawn in thirty-five minutes—a somewhat tedious process, but one absolutely devoid of pain and inconvenience to the patient, and to be recommended in cases where the patient is extremely nervous.

January 26th.—Feeling none of the inconvenience that the usual method of operating had always given, he had coition before rising, and then engaged in hard labour. By 1 p.m. there was a slight scrotal swelling, and a little fever, which steadily but gradually increased until the next day, when the affected side of the scrotum was as hard as a board, and considerable pain was felt in the right testicle. As the inflammation had come, it was determined to make use of it for the purpose of obliterating the sac, and cloths of lead-water and laudanum were applied to keep it in due bounds; three cathartic pills were also given, as he had no movement of the bowels since the day of operating.

January 28th.—Inflammation stationary, but he is in a depressed condition, and expresses great fear of death. No passage. Repeated pills, and gave Seidlitz powder in the morning; ordered injection p.m., which was not given.

January 29th.—Bowels tympanitic; pulse rapid; colicky pains. Gave two injections, after which there was a slight passage. The scrotal inflammation is a little less in degree, and after strapping it the pains were relieved. 8 p.m., pulse quick; paroxysms of abdominal pain. Gave chloral, gr. xl., and another injection; which produced a good evacuation.

January 30th.—Better. Tightened straps. The inflammation has been rather more severe than necessary; owing to my attention being drawn away to his general condition. The tumour is now of the same size as before tapping.

January 31st.—Complains of continual thirst, with dry tongue. This was relieved by a few doses of ol. terebinth. and acid. carbolic., but reappeared every few days for some time.

February 1st.—Took off straps and applied a narrow roller bandage fastened to a belt around abdomen. By this contrivance the compression was made more effective, and the size of the tumour diminished somewhat. For the next week he had symptoms of the formation of pus. Pulse 90 a.m., 100 p.m. Slight hectic fever, and a tongue kept moist only by the means already alluded to. The depression of spirits was also continued.

February 18th.—Having made no headway by compression, and finding the reaccumulation of fluid evident, tapped in the same manner as before, and drew off about a pint of fluid, which was slightly turbid. This was followed by much improvement in his general condition. The swelling was found to be mainly composed of the thickened walls of the scrotum (at least an inch in thickness), and the cord and testicle were also greatly enlarged by deposits of lymph.

On the 23rd the same procedure was attempted, but this time the contents of the sac were almost entirely pus and flakes of lymph. A small incision was made, through which the pus did not flow freely, and the walls were so thick that a sufficiently large opening would have necessitated an external wound of such size as to alarm the patient. A flexible catheter was therefore introduced, and the cavity pumped out. This was subsequently repeated several times, a pledget of muslin being packed in the wound *ad interim*. Tinct. iodine was applied externally, and subsequently an ointment of iodine and belladonna. Under this course the size of the sac and its pus-producing tendency were diminished very gradually, until in March there was only a fistulous tract extending anteriorly from the centre of the right side of the scrotum (the situation of the incision) to the opposite wall of the sac just above the testicle, and apparently the sac-walls had entirely coalesced except along this tract. Occasionally the external wound would heal up for a day or two, and pus would collect, and occasion considerable distress to the patient until the wound was reopened. This existed until the middle of April, when I resolved to syringe out the fistula with a one per cent. solution of carbolic acid. This was done by passing a small flexible catheter to the bottom, and gradually withdrawing it while the solution was forced in by the apparatus detailed above. This was done every other day for a week and a half. At the end of this time it had permanently closed. Three ounces of the solution was the whole amount used. In another month the parts were of normal size. As the fistulous tract has been maintained for over a month without change I certainly think that the solution was curative in its action.

Case II.—J. S., æt. 21; after exposure was attacked by catarrhal inflammation of the right ear, which was stopped in two or three days by injections of a solution of sulphate of zinc. In a few days he went on a spree, and the otitis reappeared. This time the inflammation was not so tractable, and, becoming a little impatient, he yielded to his friends, and had a large blister applied behind the ear and extending down the neck several inches, by an "eclectic medicine man." Finding that he only gained an additional disease by this move, he applied to me again to heal the blister. When this had been half accomplished, the discharge from the ear diminishing at the same time, he again fell into the clutches of the eclectic, who applied caustic potassa to the neck, two inches below the mastoid process, and burnt out a hole an inch and a half in diameter, and a half-inch deep after the slough was removed. This was followed by diffuse inflammation of the cellular tissue, and burrowing abscesses following the fascia in several directions. In a few days the patient mustered up courage to return to first principles, and with much bodily remourse, if not mental, requested me to finish the affair. By this time the ear was nearly well, and we had only the eclectic disease to treat. Several fistulous tracts radiated from the wound, of which the longest extended upwards of three and a half inches, passing behind the mastoid process and touching the periosteum of the occipital bone. This was in a week the only one remaining. Poultices, ointments, washes of divers sorts, and probings, were resorted to; as in the first case, it would close externally, pus would collect, and it would reopen. After a month's failure to diminish its size in any way, I resorted to the injection of a 1 per cent. solution of carbolic acid, passing a very small flexible catheter to the bottom, and attaching a syringe, as in the first case. Four applications were sufficient. In one week from the beginning of this treatment the neck was well.

These tracts will often form after inflammations of cellular tissue, and if the solution here recommended prove as generally successful in the future, it furnishes us with a much more prompt and less painful remedy than we have heretofore possessed.

Syphilitic Enteritis.

(By Dr. Ernst Schwimmer, of Pest. [*Orvosi Hetilap*, 1873, No. 18. Condensed by Hirschfeld, in *Medi. Chirurgical Rundschau*, July, 1873.] Translated for the *Detroit Review* by J. Henry Carstens, M.D.)

The patient, a well developed girl six weeks old, had a maculous syphilide, which disappeared after appropriate treatment. Until the fifth month the child remained well; at this time, however, an apparently slight intestinal catarrh developed.

The discharges were copious, at first greenish and slimy, here and there streaked with blood; later of a dirty gray colour, and finally rice-water like. Vomiting at the beginning of the disease rare, during the continuance, however, frequent.

The diagnosis was enteritis folliculosa, the prognosis doubtful, as the child was very much emaciated. After two months continuance of the disease, a diffused, ulcerated syphilide appeared. During the anti-syphilitic treatment (sublimate baths, ointment of hydrarg. prec. alb., and protiodide of mercury internally) the skin disease rapidly healed, and the intestinal symptoms lessened in such a remarkable degree that in three weeks the child was entirely cured.

Schwimmer concludes that the intestinal affection of the child was of a syphilitic nature (child had hereditary syphilis, the father being syphilitic one year before its birth), not only on account of the syphilide, but as the symptomatic treatment of the catarrh at the beginning of the disease increased the same, and only after a thorough anti-syphilitic treatment a rapid and complete cure took place.

Syphilitic affections of the digestive tract (only those of the œsophagus and colon have been noticed by former observers) are somewhat rare, only lately has more attention been paid to them.

The diagnosis of a syphilitic affection of the intestines can only be supported by syphilitic symptoms in other organs, as the skin, &c.

The intestinal affection has no characteristic symptoms, neither the character of the discharges, nor any of the other symptoms prove a correct diagnosis. This explains why all cases of intestinal syphilis in children were only established by *post-mortem* examinations. Pollak (*Rundschau*, 1870—540) mentioned, however, that intestinal catarrh is one of the most frequent complications in children suffering with hereditary syphilis during the early months.

In a case observed by Meschede, the patient, æt. 36, suffered with different syphilitic affections, and complained of severe pain, that could not be relieved, in the region of the stomach. After death fifty-four circular ulcers were found in the small intestines.

In a case observed by Oser (*Rundschau*, 1873—No. 101) constipation existed. One case of syphilis, treated by Cullerier, died with profuse diarrhœa. The examination revealed throughout the whole extent of the colon, partly fresh and partly cicatrised, ulcers. The stomach and small intestines were intact.

The same observer, in three other cases of persistent syphilitic diarrhœa, gained by means of anti-syphilitic treatment (also clysters of iodide of potassium) complete and rapid cures.

Nervous Diseases of Women.

In an article on Nervous Diseases of Women (*Archives of Scientific and Practical Medicine*), Dr. Wm. B. Neftel says: In concluding this article on nervous diseases of women, I wish to allude to some etiological and therapeutical peculiarities as regards diseases of women generally. Much has been said already with reference to the irrational mode of women's clothing impeding the functions of the organs of the thoracic and abdominal cavities, and predisposing to different diseases. It is to be regretted, however, that this subject should have been discussed mostly by social reformers, moralists, or by advocates of a special cure of female diseases. The only competent judges in this matter are the physicians, and the most decisive arguments for the discussion must be derived from *post-mortem* examinations and from experiments. In this respect we possess some facts that may serve as a basis for further investigation. I have seen at the autopsies of women in Virchow's Pathological Institute some specimens of livers presenting remarkable deformities in consequence of tight lacing. Such a liver bears the name of corset-liver (Schneurleber), and illustrations of such deformities can be seen in Frerich's classical work on diseases of the liver. This malformation must necessarily interfere with the normal functions of this important organ, and must be followed by chronic and incurable derangements of the digestion and of the circulation in the system of the portal vein, with all their consequences.

In 1863 I made a considerable number of experiments on animals in the laboratory of Prof. Harley, in the University College, London, which I continued, in 1867, in the Pathological Institute of Prof. Virchow. Though the object of these experiments was to study the effect of a slight but continuous impediment of the respiratory movements upon the development of affections of the lungs and heart, I found that the effect of the pressure was still more pronounced in the abdominal organs, especially the liver and kidneys. I have not yet published the result of these experiments, and give here the following extract from my note-book :—

Rabbits cannot bear even a very slight compression of the trunk by a bandage. Their respiration becomes accelerated, the conjunctiva congested, and they invariably die, sometimes after twenty-four hours. May 22nd, 1867, I applied loosely a bandage around the thorax and abdomen of a rabbit. The animal died May 26th. I found the liver and kidneys very much congested. In the liver, especially on its convex surface, numerous white spots, from the size of a pin's head to that of a pea, very resistant and retracted. There were, besides, psorospermia.

May 29th, 1867, a similar bandage, but still looser than the former, was applied to a well-nourished and vigorous rabbit, which, nevertheless, died June 11, being much emaciated, and the liver and kidneys very much congested.

May 30th, 1867, I applied a very loose bandage around the thorax and partly around the abdomen of a female dog. During the first fortnight no perceptible change could be noticed in the animal; afterward it grew thinner, and coughed, which I ascribed to the irritating influence of the air of the chemical laboratory where the dog was kept. It died July 4th. At the *post-mortem* the blood was found very thin and dark, the heart dilated, the lungs emphysematous, a hæmorrhagic infarction in the spleen, and the small intestines contracted, the liver and kidneys congested, the epithelium of the latter fatty, degenerated, &c. In cases where the compression by the bandages was minimal, and the animal survived a longer time, the kidneys presented the appearance of Bright's disease in its first stages.

Perhaps it is worth mentioning that high-heeled shoes are very injurious, by excluding certain groups of muscles from participating in walking, and over-exerting other sets. Backache in the lumbar region is apt to follow after wearing such shoes for a considerable length of time.

That irregularities in the sexual functions play an important part in the etiology of diseases of women is well known to physicians.

I was told that not unfrequently ice-water is injected into the vagina immediately after sexual intercourse, with the object of preventing conception. Two ladies who were in the habit of so doing are suffering from large fibroid tumours of the uterus; others are affected with chronic metritis and extreme nervousness.

The injurious effect of the intense and sudden cold upon the sexual organs during their increased activity may easily account for their disorders. Moreover, admitting the development of tumours from local irritative processes, we can also explain the origin of the fibro-myomata in the above cases.

In treating chronic diseases of women, especially nervous disorders, we have to bear in mind the important influence of muscular exercise upon the healthy condition of the whole economy. The accumulated products of tissue-metamorphosis act in a deleterious manner upon all the vital processes, especially producing a depressing effect upon the muscular and nervous system, and a feeling of exhaustion. Ranke has shown that these so-called exhausting substances (ermudende Stoffe), as lactic acid, carbolic acid, &c., abolish the irritability and electro-motor properties of the muscles. Their effect can be neutralized by injecting blood through the blood vessels into the exhausted muscles. In the living organism it is the alkaline blood and lymph that act in the same beneficial way. The circulation of blood and lymph facilitates the removal from the muscles and nervous apparatus of these effete substances, and their final elimination from the system, after which these organs regain their irritability and other electro-motor properties. Thus we see persons tired and prostrated without any muscular activity, feel refreshed and vigorous in walking, and the more so the more they continue to take exercise.

Furthermore, the neglect of exercising and developing the muscles, which constitute the largest part of the body, is followed by other injurious consequences for the whole organism. During muscular activity a large amount of blood circulates in the muscles, thus relieving and facilitating the circulation in the internal organs. On the contrary, when the muscular system is inactive, the circulation is impeded in the viscera, which become congested and their veins dilated. This is frequently the case with the system of the portal vein; hence the passive congestions in the abdominal organs, especially in the sexual organs of women.

Again, the development of the muscular system increases also the energy of the heart's action, thus facilitating the circulation generally; whereas want of muscular exercise weakens the heart and retards the circulation.

It is, therefore, obvious that those methods are irrational, which, in the treatment of chronic diseases of women require prolonged rest and muscular inactivity, and that much may be gained by any mode of treatment that admits of muscular exercise.

Lacerations of the Perineum.

(Extracted from Dr. Wm. Goodell's "Report on Obstetrics," in the "Transactions of the Medical Society of Pennsylvania," 1873.)

In the treatment of lacerations of the perineum, the utility of the immediate closure of the wound is becoming more and more appreciated by the profession. The loss of every fibre of muscle in the perineum entails a corresponding loss of power in the floor of the pelvis, and a consequent impairment to the reproductive organs. The sustaining power of the vaginal column depends upon the integrity of its perineal abutments. It is the tonicity of the vaginal walls, and the pelvic connections of the womb that mainly keep that organ in place. These, in a case of torn perineum, may not at once yield, but will sooner or later; for air gains access to the womb, irritating and congesting it to such a degree that it will ultimately prolapse from an acquired hypertrophy. Unless, therefore, the laceration is simply cutaneous or very slight indeed, it should not be left to nature. Further: it is far more rational to take advantage of the necessary confinement in bed after delivery, and to close the wound at once while its edges are fresh and the maternal soft parts are comparatively numb and insensible, than to postpone the operation to a time when the woman shall be nursing, when the cicatrised parts shall demand quite a formidable operation for their denudation, and when a special confinement in bed for two or three weeks will be needed.

Our own method is, immediately after the delivery of the placenta, to pass deeply two or more wire sutures, securing each one by merely twisting its ends together. In bad rents, the first stitch is entered half an inch below the lower angle of the wound. When the sphincter ani is torn, the cutaneous points of entrance and of exit of the needle should then be on a level with the lower margin of the anal orifice. This purses up the tissues from below upwards and secures complete coaptation. Enough opium must be daily given to keep the bowels bound for a week.

On the eighth day, as recommended by Dr. D. H. Agnew, teaspoonful doses of castor oil are given every four hours until an inclination to go to stool is urgent, when an injection is given to liquefy the contents of the lower bowel. In severe lacerations the woman's knees must be kept bound for a week, and her urine drawn off for three or four days. On the third or fourth day—but not earlier, lest the process of immediate union should be interrupted—vaginal injections of weak solutions of carbolic acid or of the permanganate of potassa are made twice in twenty-four hours. Our own rule, with regard to the sutures, is to remove each one as soon as it becomes loose without reference to any special time. This method of treatment both in the immediate operation, and in the secondary operation after the cicatrized parts are denuded, we can warmly recommend, as we cannot recall a case in which we failed to secure a very good union of the parts. It should, however, be stated, that in secondary operations, we always use superficial sutures between the deep ones, aud clamp the latter with shot, following essentially the plan laid down by Dr. Agnew.

From our own experience and from what we have seen of the practice of others, we have long been convinced that the forceps is the common cause of most of the severe lacerations of the perineum. Even in comparatively easy cases, an instrumental delivery of the head will often occasion an unseen rent in the mucous surface of the vagina, which the passage of the shoulders extends through the perineum. In the *American Journal of the Medical Sciences*, January, 1871, p. 77, we used the following language: "Delivery by the forceps, even in skilful hands, will often produce laceration; for the head is liable to be brought down too quickly upon the unprepared soft parts, and it becomes a very nice point indeed to determine the exact moment when delivery may be ended with impunity. The most cautious physician is liable to be caught, as it were, 'on the centre.' He sees the perineum stretched out to the thinness, and the fourchette almost cracking under the strain. In doubt whether the moment has arrived to raise the forceps handles and turn out the head, or to depress them and thus restrain its advance, he wavers, and in a twinkling the fibres part. On the other hand, the impatient physician is tempted to turn out the head before the parts are sufficiently dilated. Finally, what is still more frequent, *hinc mihi lachrymæ*, at the last moment the physician's courage fails him, and he depresses the forceps-handles just as the head has begun to emerge; a course equally fatal to the integrity of the perineum." More than two years has elapsed since the above was written, but this enlarged experience has served to confirm us in the opinion that, other things being equal, as soon as the perineum is well distended, the forceps should, as a rule, be removed, unless the withdrawal of the blades requires a force which might hasten the delivery.

This opinion is, we are glad to find, entertained by Prof. Olshausen, who gives the same advice that we have given, and for the same reason (*Sammlung Klinischer Vorträge von Volkmann*, No. 44, 1872). Dr. T. Addis Emmett also contends that a bad laceration of the perineum "is the result generally of instrumental delivery;" whilst as early as the middle of the last century, Abraham Titsingh, of Amsterdam—*acris homo et litigiosus*, as Haller calls him—pointed out this tendency of the forceps to injure the perineum. As an additional warning, we may mention the fact that, not very long ago, a well-known accoucheur was dismissed from his attendance upon an imperial family, because such an injury had happened to one of its members, whom he delivered with the forceps.

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Medical News.

Royal College of Surgeons of England.—The following gentlemen, having passed the required examinations for the diploma, were duly admitted Members of the College on Tuesday and Wednesday last:—

Aspinall, Henry M., L.R.C.P. Edin., Fleetwood.
Benson, Percy H., M.B., Whitby, Yorkshire.
Brayn, Richard, Market Drayton.
Chadwick, George James, L.R.C.P. Edin., Portland.
Clunn, Thomas, L.S.A., Pembroke.
Conolly, Beaumont R. (late 72nd Highlanders), Kilburn.
Day, Edmund Overman, L.S.A. Hemel Hempstead.
Dixon, Henry G., Dublin.
Douglas, Claude, Ilkley, Yorkshire.
Elliot, Frederick H., Andover, Hants.
Fenton, George F., San Remo.
Firth, Charles, M.B. Lond., Norwich.
Gibbings, Ashley, Chichester.
Gould, Thomas, L.R.C.P. Edin., Halesowen.
Grant, John, M.D., Ontario, Canada.
Greet, William Ambrose, L.S.A., Penton place.
Hawton, James W. H., L.S.A., Devonport.
Hosking, William H., L.S.A., Ross, New Zealand.
Houghton, Walter B., Tottenham court road.
Hunt, Richard, Leeds.
Kesteven, Leighton, Holloway road.
Keyworth, George Hawson, L.S.A., Wellingley, Yorks.
Lechler, Henry, M., M.B., Newcross.
Lloyd, Morgan, Carmarthen.
Lowe, Charles H., Burton-on-Trent.
Lush, William Henry, West Lavington, Wilts.
Mason, Henry William, Cirencester.
O'Brien, James Octavius, L.S.A., Henfield.
Parson, Henry, Clapham.
Philps, Vincent, Ongar, Essex.
Pilkington, William B., L.S.A., Crawshabooth.
Pocock, Walter, Brixton road.
Pyburn, George Wilkinson, Hull.
Rigby, James A., L.S.A., Preston, Lancashire.
Sheard, William, L.S.A., Croydon.
Vincent, Henry Bird, L.S.A., East Dereham.
Walmsley, Francis H., Manchester.
Watson, Percival H., Newcastle-on-Tyne.
Whittington, Charles Edward, L.S.A., Tuxford, Notts.
Whittle, Edward George, Whitehaven.
Wilcox, Henry, M.B., St. Neots, Huntingdonshire.

Honorary Fellows of the Medical Society of London.—At the meeting held last week, before the commencement of the business of the evening the following gentlemen were elected Honorary Fellows of this Society:—Prof. Virchow (Berlin), Prof. Von Langenbeck (Berlin), Dr. N. Gueneau de Mussy (Paris), Dr. Duchenne (Boulogne), Dr. Ollier (Lyons), Prof. Chaureau (Lyons), Sir Wm. Jenner, F.R.S., Sir James Paget. F.R.S., Dr. Arthur Farre, F.R.S., Dr. Burrows, F.R.S., Dr. Stokes, F.R.S. (Dublin), Sir R. Christison (Edinburgh), John Hilton, Esq., F.R.S., and Professors Owen, Tyndall, Huxley, Rokitanski (Vienna), Von Scanzoni (Wurtzberg), Hebra (Vienna), Helmholtz.

The Inner Life of Plants.—A most valuable and interesting discovery was communicated to the Royal Society, on Thursday night, by Professor J. Burdon Sanderson, M.D., F.R.S., who gave an account of his recent discovery respecting the electrical phenomena which accompany the irritation of certain leaves. It is a well established fact that electric currents occur in animal muscle, but it has not hitherto been demonstrated that a similar principle pervades the vegetable world. The doctrine of protoplasm and the fundamental agreement as to the cause of contraction in all living substances is much affected by this new discovery, and it is not at all unlikely that the contracted substance both in muscle and in vegetable tissue may be proved to be protoplasm. Anyhow, it throws considerable light upon the nature of contractile substances in general. Professor Sanderson was led to investigate in this direction from a conversation he had with Mr. Darwin last summer; his experiments are simple, and can easily be repeated and verified. The opposite ends of a living leaf of dioncea are placed on non-polarizable and connected electrodes. A reflecting galvanometer of high resistance is inserted in the circuit, and a deflection of the magnetic needle results, plainly indicating that a current is passing from the proximal to the distal end of the leaf. If, instead of the leaf, the leaf-stalk is placed on the electrodes, a current is again observed, only running in an opposite direction. If, the leaf being so placed on the electrodes that the normal leaf-current is indicated by a deflection leftwards, a fly is allowed to creep into it, it is observed that the moment the fly reaches the interior (so as to touch the sensitive hairs on the upper surface of the lamina) the needle swings to the right, the leaf at the same time closing on the fly. The fly having been caught, does not remain quiet in the leaf; each time it moves the needle again swings to the right, always coming to rest in a position somewhat further to the left than before, and then slowly resuming its previous position. The same series of phenomena present themselves if the sensitive hairs of a still expanded leaf are touched with a camel-hair pencil. In experimenting on an open leaf there is this peculiarity, that no effect is produced unless an interval of from 10 to 20 seconds has elapsed since the preceding irritation. After each stimulation the leaf is, as it were, exhausted, and requires time for a process of restitution. This is a characteristic point, showing that, similar though the process be in both animal and vegetable matter, it is not exactly the same. The period of latent stimulation is one-hundredth of a second in muscle, but one-third in the plant—that is, if the expression may be used, the leaf takes 30 times as long as muscle to consider before it will allow itself to be stimulated to renewed action.

The Medical Education of Women.—On Friday last a deputation consisting of the president, honorary secretaries, and members of the council of the Obstetrical Society of London, had an interview with Mr. Stansfeld, on the subject of the present position of this country with regard to the education, training, examination, licensing, registration, and supervision of midwives. The deputation consisted of Dr. Tilt (president of the society), Drs. Philips and Aveling (hon. secretaries), Dr. Hall Davis, Dr. Madge, Dr. T. Chambers, Dr. Brunton, &c. Dr. Tilt said it was not necessary for him to speak before the President of the Local Government Board on the general results of the extraordinary neglect in this country of care in the parturition of the lower classes, for a state of things existed here which was not to be found in any other civilized country. In addition to other evils he would draw attention to the great excess of mortality among women and children, as well as a great deal of preventable disease arising from unqualified women, who were thoroughly incompetent, practising as midwives. This had to do with the Government and the State, as by the mortality of mothers young families were thrown upon the parishes for support, and by the mother being rendered incapable of work, has often happened, mother and family were together thrown upon the rates. Thus a vast expense, far above anything like an expense which would be entailed by the education, examination, and licensing of these women, even if the whole expense should be borne by the public, fell upon the public purse. He stated that the Royal College of Surgeons would not interfere in this matter, and that the society represented there desired only to see something done in this important matter; and though they had no desire to have the matter in their hands, would give every assistance, either in providing examination boards or otherwise, to see carried out what their experience had abundantly proved to them was necessary for the public good. At present, women, he said, were practising upon diplomas granted by individuals, and the people were thus misled into trusting women who had no qualifications for the office of midwives. In answering to Mr. Stansfeld, the deputation said the giving of these individual diplomas was strictly unprofessional, and that they led to the most harrowing results of blundering ignorance. Mr. Stansfeld entered into a long conversation with Dr. Tilt, and said that he thought he was not departmentally responsible in this matter, it coming within the province of the Privy Council office, yet he took an interest in the matter. Other points were pressed upon the President of the Local Government Board, and he, in reply, said he was favourable to the training, education, examination, and licensing of women in this important sphere, but he was not favourable to the class being kept at one standpoint—namely, that they should be midwifery nurses only. He thought women who had the qualification and means should be allowed to go a rank higher without undergoing a full medical examination. He said he would place the matter before Lord Aberdare, and he advised that the deputation should also consult that department. The deputation then thanked Mr. Stansfeld and retired.

Opening Meetings of the Dublin Societies.—The opening meetings of the Medical Society, and the Obstetrical Society, were held last week, a considerable number of visitors being invited by the Councils of each Society. In the Medical Society an inaugural address was delivered by Dr. Duncan, President of the College of Physicians, and a communication was read by Dr. Foot, on "Chromidrosis." In the Obstetrical Society, Dr. Evory Kennedy occupied the chair, and delivered an address. We hope to publish abstracts of these addresses in our next.

Elections at the Royal College of Surgeons of Ireland.—An election of a Member of Council in room of Mr. Robert M'Donnell, and a Surgical Examiner in room of Mr. Tufnell, took place at the Royal College of Surgeons in Ireland on Monday last. For the office of Councillor four candidates presented themselves — Mr. John Hamilton, of the Richmond Hospital, Mr. Smyly, of the Meath, Mr. Tyrrell, of the Mater Misericordæ, and Dr. Bigger. Mr. John Hamilton was elected. For the office of Examiner, Mr. Robert M'Donnell and Dr. T. C. Little were candidates, of whom the former was elected.

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NOTICES TO CORRESPONDENTS.

FEBRIFUGE AND SEDATIVE QUALITIES OF SAL-AMMONIAC.

To the Editor of the Medical Press and Circular.

Sir,—Apropos of the article in the last number of your paper under this heading, I beg to say that I have used that salt for the last five or six years, with almost invariable success, in the treatment of neuralgia, tic doloureux, sciatica, and lumbago. I have also found it very valuable in acute rheumatism, and generally prescribe it in half drachm doses, repeated every two or three hours, until the pain is relieved; I sometimes add twenty minims of tr. hyoscyam. to each dose, but the addition is not necessary. Most of my patients at first object to the taste of the salt, which is not improved by any combination, but generally end by saying it is better than the pain. I consider it an invaluable remedy in the treament of the different nervous affections named above, and think the knowledge of its usefulness cannot be too widely diffused.

I am, &c.,

W. F. Greene, M.B.

218 Old Kent Road, London, S.E. 19th Oct., 1873.

Sneezing Extraordinary.—In a letter to the *Western Lancet*, and reproduced in the *American Clinic*, Dr. Y. A. Winn says: "I will mention a very singular case—singular to me, at least. A gentleman informs me that when prompted to sexual intercourse he is seized, immediately prior to the act, with a fit of violent sneezing; not unfrequently even the *thought* of coition produces this effect. The gentleman being married, we are at a loss for a satisfactory remedy. Fortunately, his wife has never *apparently* noticed this peculiarity. If she should, and he did much sneezing in the presence of other ladies, even *sneezing* might be a sufficient ground for divorce."

L. D. S.—The anæsthetic recommended by Dr. Richardson, is manufactured and sold by Messrs. Robbins and Co., 372 Oxford Street, London. We know of no pamphlet upon the subject. The manufacturers will probably be able to give you all necessary information.

The Circular Treatment of Disease.—Peripateticus, the facetious correspondent of the *Students' Journal*, tells an amusing story upon this feature of specialism, which runs thus: A Yankee doctor recently went to settle in a remote village in a Western State. On the first night of his arrival he was sent for to attend a sick child. After minutely examining the little sufferer, he said to the anxious mother: "This hayr babe's got the small-pox, and I ain't posted up on pustules. But I guess we'll be equal to the emergency. We must approach the case by circular treatment. You give the little cuss this hayr draught. That'll send him into fits. Then send for me; I graduated on fits."

Surgical Society of Ireland.—The first meeting of this Society will be held at 8.30 on Friday evening at the Royal College of Surgeons.

Querist.—We advise you to take no notice of the previous document.

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APPOINTMENTS.

Bourke, W., M.B., C.M., Resident Physician for the Clinical Wards of the Royal Infirmary, Edinburgh.

Beevor, J., M.D., L. & F.R.C.P. Edin., Medical Officer for the Mansfield, Southwell, and Worksop Rural Sanitary Districts, Nottingham, salary £500.

Braine, Woodhouse, F.R.C.S., as Chloroformist to Charing Cross Hospital.

Cameron. Dr., Analyst for the City of Limerick; £25 for one year.

Campbell, J., M.D., Assistant-Surgeon to the Leith Hospital.

Daniel, J., L.R.C.P. Ed., House-Surgeon to the Leith Hospital.

Doran, A. H. G., M.R.C.S.E., an Assistant in the Museum of the Royal College of Surgeons, England.

Dudfield, T. O., M.D., Public Analyst for St. Mary Abbotts, Kensington.

Leonard, M.R.C.S., House-Surgeon to the Charing Cross Hospital.

Macpherson, G. G., M.B., House-Surgeon to the Chichester Infirmary.

Madeley, G. S., M.R.C.S.E., a Surgon to the Ardwick and Ancoats Hospital and Dispensary, Manchester.

Mulcahy, P., F.R.C.S.I., Medical Officer and Public Vaccinator for the Ballinamore Dispensary District of the Bawnboy Union.

Russell, H., B.A., M.B., C.M., Resident Surgeon to the Clinical Wards of the Royal Infirmary, Edinburgh.

Smith, J. A., M.R.C.S.E., House-Surgeon to St. Peter's Hospital, London.

Stack, T., M.B., L.R.C.S. Ed., Resident Surgeon to the Richmond Hospital, Dublin.

Thomas, B., L.R.C.P. Edin., Medical Officer for the Llanelly Rural Sanitary District.

VACANCIES.

King and Queen's College of Physicians. King's Professorship of the Institutes of Medicine. Emoluments £100 per annum, paid by the College, together with fees from Sir Patrick Dun's Hospital, and others from the College of Physicians. (See advt.)

Ripon Dispensary and House of Recovery. Resident Medical Officer. Salary £100 per annum. Applications to the Honorary Secretary.

Conway Union. Medical Officers for the Creuddyn District. £75 per annum. Llandudno District £80 per annum, and the Colwyn District £45 per annum. Applications to the Clerk of the Board at Conway.

Gainsborough Union. Rural Sanitary Authority. Medical Officer of Health. Salary £150 per annum. Address T. H. Oldman, Esq., Gainsborough.

Wycombe Union. Medical Officer for the Woburn District. Salary £29, with extra fees.

St. George's Dispensary, London. Physician-Accoucheur. Honorary.

Hospital for Women, Soho Square, London. House-Physician. Honorary.

Samaritan Free Hospital for Women, London. Surgeon, out-patients.

Metropolitan Free Hospital. House-Surgeon. Board and residence; no salary.

Sunderland Infirmary. Senior House-Surgeon. Salary £80 per annum; board and residence.

Kent County Lunatic Asylum, near Maidstone. Two Assistant Medical Officers. Salary £130 per annum each. Address Messrs. Beale and Hoar, Maidstone.

Marriages.

Barnes—Barnes.—On the 20th inst., at the parish church of Dean, near Bolton, Henry Barnes, M.D., of Carlisle, to Emily Mary, daughter of the late Thomas Barnes, of Cheetham Hill, Manchester.

Paterson—Conran.—On the 19th inst., at St. Thomas's Church, Upper Clapton, Walter H. Paterson, M.D., of Brigg, Lincolnshire, to Mary Agnes, second daughter of Edward J. Conran, Esq., of Templeogue, Dublin.

Tate—Hetherington.—On the 11th inst., at St. Stephen's, Dublin, Robt. Tate, M.D., Surgeon 2nd Regiment, to Lucy Emma, daughter of the late George Hetherington, M.B.

Deaths.

Burford.—On the 17th of Nov., at Eastbourne, Robt. W. Burford, M.R.C.S.E., late of Camden Road, aged 42.

Dicker.—On the 11th of Nov., at Liverpool, P. H. Dicker, L.S.A.L., late of Oswestry, aged 63.

Grantham.—On the 14th of Nov., John Grantham, F.R.C.S.E., of Crayford, aged 72.

O'Connor.—On the 7th inst., Wm. H. O'Connor, L.A.H.D., of Richmond Street, South, Dublin.

Taylor.—On the 19th of Nov., at Bootle, near Liverpool, Alexander Douglas Taylor, Esq., M.D., Deputy-Inspector-General of Hospitals, aged 62.

Watts.—On the 14th of Nov., at West Hackney, Robert Watts, M.R.C.S.E., formerly of Clifton, aged 72.

Advertisements.

TO PARENTS of STUDENTS in MEDICINE.—The Surgeon to a Dublin Special Hospital, is prepared to receive a Student to reside in his family, for whose entire education he will arrange if desired.—Apply to G. F. B., Office of the Medical Press, 23 Ely Place, Dublin.

MEDICAL EDUCATION.—An Ophthalmic and Aural Hospital Surgeon in Dublin, is prepared to receive the Son of a Gentleman as a Pupil, who will reside with him, for whose Medical and Surgical studies he will arrange and superintend, and whose education, in his own special department, he will himself undertake.

The Pupil will have the advantage of extensive Hospital Practice in Eye and Ear Diseases and Operations.

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KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.

Pursuant to the Provisions of the School of Physic Act, 40 George III, Cap. 84, and Amendment Act, 30 Victoria, Cap. 9.

NOTICE IS HEREBY GIVEN, that the KING'S Professorship of the Institutes of Medicine is vacant, and that on FRIDAY, the 13th FEBRUARY, 1874, the President and Fellows of the King and Queen's College of Physicians, at the COLLEGE HALL, in KILDARE STREET, DUBLIN, will proceed to elect a King's Professor of the Institutes of Medicine.

The emoluments of the Professorship consist of a sum of £100 (late Irish currency), paid annually by the College, of Fees paid by each person attending the Professor's Clinical Lectures in Sir Patrick Dun's Hospital, and of certain other Fees regulated from time to time by the President and College of Physicians.

The King's Professors are not permitted to act as Medical Officers in any Clinical Hospital other than that of Sir Patrick Dun.

All persons intending to offer themselves as Candidates, must send in their Names, the Places of their Education, the University at which they have taken their Medical Degrees (if any), and the Places at which they have practised, on or before the 1st FEBRUARY, 1874, to Dr. J. MAGEE FINNY, Registrar of the College of Physicians; and to the Rev. Dr. CARSON, Registrar of Trinity College, Dublin.

(Signed) J. MAGEE FINNY, M.B., Dub.
JOSEPH CARSON, D.D.,
Registrar of Trinity College, Dublin.

Dublin, 10th November, 1873.

ROYAL MEDICAL BENEVOLENT COLLEGE, Epsom.—Notice is hereby given that an extraordinary General Meeting of the Governors of the College will be held at the Office of the College, 37 Soho Square, London, on Tuesday, the 2nd of December next, at 3 o'clock precisely, when the following Resolution will be proposed by the Council:—

"That from Easter next the charge made for the sons of medical men residing in the College, except the exhibitioners and the Surrey Society's scholars, be increased to the extent of £3 a year for those under fourteen years of age, and £6 a year for those of fourteen years of age and upwards."

In order to give effect to the foregoing Resolution, if adopted by the meeting, and to adapt the Bye-laws to the admission of boarders in the head master's new house, it will also be moved by the Council:—

"That in the second line of the second Bye-law of the College, after the word 'admission,' the words 'unless under special circumstances allowed by the Council' be inserted; and that in the second paragraph of the same Bye-law the last two sentences, beginning 'other pupils,' be altered to the following form:—'Other pupils, the sons of medical men, shall pay (subject to the reservation hereinafter mentioned) £48 a year if under fourteen years of age, and £51 a year if fourteen years of age and upwards, for the like advantages. Pupils not the sons of medical men and boarders in the head master's house shall be admitted on such terms and subject to such regulations as shall be from time to time sanctioned by the Council.'"

By order of the Council,
ROBERT FREEMAN, Secretary.
37 Soho Square, London, November 12th, 1873.

SURGICAL SOCIETY of IRELAND.—The FIRST MEETING of the SOCIETY will take place on FRIDAY EVENING next, the 28th inst.

The Chair will be taken at half-past Eight o'clock precisely.

B. WILLS RICHARDSON, F.R.C.S.I., } Hon. Secs.
JOLIFFE TUFNEL, F.R.C.S.I.,
Royal College of Surgeons, Dublin,
26th day of Nov., 1873.

DUBLIN INFIRMARY for DISEASES of the EYE and EAR, Ely Place.

Ophthalmic and Aural Surgeon:

ARCHIBALD HAMILTON JACOB, M.D.Dub., F.R.C.S., Ex-Ophthalmic and Aural Surgeon to the City of Dublin Hospital.

Consulting Physician:

EVORY KENNEDY, M.D. (Hon. Caus.) T.C.D. and Edin., Fellow and Ex-President King and Queen's College of Physicians.

Consulting Surgeon:

GEORGE H. PORTER, F.R.C.S.I.; M.Ch. T.C.D. (Hon. Caus.), Surgeon in Ordinary to Her Majesty the Queen in Ireland; Fellow and Ex-President, R.C.S.I.; Senior Surgeon to the Meath Hospital.

Obstetric Physician:

JOHN CRONYN, M.D., F.R.C.S., Examiner in Midwifery, Roy. Col. Surgeons; Ex-Assistant Physician Rotunda Hospital.

Work, Income, and Expenditure for Twelve Months, proportionately to 48 Weeks ending June 30, 1873.

Annual number of Dispensary patients	729
Number of visits paid by such patients	5,847
Number of patients within the Infirmary	124
Number of operations performed	163
Total gross expenditure per bed per annum ...	£27 15 0
Average expenditure per intern patient	1 10 6

The Infirmary is wholly dependent on private benefactions, and is in debt to the Medical Officer. Subscriptions are earnestly requested.

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THE FIRST ANNUAL REPORT.
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The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 3, 1873.

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A Course of Lectures

ON THE

NATURE AND TREATMENT OF DEFORMITIES OF THE HUMAN BODY,

DELIVERED IN THE MEATH HOSPITAL, DUBLIN, BY

LAMBERT H. ORMSBY,

Surgeon to the Hospital, and Demonstrator in the School of Surgery, Royal College of Surgeons in Ireland.

Lecture III. (*continued from page* 452).

DEFORMITIES OF THE FEET.

Talipes Valgus (Fig. 3).

The external character of this deformity may be said to be an exact contrast to varus. We find it occurring as a congenital and non-congenital affection; the congenital form, however, I may mention, is very rare, the acquired form being by far the most frequent, coming on from a varied set of causes. It goes by the common name of flat or splay-foot, as we find a certain amount of flattening of the foot in this form of distortion. In short, valgus consists in the following: The foot is very considerably everted, the heel drawn up, the toes elevated, and the weight of the body is supported upon the inner margin of the foot, which is in a complete case abducted, flexed, and rotated outwards; we also find the longitudinal and transverse arches of the foot nearly obliterated, and in severe cases completely so, which, as a matter of course, produces that flattened appearance which is very apparent in non-congenital cases.

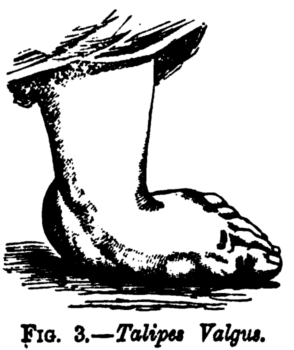


Fig. 3.—*Talipes Valgus.*

There are two modifications of this distortion, described in orthopædic works on the subject; as compound varieties, which I may mention are due—1st, either to contraction or shortening of the tendo achillis (which, when I say tendo achillis, I mean the muscles forming that tendon), producing the variety called *talipes equino-valgus;* or 2nd, to elongation of the tendo achillis, producing the variety *talipes calcaneo-valgus.*

The above subdivision, in my opinion, is very unimportant, and needs only a passing notice, as the tendo achillis is more or less engaged in every case and generally requires to be divided.

Valgus is generally produced by traumatic injuries, and, as I said before, is rarely congenital.

Mr. Adams in his work on club-foot (a) gives a very useful table which determines very fairly the degree of frequency this deformity occurs.

Table of 764 cases of congenital club-foot showing the relative frequency of congenital deformities as follows:—

Talipes varus	688
„ valgus	42
„ valgus of one foot and varus of the other.	15
„ calcaneous	19
Total congenital cases .	764

In the same table mentioned by Mr. Adams we find the 42 cases of talipes valgus distributed as follows:—

Affecting the right foot only . . .	15
„ the left foot only. . . .	10
„ both feet	17
	42

We also find two different species of deformity co-existing at the same time—viz., in one foot, say the left, we may have valgus, and in the right we may have varus, and *vice versâ.*

(a) "Club-Foot, its Causes, Pathology, and Treatment." By Wm. Adams, F.R.C.S. P. 298.

Causes of this Deformity.

As I mentioned before, it may be either congenital or non-congenital, and, as is natural to suppose, the causes giving rise to it in both cases will be slightly different:—

1st. Co-existence of other deformities of the hip or knee.

2nd. Deficient development of the tibia and fibula.

3rd. Rickets.

4th. May co-exist with spinal curvature.

5th. Relaxation of the plantar ligaments. Weak and delicate growing girls often suffer from a slight degree of it.

6th. Tonic contraction of the peronei muscles, together with the extensor digitorum communis; in fact, in nearly every case there is more or less shortening of these muscles and elongation or relaxation of the muscles passing to the inside of the foot.

7th. Diseases of the foot—scrofulous, affecting the ankle-joint.

8th. Traumatic causes—the contraction after the healing of a wound or a severe burn.

9th. May be produced by walking bare-footed, common among the lower classes, such as flat foot.

10th. Caused by paralysis of the muscles.

Treatment divided into (1) the mechanical, and (2) operative, or (3) a combination of both.

Treatment by Tenotomy.—The tendons requiring division of course depends on the severity of the case; in slight cases we find division of the peroneus longus and brevis sufficient; in others, in addition we have to divide the tendo achillis and extensor longus digitorum.

To Divide the Peroneus Longus.—This is easily done by placing the patient on the opposite side, and grasping the foot in one hand and making the tendon prominent. As it passes at the outside of the foot to get into the groove on the cuboid bone, insert the point of the tenotome flat, underneath the tendon, just below the bend of the ankle, then turn and cut from within outwards. When the tendon is cut through it is easily ascertained, as nothing arrests or resists the onward progress of the knife. A small pledget of lint on the puncture, a metallic splint bent to fit the deformity, a bandage applied, and the operation is completed.

To Divide the Tendons of the Extensor Digitorum Communis and Peroneus Tertius Muscles.—Place the patient on his back or opposite side, grasp the foot in such a manner as to render the tendons prominent, insert the tenotome about the centre of the ankle in front of the anterior annular ligament to the inner side of the extensor tendon, and having got the point of the knife well behind, cut from below upwards towards the skin until you feel the tendon completely divided. If you follow out these directions there is no fear of the anterior tibial, or more properly, the dorsalis pedis artery being wounded. Then let the same pledget of lint and metallic splint be applied and kept in the same deformed position for seven or eight days, in order to allow a lymph-like organisable substance to be poured out between the divided ends of the tendons.

After these operative measures have been practised, I am then in the habit of finishing up with some mechanical apparatus for the permanent cure of the case. I may mention that the instrument is generally more suitable; the simpler it is in its construction, as in many cases patients like to return home at the end of the operative treatment with the intention of coming to see you occasionally to see how the case is going on, and if the instrument is very complex, the object of the appliance will, in many cases, be misunderstood, and perhaps put on wrong or applied incorrectly, and the very object you are trying to see carried out will be entirely defeated, for which reason, I say, let the instrument be simple, and apply it first yourself, and show the friends of the patient the use and utility of the appliance suggested, and then no blame, if the case ever relapse, can possibly be attached to you or your instrument.

"Scarpa's shoe" often is used for the after-treatment. Although this instrument was suggested for varus, it can with a slight modification be very easily and advantageously applied to valgus. A Scarpa's shoe made for a right foot suffering from varus will do a valgus very well of the left foot, and *vice versâ*.

In all cases of severe valgus I would suggest that the treatment be divided into two stages, as in varus, viz.: 1st, convert the talipes valgus into the equino-valgus position; and 2ndly, when you have got so far, divide the tendo achillis as in varus, and bring the foot in a short time into normal position.

Stromeyer's shoe is also a useful appliance, and it can be used for varus or valgus by just altering the screw and pad in the footboard.

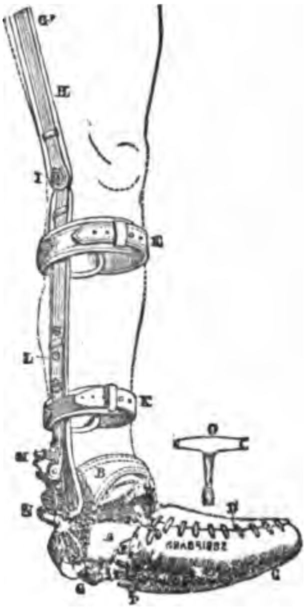


FIG. 4.

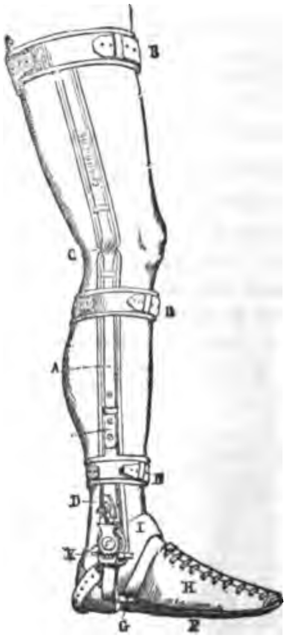
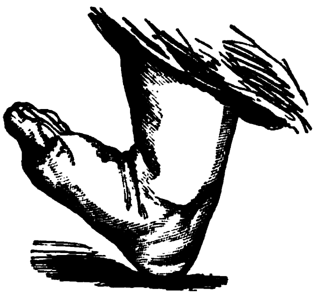


FIG. 5.

A very inexpensive and simple apparatus I am in the habit of using for cases of the kind, particularly in hospital practice—viz., an instrument precisely the same as I finish up in cases of *varus*; it consists in a boot laced up from the toes above the ankle, and a light set of irons attached to this boot, passing up at each side of the leg, and attached to the under surface of the heel, a joint in the irons corresponding to the ankle and knee, and strapped and buckled at the ankle, centre of leg, and above the knee, very much after the form of Fig. 5. This appliance I order the patient's friends to keep applied for three months, or even longer, after the tendons have been divided. In slight cases, where there is no operation required, and a slight tendency to flat foot, I order a boot with an arched sole, to induce, as it were, the plantar fascia to assume artificially the arched appearance, which, after some time, becomes permanent. In the slightest grade of valgus strips of adhesive plaster may be used with advantage, as also the gutta-percha plan, as recommended under the treatment of talipes varus. Paraffin bandages are very much used by some surgeons, also Mr. Barwell's plan, with vulcanised india-rubber bands and adhesive plaster, as also mentioned when considering the treatment of varus. Any instrument, however applied, must be worn day and night, as the permanent cure greatly depends on this point. Charriere gives two very useful appliances in his Catalogue (Figs. 4 and 5), which are very well adapted for talipes valgus and talipes equinus; they are provided with cogwheels, and a key, and ratchet-joints, and can be turned to suit nearly any distortion of the foot.

TALIPES CALCANEUS.

This form of club-foot is of rather rare occurrence, and not often met with; it consists, however, in a depression of the os calcis and lengthening or elongation of the tendo achillis, with contraction of the anterior muscles of the leg, viz., extensor longus digitorum, tibialis anticus, and extensor proprius pollicis; the plantar fascia is considerably contracted, rendering the sole of the foot concave; in some cases the person affected walks on the heel, and in advanced cases the toes are drawn directly upwards, and do not touch the ground, as in Fig. 6. This deformity is met with both as a congenital and non-congenital affection, and as the appearances and external characters of each form differ considerably, a separate description of the two varieties might be judicious.



Talipes Calcaneus (FIG. 6).

(*To be continued.*)

President's Address

DELIVERED AT THE

HARVEIAN SOCIETY[a].

BY C. HANDFIELD JONES, M.B. Cantab., F.R.C.P.,

Physician to St. Mary's Hospital, &c.

(*Continued from page* 473.)

ANOTHER and very frequent cause of failure may be traced to this,—that patients always, and not seldom their medical advisers, underrate greatly the amount of time requisite for the treatment of cases of long standing. For years and years it may be the sick have been transgressing some law of their being, and when the penalties begin to be demanded they are disappointed if the ground they have been losing so long cannot be regained speedily. Or, if by no fault of their own, but by innate infirmity, they tend inevitably to nervous system, or pulmonary or some other derangement, they are unable to appreciate how much and continued effort is required to ward off the ever-threatening danger. The inevitable relapses of chronic disease, even when real improvement is going on, dishearten them, and unless their guide, schooled by experience to stubborn perseverance can prevail with them to follow on, they will probably desert him to seek in vain some shorter and easier way than that by which he is leading them. Any indications of doubt and perplexity on the part of the practitioner in these circumstances are ruinous, but if the difficulties and delays are foreseen and foreshown to the patient it will be much more possible to lead him through.

Another point I may notice as closely connected with my subject, and which there is some risk of our overlooking in these days of exact enquiry—viz., the right use of empiricism. I hope none will imagine that I underrate scientific accuracy, that I think it of little moment whether we have a true pathology of a disease and rationale of its cure or not. Beyond doubt the more complete our acquaintance with the causes of disease, and their mode of working, the greater will be our control over their results. It is on this ground that I have urged the importance of not being content with a nominal diagnosis—as of chorea, psoriasis, rheumatic fever, but of endeavouring to penetrate further, and to ascertain the special cause, or causes, or peculiarities which may characterise each individual case, and of adapting remedies as much as possible to the exigencies of each patient. But, nevertheless, I cannot but see that there are many instances where an exact acquaintance with the cause of a malady would probably avail us little in mitigating its baneful agency. Suppose that we knew exactly what malaria was—say that it was a condition of matter like to, but not identical with heat—is it probable that we should be any better able to contend with or counteract its morbid effects? Should we have more power than at present to cure an attack of remittent fever, or dysentery? I fear not. We know pretty well the cause of gout, but our knowledge of remedies for it has not been increased thereby. If we had the most perfect chemical analysis of a snake's venom we should be no better able to counteract it than we are at present, and the same holds true, I believe, of other poisons, which we are less able to avoid. What does seem important is to know the way in which these poisons work, the character of the symptoms they evoke, and the mode in which they tend to prove fatal. This knowledge may be of great use in directing our efforts to counterwork them. Thus, the nervo-muscular prostration which is so marked a feature of influenzal catarrh may be taken as a reliable indication that the co-existing pneumonia, or bronchitis, is largely dependent on analogous changes in the innervation of the vessels, and that stimulants and toning remedies are requisite to control the pulmonary hyperæmia and exudation. Morbid anatomy, and even auscultation, by demonstrating the existence of inflammation, might lead a Broussaian to employ blood-letting, but such a proceeding would alone be negatived by an unbiased appreciation of the vital phenomena.

Turning to the wide field occupied by the neuroses, can we think that if we knew accurately the condition of the morbidly affected nerve-cells and fibres we should be more able to control these various disorders than we are at present. For neuralgia, chorea, epilepsy, tremor, delirium we have remedies that often render us no mean services, but they have not been revealed to us by minute pathological anatomy, nor does it seem likely if this were ever so much perfected that we should learn anything that would enable us to discard our old medicaments. Quinine and iron, and cod-oil and galvanism, and subcutaneous opiates would still relieve neuralgic sufferers, the epileptic could still have recourse to K.Br., and patients vexed with chorea and tremor would still suspend their votive tablets in honour of conium. There is a wide space between knowing in what disease consists, and being able to cure it, between being pathologists and healers. We know pretty well the story of cerebral hæmorrhage, how it comes to pass; but when we are in presence of it we feel sadly how little we can do to promote recovery. Not science, but empiricism has given us, I take it, our most useful remedies, and it would be mere presumption and folly in us to plume ourselves on being disciples of the higher and to despise the aid of the meaner instructress. But our endeavour should invariably be to go on from the lower to the higher lore, to take the bare facts disclosed to us by empiricism, and endeavour to comprehend them in their relations to each other, to colligate them, as Whewell bids us, by appropriate ideas. So our empirical shall become rational medicine. I may cite in illustration of what I have just said our present employment of K.Br. At first, only some fifteen years ago, it was brought forward as an empirical remedy for calming abnormal irritability of the generative organs and procuring the cessation of epileptic attacks, and other distressing symptoms depending on this condition. Soon it was extensively employed in the treatment of ordinary epilepsy, and its efficacy having been established in this motor disorder, its administration was extended to analogous derangements of the same or other nervous centres, and with so much success that we have now come to regard it not as a specific for epilepsy but as a valuable calmative in almost all neuroses characterised by hyper-excitability. The various useful applications of this drug which have been made are all intelligible on the view just stated, which is further confirmed by the toxic effect of extreme depression of nerve power which it occasionally produces. The remedy, therefore, is no longer given merely, we know not why, to cure a particular disease, but as an agent which modifies nerve force in a special way. Strychnia and ergot are both similar instances in which a drug has on rational grounds come to be used much more extensively than was the case at first. Strychnia is no longer given in cases of motor palsy only, but in paresis of the intellectual centres, of the mesocephale, and of some others. Ergot has approved itself in other hæmorrhages besides those of the uterus, and there is good ground for hoping that it will prove a valuable addition to our list of remedies which tone and arouse vasal nerves. In one case of pleuritic effusion where I gave it, it seemed to have a very good effect. Sometimes science takes the initiative, and affords us valuable aid by suggesting the trial of certain substances as on rational grounds are likely to act beneficially. Of this we have a good example in Dr. Broadbent's employment of phosphorus in skin diseases. Phosphorus is, chemically, a congener of arsenic, belonging to the same pentad group, so that it was conceivable that it might advantageously be substituted for arsenic in certain cases. The results obtained by this rational empiricism have been fairly satisfactory; several observers, among whom I may reckon myself, have found it a remedy of no mean efficacy. A very material matter, but too prone I fear to be overlooked, is the careful testing of the remedies we use. This must be reckoned a prime duty of rational medicine, and we have lately had a good example of the advantage to be derived from fulfilling it. Before Dr. J. Harley had shown us that succus conii was a really efficient and easily obtainable preparation, very few of us I fancy had much confidence in that old denizen of the Pharmacopœia. Now, speaking for myself, I could not well do without it. Perhaps other little used drugs may be awaiting the same needed scrutiny. It may happen sometimes that empiric observations and scientific reasoning may *seem* to clash, the one seeming to contradict the other. Thus, it once appeared to me a tolerably evident matter that, in advanced cirrhosis of the liver attended with copious ascites, drugs could avail little or nothing, the obstruction being irremediable, and absorption from the intestinal surface being almost arrested. Yet experience has convinced me that with perseverance a great deal may be accomplished in such cases, the dropsy being greatly reduced, and the patient restored to some degree of health and vigour. So again science would bid us be chary of using diuretics in cases of renal dropsy, but we find empirically that they may be given sometimes with very good results. In all such cases it is wisest to hold by experience, for science may have more to learn by closer inquiry, and her present conclusions may come to be modified.

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[a] January 2nd, 1873.

I might remark here that we are sometimes too tardy in carrying into effect the suggestions of experience and in testing them fairly. Has it not been made fully evident that no known drugs have any remedial efficacy in pyæmia, but that abundance of fresh air is a more hopeful remedy? Yet are not patients dying in hospitals continually from this disease without this simple and rational means having been tried? We waste gallons of brandy and neglect a means which might accomplish far more.

The simple recording of facts as they come before us can hardly claim a higher rank than that of empiric observation, and yet it is most important and far too little practised. Busy practitioners often excuse themselves on the plea that they have no time to record cases, they would relegate this duty to hospital physicians and their clerks. But what is really wanted is not long details, but a condensed pithy statement of main facts, such as might often be penned during scraps of time that otherwise would run to waste. Gooch was a busy man, and not overstrong either, yet he found time to write those records of disease which we have all perused with so much pleasure and profit. Dr. C. J. B. Williams tells us that he keeps a short record of nearly every case of chest disease that comes before him. Sir B. Brodie used to recommend note-taking of all important cases strongly. Our own experience as members of the Harveian Society testifies to the advantage we have often derived from the communications made at our meetings, and I cannot but wish that some definite step was taken to collect and classify the various records of pathological and therapeutical events with which we are favoured from time to time. What a storehouse of valuable matter might the minutes of our meetings thus be made!

Here I might pause, but there are yet a few topics I wish to touch briefly before I conclude. In looking forward to the future of therapeutic medicine—for of preventive I cannot now speak—I cannot but feel how much our acquaintance with wide-spread disorders is barred for lack of a more penetrating chemistry. Things that by reason of their exceeding commonness and importance are constantly obtruding themselves upon our minds, and pressing for elucidation, remain mysterious from feebleness in organic analysis. Chemists are discovering no end of compounds with names a yard long, but they cannot tell us whether the blood in acute rheumatism is less alkaline than it should be, or whether the albumen of the liquor sanguinis is changed in any special way in syphilis or tuberculosis. Looking at gout, as we can hardly help doing, as an example of many morbid states depending on in-bred poisons, the question necessarily arises, whether there are not other matters besides urates which, failing to be excreted, act as motors of disease. In all probability there are, but chemistry is, as yet, far enough from being able to detect them. May not this proceed from their not having been intelligently and perseveringly searched for. To attain the due development of our art science, the chemist and pathologist should be associated with the physician.

I wish I could think that recent views, received in this country with no little favour, respecting the origin of that great opprobrium medicinæ, phthisis pulmonalis, had brought us any increased power over it. Niemeyer taught that strict confinement to bed, complete rest of the lungs as far as possible, covering the chest with poultices, local abstraction of blood by leeches or cupping, on the first appearance of pleuritic pains, will often arrest a galloping consumption. *Credat Judæus, nec ego.* He affirms that at Tubingen phthisical patients are treated quite frequently in the way just mentioned, with the result that in a few weeks the fever, emaciation, and debility, which, on admission, had reached such a degree that the worst might have been anticipated, completely disappear, and the patients ask for their discharge in order to return to their occupations. I would that I could say the same of phthisical cases admitted into English hospitals. With them confinement to bed in a hospital atmosphere seems a pretty safe means of ensuring steady deterioration. Even in sound-chested persons, residence within a hospital has no mean influence in promoting the occurrence of catarrh. Hospital sore-throat is a pretty well-known disorder, and I heard from one of our resident officers lately that he had been quite well and strong while riding twenty miles a day in all weathers, attending to a country practice, but that after he came to reside in St. Mary's he had repeated attacks of catarrh. Certainly if I had to confine myself to one line of treatment I had rather follow Sydenham than Niemeyer, make my patient ride diligently on horseback in the open air, as long as possible, than lie abed and be poulticed.

Fibroid degeneration has become a much more familiar idea than it was when I wrote on this subject some twenty years ago. I described its occurrence in the liver, testes, kidney, cardiac valves, serous membranes, placenta, stomach, and suggested that hypertrophy of the brain (apparent) was due to the growth of an adventitious tissue of this kind. This idea has not been confirmed, as yet, with regard to general hypertrophy, but has been fully so as respects local, by Virchow's having traced the development of some tumours to increase of the interstitial connective tissue of the brain ; and also confirmed by the now well-known occurrence of sclerosis in the posterior columns of the chord, and in various parts of the encephalon, as also in the nerve-trunks. Since then, Sir W. Jenner has directed attention to the effect of congestion of the muscular structure of the heart in producing induration, toughening and thickening of its walls by interstitial exudation of lymph, the change issuing at length in extreme and permanent dilatation. Quite recently Dr. Quain has traced hypertrophy of the heart, sometimes reaching to an immense amount, to a similar condition a chronic myocarditis, and has described how the hyperplasia of the connective tissue causes the muscular tissue to be surrounded and compressed by the new growth. These researches enable us to understand not only how great hypertrophy of the heart may ensue without any valvular disease or renal degeneration being present, but also why the circulation fails so remarkably, and the pulse is so singularly weak in cases where the size of the heart might have led us to expect that the blood-current would be ample and powerful. To reverse these changes when once accomplished is probably impossible, but to arrest them in their earlier stages may not be, and it seems to me, therefore, of great importance to have correct views as to their genesis. The term above used, "myocarditis," expresses the general opinion that fibroid degeneration is the result of a chronic inflammation. From this I dissent, at least in so far as the idea is intended to be conveyed, that hyperæmia is, as in acute inflammation, any necessary part of the process. To me fibroid degeneration appears to resemble much more the development of a fibrous tumour—to be, in fact, a growth. And the means to which I should look for arresting it would not be repeated leeching, or other antiphlogistic remedies, but such as might operate most effectually on the general system in promoting healthy nutrition. That old remedy, chloride of calcium, which Dr. Begbie still finds valuable in strumous disease, might avail here.

I must now close this address and quit this chair, yet I cannot do so without tendering you all my sincere thanks for the kindly manner in which you have accepted my services during the whole of my tenure of office. To the Council and my other colleagues, I also wish to express my acknowledgments of the assistance they have afforded me. And, for the future of our Society, I trust that many, many sessions will come and go fruitful in good and useful and pleasant work, and that our successors for all time will still honour and imitate Harvey as we have sought to do.

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THE CLAIMS OF MEDICINE TO BE REGARDED AS A SCIENCE AND THE REVOLVING CYCLE OF DISEASE (*a*).

By James Foulis Duncan, M.D.,

President of the King's and Queen's College of Physicians in Ireland.

Notwithstanding the rapid and manifest progress that has been made of late in every thing connected with the practice of medicine, in physiology, pathology, histology, and pharmaceutic chemistry, physical diagnosis, &c., there are still a large number of persons, even in the higher and more cultivated walks of life, who are ready to depreciate our profession as uncertain in its foundations and unworthy to be considered a branch of practical science. They look upon our theories as baseless hypotheses—the fashion of the hour—perpetually changing with every new speculator who has sufficient boldness and originality, to venture into the field. The diagnosis of disease they regard as successful guessing, even when verified by results ; and as to treatment, it seems doubtful in their eyes whether the patient, on the whole, would not do just as well without the doctor as with him.

The difference prevailing among medical men, both with regard to the general principles of medicine, and still more as to the views to be taken of particular cases when they meet in consultation, are the grounds upon which they base their opinions. But the answer to the objection is simply this : the difficulty of determining the truth in any particular instance lies quite as much in the differences, natural or original, of the perceptive powers of the parties making the investigation as in the obscurity of the subject to be inquired into. There are —there necessarily must be—the greatest possible variety in the intellectual capacity of different medical men, arising from natural taste, mental endowment, education, opportunities of observation, and experience.

Let us suppose that the graduates of our University who are obliged to learn something of the subject theoretically, were required, in addition, to spend a certain definite time in the observatory, practically working out the calculations connected with the various problems investigated there—and let us suppose that then, after a suitable and not very searching examination, in a number somewhat corresponding to that of our medical graduates, were sent fourth into the world as acknowledged and authorised astronomers, would it be at all surprising if, under the circumstances supposed—where so many persons of such various degrees of intellect, mental endowment, and natural attainments were engaged—great diversities of opinion should afterwards be found existing as to particular points connected with their profession, and that when they came to work out practically the results of their observations, few or none of them should be found absolutely to agree ? Would not the wonder rather be if an opposite state of things were to occur ?

The second point is—and it is the more important for our present purpose—that these differences of observation and inference would be found to affect principally questions of the higher order of science, involving intricate and perplexing calculations, rather than those of more frequent occurrence and of an ordinary character. The calculation that led Mr. Adams—at that time an undergraduate in Cambridge—to suspect the existence of an unknown and undiscovered planet beyond the previously acknowledged limits of the solar system, and to determine its magnitude and position in the precise spot where Le Vernier afterwards detected it, was a marvel of ingenious reasoning and deduction, but the problem itself was evidently not of every-day occurrence.

Something similar, I conceive, may be said in reference to the practice of medicine. There are undoubtedly forms of disease so occult in their nature, so obscure in their symptoms, and so little amenable to treatment, as to bid defiance to the ingenuity of the most accomplished among us. But in comparison of the great bulk of cases that came before us, these may be considered rare and exceptional instances. The ordinary ailments that form the staple of our daily observation are the very reverse of all this. They are thoroughly well known. We are familiar with their appearance, origin, progress, and mode of treatment ; and if a necessity arises for a consultation in the course of a case of this kind, there either is no difference of opinion manifested between the practitioners or it is so trifling in its nature as to be of no practical importance.

Gentlemen, I have alluded to the right which our profession has to be considered a science, as contra-distinguished from an art. Allow me to make an observation or two on this point. An art, as I understand it, is a pursuit more or less of a mechanical character, which is regulated by fixed rules, these rules themselves being often arbitrary in their nature, and having nothing to determine their fitness but the capricious authority that regulates their proceedings. Now, the practice of medicine when rightly understood, and when pursued in a proper spirit, is the very opposite of all this. It is based upon the perpetual exercise of the reasoning powers brought directly to bear upon the individual instance before us, and because of the ever-varying nature of the symptoms of disease and the diversities of the human constitution, this principle is lost sight

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(*a*) **Abstract of an address delivered at the inaugural meeting of the Medical Society.**

of the moment the practitioner, leaving out of view the personal peculiarities of his patient, proceeds to treat him in a blind routine manner—that moment he abnegates his high function, and proclaims that he is no longer fit to be trusted with the solemn responsibilities he has undertaken. But there are differences to be observed affecting the same individual at different times, which indicate variations of intensity in the vital forces depending altogether on extraneous influences, and which cannot properly be set down as due to changes in the organisation, for this simple reason, that they are observed to appear and disappear in intervals of time too short to allow of such organic changes being produced. Every one feels the debilitating effects of a close and sultry day, when the atmosphere is heavy and the air oppressive; and, on the contrary, we all experience a buoyancy of spirits and a lightness of step when the weather is cold and bracing; and if this is true as regards the strong, the healthy, and the robust, it is still more obvious in persons who are delicate, and in those who are infirm or afflicted with chronic ailments. But there are other forces at work influencing the health of the community in a similar manner, of which we at present know nothing, and whose existence and power are only a matter of inference from facts which are too obvious to be disputed, and which admit of no other explanation. One of these is what is described under the name of epidemic influence. This is not any special force tending to produce one particular disease whenever it prevails, nor yet a special force tending to aggravate the intensity of all diseases equally and simultaneously in the way ordinary atmospheric changes may be supposed to do, but a tendency to produce one particular disease in unwonted frequency at one time, and some other form of disease in the same unwonted frequency at another. Thus, it may be small-pox this season, scarlet-fever the next, cholera or typhus the year after. Sydenham, as doubtless you all remember, has called particular attention to these varying phases of epidemic influence, and has pointed out, with special emphasis, the fact that, in the course of a single season, he has seen the type of fever undergo several unaccountable changes which he could attribute to nothing but corresponding changes in what he called the atmospheric constitution of the period, and which required him, as soon as they were discovered, to alter his mode of treatment in order to secure success.

We have many proofs of the actual existence of this morbific influence. We have, in the first place, the fact that infectious diseases will spread with greater facility among a given population at one time than at another, and this when the attending conditions of the two periods are as far as possible similar. Then, in the next place, we have the fact that at such times one species of zymotic disease will prevail to the almost total exclusion of the rest. Another fact, tending to establish the same result, is that when any of the severer forms of illness are prevailing epidemically, a very large number of persons, who do not show symptoms of the disease in its developed and normal form, suffer at the same time in a way that may be considered to show that they are not altogether exempt from the influence of the prevailing malady. Thus we have diarrhœa and choleraic largely abounding when the veritable cholera is in the district, inflammatory sore throats when scarlatina prevails, and so on.

Another fact worth noticing is that diseases often exhibit peculiarities when prevailing epidemically that they do not usually present at other times. Thus, the last epidemic of small-pox was remarkable for its purpuric varieties, and for its complications with cerebro-spinal arachnitis—features never met with in its ordinary form, and rare even when epidemic. Another remarkable feature of these epidemic diseases is their occasional virulence—not their fatality merely, but their producing, almost instantaneously from the moment of attack, such a depression of the vital force as to defy the ordinary powers of medicine, and to terminate life with great rapidity. I well remember the wide spread and fearful panic that prevailed on the primary invasion of Asiatic cholera in this country, about forty years ago. Almost every case at first proved fatal; the seizure was sudden, the collapse rapid, and without any attempt at rally—a few hours only elapsing between the period of perfect health and the fatal termination. But this was only at first; as the epidemic went on it lost much of its original violence; gradually a few cases began to recover; they lasted longer; the collapse was not so sudden nor so severe; remedies seemed to have more power; the whole condition of society began to improve. Men thought at the time that the cause of the little success that attended the earlier efforts of the medical men in attendance was their want of practical experience in the management of the malady. It was a new disease; they had had no opportunity of studying its peculiarities and its proper treatment; but as they grew more familiar with its symptoms and appearance they were better able to combat its progress, and hence more successful in the results obtained. Had this been really the case, we should not have witnessed a recurrence of the same series of events on the second invasion of the disease a few months after the termination of the first. Yet so it was. Now, the point I wish to arrive at is this—that if all that is true—if there are these occult forces in constant operation in nature, exercising a special influence upon men and the maladies which affect them, can it be unreasonable to suppose that there may be other forces of a different kind equally obscure or unknown, acting more slowly or imperceptibly, but not the less really, over the human race.

Gentlemen, there seems to me good reasons to believe that disease, in the course of a long series of years, runs through a cycle of change, beginning at one end of the scale with a decidedly sthenic character, passing from thence by slow and imperceptible changes till it reaches the lowest point of asthenia, and then, by an equally slow or steady step, returning to the condition from which it originally started. I know there are many persons in the present day who doubt, and others who deny, that there has been any change in the nature of disease within the last forty or fifty years; yet I cannot shut my eyes to the impression made upon my own mind by what I myself saw when commencing the profession as a student. It was my fortune to witness the prevailing mode of treatment when the antiphlogistic method was still extensively in use—when bleeding, leeching, blistering, calomel, and tartar emetic to an heroic extent were daily employed. The late Dr. John Crampton, whose clinical clerk I was for nearly two years in the hospitals of the House of Industry, though eminently eclectic in his principles of treatment, was no timid practitioner whenever he considered the use of the lancet necessary or expedient. With him it was the usual practice to bleed cases of scarlatina from eight to sixteen ounces, according to the intensity of the fever, and the cases all did well. There were none of the internal complications so commonly met with ever afterwards seen, and the only cases of albuminous anasarca that I recollect meeting with were either cases which had not originally come under his treatment or in which the mildness of the disease prevented the use of the lancet.

He was further in the habit of using calomel very freely in the treatment of all forms of acute inflammation, giving two grains every third hour, in combination with opium or other appropriate remedies, in a manner which would now-a-days be thought unnecessary or dangerous. Yet my firm conviction is that this heroic treatment was not only borne without injury, but was plainly and unmistakably of use. The recoveries, according to my recollection, were as numerous, as rapid, and attended with as little after-inconvenience as any that are now met with. But while I say this, I am equally convinced that were the same measures to be adopted in the present day we should have a very different tale to tell. I know it is very hard to persuade persons whose observations do not date sufficiently far back to believe in a statement of this kind. They judge of disease and of the action of remedies by what comes under their immediate notice, and they cannot bring themselves to conceive that the state of things they hear of should have been ever different from what it is.

Many persons believe that the improvement is entirely due to the introduction of homœopathy; I do not think so. Without stopping to discuss whether that system of medicine so called may not have had some influence in accelerating the result, I firmly believe that the alteration referred to would have come, and been as extensively resorted to if it had never appeared. To discuss the subject fully would require longer time than is at our disposal. Let me briefly give you a few reasons. I have already mentioned that the human system is not so tolerant of depressing remedies as it used to be. If a patient is bled now-a-days syncope is induced much sooner and on a smaller loss of blood, and the blood does not usually exhibit, even in inflammatory affections, the thick buffy coat and the contracted cup-like surface that was almost universal before. Tartar emetic cannot be taken even in small doses without nausea intervening, and the tolerance of the drug once so common is now never met with. On the other hand, quinine is not only more frequently used, but in much larger doses than before, and that, too, in a class of diseases where it was considered to be entirely out of place. I allude to pulmonary affections.

Then, again, the diseases met with are altogether different in type from what they once were. I believe it to be a fact that the old well-known Hunterian chancre is now rarely met with, and, to refer to another department of practical medicine with which I happen to be more conversant, acute mania, with its great nervous excitement, exalted functions, and wild delirium, has become comparatively rare, while the other forms of insanity, melancholia, and morbid delusions of various kinds, exhibiting depression of the vital force, are met with in increasing numbers. In going through any large lunatic asylum where numbers of cases of acute mania used to be constantly found, you will now, in all probability, scarcely meet with an example.

For these reasons, then, I hold that there has been a change in the type of disease within the last forty or fifty years; that this change has been the cause of the admitted change in the treatment, and that the profession is not justly chargeable with acting unreasonably in what they have done, but that they have followed, as they were bound to do, the indications that observation and experience showed to be necessary.

And, then, as to that other statement that the recovery of the patient is to be attributed rather to the healthy action of the constitution than to the efforts of the physician, I beg to say, that while fully admitting the important part played by the *vis medicatrix naturæ* in bringing about so desirable a result, I must emphatically deny that the well-directed efforts of a skilful practitioner are ever out of place in the treatment of a serious case of illness. That the slighter forms of many diseases can, and often do, get well of themselves, is a point not to be denied.

But it may be a question whether, even in these cases, the timely aid of medicine judiciously applied would not render the recovery speedier and more satisfactory. But whether it is so or not, one thing is clear, that in the vast majority of cases of serious illness the aid of the physician is required to bring the patient safely through the trying ordeal. Many cases would never recover if left entirely to the efforts of nature, and many others would recover only after a long and protracted struggle.

Shortly after I commenced practice, a gentleman, rather past the middle age, was attacked with a severe hæmoptysis in his office. He was a patient of Dr. Denham's, and when he was sent for to see him, the doctor was not at home. I lived then on the opposite side of the street, and the messenger was sent on to me. Having satisfied myself that the case was one of congestion of the lungs, and that the pulse would bear depletion, I proceeded to bleed the patient, much to the surprise and alarm of the bystanders that one so young should venture on so heroic a remedy. Nor was their horror lessened at finding that I persevered in the course I had adopted until I had taken 18 or 20 ounces of blood, and made a decided impression on the system. But what was the effect? The hæmoptysis was arrested; no unpleasant results followed; and in two days the gentleman was convalescent. Well, it so happened that a year or two after he had another attack. Dr. Denham was out of town, and Sir P. Crampton was sent for in his place. Whether it was that the symptoms were less urgent, or that Sir P. Crampton felt timid, I do not know, but I heard from Dr. Denham that he was not bled on that occasion, that he remained seriously ill for a week or ten days, and that his recovery in the end was slow and unsatisfactory. Can there be a question that the heroic treatment in the first instance was the cause of his speedier recovery on that occasion, or that it was more advantageous to him on the whole than the more cautious but slower treatment afterwards adopted.

But it is idle to argue this question. The common sense of the mass of mankind has settled it everywhere and in all ages. When men are suffering they will send for help, no matter what their ideas at other times may be, and when they derive relief from pain they will acknowledge the potency of the drug employed and the skilfulness of the physician who administers it.

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A CONTRIBUTION TO THE PATHOLOGY OF CANCER (*a*).

By J. K. Barton, M.D., M.B., F.R.C.S.

The case is that of a young woman, aged 24 years, who was admitted into the Adelaide Hospital for the first time in last April. Her history showed that she had been healthy until about two years before the time of her admission, when she suffered from amenorrhœa. The tumour under notice was first observed just below the left clavicle, was then small in size, and situated at the sternal end. It increased in size, was accompanied by pain, and after about six months it had attained the size of a hen's egg. It was discoloured, and the prominent part became of a dull purplish tint. An examination showed that it had been much smaller originally, and was situated just beneath, and partly involved, the sternal part of the clavicle. The glands of the neck were swollen above the clavicle, and the patient stated that she had suffered from an abscess when a child. The mammary glands were perfectly free from disease, her pulse was 80, and her appetite good. Her countenance had a fresh appearance. She suffered only occasionally lancinating pains. It was thought that possibly the cancer might be of the nature of a malignant medullary cancer of the abnormal type. In order to fix the diagnosis an exploratory puncture was made, from which, however, nothing but a little blood was emitted, consequently, the opinion that it was a medullary cancer was confirmed. The girl left hospital, as nothing then could be done for her. The most remarkable feature of the case then presented itself. Very shortly afterwards he heard from a number of persons who were in a position to know, that she was getting better, and was rapidly recovering. He was then anxious to see her, and succeeded in doing so about a month or six weeks after her discharge from hospital. He then found that the tumour had diminished in size to less than one-half; at the same time he noticed that the deep glands of the neck and axilla had become very much more enlarged than was the case prior to her discharge. There could be no change in the nature of the case, although the patient imagined that there was. She again claimed admission last month. The case presented now the following state:—The tumour had attained the size of a cocoa-nut, and was of a dark purplish colour. It began to increase in size about three weeks before she was admitted. It was very firmly fixed and harder than before. The glands on the left and right sides of the neck

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(*a*) Read before the Dublin Pathological Society, November 29th.

remained in a hardened condition, and the breathing was rapid and short. The posterior part of the left side of the chest was dull on percussion, and bronchial breathing was very audible. The right arm was powerless, with the exception of the hand. Examination showed that the humerus was very much enlarged, and the upper third of the humerus was found to participate in the disease. The arm was œdematous, she had a hacking cough, and her pulse was 114. The face was pinkish and white, having that cancerous look to which they were so well accustomed. On the 9th and 10th of November the breathing became more difficult, and on the morning of Tuesday, the 11th, she died.

The autopsy showed that the tumour presented a pretty firm aspect, and both to the naked eye, and under the microscope, showed the character of a medullary cancer of the firm variety. It had not perforated through the ribs, but having come to the external clavicle it involved it, and dipped into the mediastinum, which was extended to the base of the lungs. The left lung was entirely carnified, and the bronchial glands were everywhere infiltrated with cancerous material. Both lungs were extensively diseased with cancerous deposit. It was a remarkable specimen of secondary cancer of the bone; it was quite soft and brittle, and on endeavouring to move the shaft it broke off. Upon making a section they found the way in which the bone was infiltrated with cancerous material to the entire destruction of its osseous particles.

The case was of interest from the fact that it suggested two questions, without affording any explanation of the facts. In the first place, Why did that malignant disease set itself up in that particular spot in that girl? There was nothing of a cancerous history. It was true that one of her aunts had died of cancer of the breast, but beyond that there was no cancerous history whatever, and no malignant disease, neither was there any history of a hurt; secondly, a deposit had taken place in the bone. There was no apparent connection between the disease in the head of the humerus and the cancerous deposit taking place in the mediostinum, but he thought the appearances presented worthy of record.

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CASES IN PRACTICE.

PERICARDITIS, ENDOCARDITIS, AND ALBUMINURIA.

(Reported by JOHN W. MARTIN, M.D., M.Ch., Assistant-Surgeon Mayfield Factory Dispensary, &c., &c.)

CASE V.—The following appears to me a case of some interest, from the fact that I have been in a position to trace the progress of the disease from the commencement. Its history points to the necessity of careful attention being given to the condition of the heart in what are frequently passed over lightly as feverish colds.

J. R., æt. 19, a young unmarried woman, strong and healthy, some months previous to the date upon which the notes of her case were taken, was attacked by pain in the chest, violent headache, and nausea; there was excited action of the heart, the first and second sounds had lost their quiet and distinct character, being roughened and prolonged; there was, however, no distinct murmur. Temperature rose to 102½, remaining so for three days. The character of the tongue was important, *moist, firm, with only a very light coating of fur*, its appearance being inconsistent with the idea of the attacks being due to digestive derangement. Under treatment she seemed to regain her previous good state of health.

In the early part of November she was suffering from a sore heel, and finding it impossible to wear a boot, foolishly walked about in a slipper, thus exposing herself to cold. Became thin and out of health; overheated herself by some exertion on Thursday, November 7th, and on the morning of the 8th, whilst dressing, she found her face œdematous. On the 10th (Sunday), her face being still swollen, she went to church, and there experienced a well-marked rigor. Soon after returning home she felt a severe pain in the region of the heart. On the 11th of November both her legs were œdematous, and she complained of a slight pain in her back. Matters grew more and more serious until the evening of the 14th, when I first saw her. During the previous night she had been seized with violent headache, chiefly frontal, and dyspnœa, the latter especially troublesome when lying down. She had had no sleep for several nights. Remembering her previous illness and my suspicions at that time, I examined closely into the condition of the heart and circulatory system, with the following results.

The heart's impulse was visible over a large area; a well-marked thrill was imparted to the hand upon placing it over the point of impulse; cardiac dulness extended 4½ inches in the vertical direction, measuring from the articulation of the third rib on the left side, downwards, and 4 inches in the horizontal direction, from the right border of the sternum, about the point of articulation of the fifth rib, over towards the left mamma; the heart-sounds were wanting in distinctness, the first sound was muffled and accompanied by a rough systolic murmur, heard in its maximum intensity at the point of impulse; a loud, well-marked double murmur was heard all over the base of the heart, its maximum intensity being at a point mid-sternum, opposite the articulation of the second rib; by it the second sound was almost completely obscured, being heard only as a faint humming noise; the murmur at the base of the heart extended downwards as far as the lower border of the third rib, where it lost its double character and became single; she complained of great tenderness on pressure, and pain over the cardiac region; the pulse was small and weak, and very disproportionate to the apparent force of the heart's action; she was forced to sit up in the bed, propped by pillows, the recumbent position increasing the pain and inducing dyspnœa; the chest was well formed and well nourished; over the anterior surface the percussion sounds were dull, but not to any marked degree; on either side, just below the clavicles, the respiratory sounds were tubular, and on the left side there was distant bronchophony, approaching pectoriloquy. The respiratory movements were 32 per minute, and she complained of a short, dry cough. I made no examination of the posterior surface. When I saw her she complained of a sense of fulness, nausea, and a desire to vomit immediately after taking food, but the headache was less severe. Alvine evacuations regular; the urine passed was greatly diminished in quantity and decidedly albuminous. In consultation with my father we agreed to apply vesicating collodion and frequently-renewed hot linseed-meal poultices over the chest. Ordered the following mixture and sleeping draught:—

℞. Potass. nitratis, ʒij.;
Tr. digitalis, ʒjss.;
Tr. scillæ, ʒij.;
Syrupi, ℥j.;
Aquæ, ad ℥viij.
M. Two tablespoonfuls to be taken every fourth hour.

℞. Hydrat. chloral, grs. xxv.;
Potass. bromid., grs. xx.;
Syrupi, ʒss.;
Aqua menth. pip., ad ℥ij.
M. Draught to be taken at bedtime.

Nov. 15th, *morning visit.*—Had passed a good night. Temp., 100; resp., 32; pulse, 108. Pain in the chest diminished; the heart-sounds were more distinct; the double murmur at the base of the heart less pronounced. At the evening visit she complained of the pain in the back being worse, and that she had passed no water all day. On enquiry I found there was suppression of urine; œdema of the face more marked, in the extremities the same. Directed hot linseed and mustard poultices to be applied to the loins; sp. eth. nit. ʒij. to be added to the mixture; also directed a drachm of the compound powder of jalap to be taken in the evening.

Nov. 16th.—Had six watery motions; passed about ℥xvi. of clear albuminous urine; œdema of the face and extremities diminished; pulse, 84; resp., 24; temp., 99⅗; heart-sounds much improved, only a trace of the murmur at the base being heard; the first sound still much roughened. We directed the loins to be well dry cupped, and the poultices to be continued. At the evening visit she complained a good deal of her head and back. Pulse, 90; urine passing more copiously. As the dry cupping had not been properly carried out, had it repeated satisfactorily; other treatment to be continued.

Nov. 17th.—Better; pain in her back diminished; passed ℥x. of urine; œdema diminished; treatment changed.

℞. Potass. iodid., ʒj.;
Tr. aconiti, ʒj.;
Syrupi, ℥ss.;
Aqua, ad ℥viij.;

M. Two tablespoonfuls to be taken three times a day.

℞. Pulv. scillæ, } aa grs. xij.
Pulv. digitalis, }

M. To be made into twelve pills; one to be taken with each dose of the bottle.

Nov. 18th.—Passed ℥xx. of urine; back easier; heart's action strong and regular; area of cardiac dulness normal; a soft blowing presystolic mitral murmur, heard in its greatest intensity at the point of impulse, and a systolic murmur, heard loudest in the right second intercostal space, close to the margin of the sternum; no pain in the chest. Treatment continued.

Nov. 19th.—Œdema of the face and extremities gone; lumbar pain scarcely felt; passed over two pints of urine, clear, and free from albumen.

Nov. 22nd.—Slight increase of cardiac dulness, and intensification of the cardiac bruit; the presystolic character of the mitral murmur most marked; the basic murmur heard distinctly along the arch of the aorta, and in the carotids.

℞. Ungt. iodid., P. B., ℥ij.

A portion to be well rubbed into the chest night and morning.

℞. Pulv. hyd. c. creta, grs. iij.;
Tales, vj.

One to be taken every night. Other treatment continued.

Nov. 25th.—Better; cardiac and arterial murmurs much diminished in intensity.

Nov. 27th.—Cardiac murmurs barely to be detected; that in the carotids quite gone; first and second sounds of the heart normal in clearness and rhythm; area of cardiac dulness 1½ inches in diameter, resonance being restored to the parts formerly dull; flow of urine normal. Powders continued; mixture altered to—

℞. Potass. iodid, ʒj.;
Potass. bicarb., ʒij.;
Liquor cinchonæ, ʒj.;
Tr. cinchonæ, ʒij.;
Syrupi, ℥j.;
Aquæ, ad ℥viij.

M. Two tablespoonfuls to be taken three times a day.

Nov. 30th.—Ordered cod-liver oil and the following mixture:—

℞. Tr. ferri mur., ʒij.;
Sp. chloroformi, ʒiij.;
Tr. digitalis, ʒiij.;
Aqua, ad ℥viij.

M. One tablespoonful to be taken three times a day.

The subsequent history of the case was one of steady convalescence to an apparently complete restoration to health.

A Competitive Examination of Candidates for admission into the Medical Service of the Royal Navy will take place at the University of London, Burlington gardens, on Monday, 16th February, 1874, and following days, at 10 o'clock.

CONGENITAL MULTILOCULAR SEROUS CYST IN THE NECK OF A CHILD.

By Jabez Hogg,

Surgeon to the Royal Westminster Hospital, President of the Microscopical Society of London, &c.

Walter H., aged 14 months, the child of a consumptive mother, was sent to me by the late Mr. Walker. The history given was as follows:—Soon after birth a slight swelling was noticed on the left side of the neck; the child was otherwise in excellent health. As the boy grew, the swelling increased in size, and at the time I saw it was as large as a goose's egg, but not at all painful to the touch. The superficial veins were a little distended, the skin tense, and uniform throughout. The child ate, drank, and slept well; but the parents were uneasy about the swelling, which was a great disfigurement. There was a decided disinclination to turn the head to the left without at the same time making a movement of the body. The mother refused to listen to Mr. Walker's proposal to tap the cyst, or even explore it with a needle. I saw the child, in consultation with him, October, 1870, and proposed the insertion of a seton as the best means of arresting the growth. The parents were a little alarmed, and in November Sir James Paget saw the child with me, and quite approved of my proposal of a seton; but as the swelling was now very much larger (occupying the whole space from the ear to the angle of the jaw), he thought a good deal of constitutional disturbance might follow, and therefore advised me to be cautious, and try the effect of a single thread. In a day or two afterwards, Mr. Walker administered methylene to the patient, and I proceeded to insert half a dozen threads of silk in the longest diameter of the cyst. The perforation was made with a needle four inches in length, and I passed it through the largest extent of skin I could command. The ends of the silk were tied and a warm poultice applied. On the third day, symptoms of constitutional disturbance, which proved to be of an alarming character, set in; but with judicious care, and by well supporting the child, this difficulty was tided over, and the seton kept in until the cysts were completely emptied, and contraction of the skin had assured me of a favourable and good result. No sign of a return appeared, and scarcely a trace was left behind of the scars produced by the seton. In a month from the date of the operation the mother expressed a wish to show the child to Sir James Paget, who wrote to me:—

> "The cure is indeed an excellent one, and I heartily congratulate you on it. I have a somewhat similar case under treatment, but with a very large number of small cysts, and mixed with nævus structure. I am therefore obliged to use many setons, and work more slowly; still, the progress is sure."

These simple cysts seem to be due to an obstruction primarily occurring in the excretatory ducts. A gradual dilatation or hypertrophy of their walls occurs by colloid degeneration of newly-formed cells. Multilocular cysts are due to a partial arrest of development at a period of improvement in the general health. A relapse to a former state produces further degeneration of tissue, intercellular cavities are formed, and become closely packed together by the pressure exerted from without. The cavities of cysts present considerable variety in their contents. In the case narrated they were filled with serous fluid, epithelium, colloid mucus, and fatty matter. The treatment of such growths must undoubtedly be directed towards securing a radical cure in a short time, and it is the more important when dealing with young children, as nothing can be done without using an anæsthetic. This, in my opinion, will not be effected by following the direction given in books of "successive tappings." You may tap as often as you please, but they will always refil, and give an endless amount of trouble and anxiety. Then, as to the danger which may arise from the insertion of a good sized seton, and the constitutional disturbance thus set up. In a child of fourteen months, and with an enormous cyst, situated over or near large vessels, the danger is much greater; but, I must remind you, it is during the stage of over-action that repair takes place, and a wound actually heals; and we need a good deal of inflammatory action to ensure the destruction of an extensive secreting surface in multilocular cysts. This will not be effected by repeated tappings, nor the timed insertion of a thread or two. With regard to the process of repair, and the wearing out of cicatricial tissue, in my cases only the faintest trace of the scars can be seen. Whether this is owing to an accumulation of fat in well-nourished children, or to actual absorption, I am not prepared to say. I have seen under the microscope, after the lapse of years, evidences of cicatricial tissue, and therefore should not be at all surprised to find, after a period of growth, and stretching of the skin, the seton scars reappear in these children. After an injury of any kind, reparation of tissue depends upon a variety of causes and circumstances. Inflammatory action either precedes, or is concurrent, with the exudation of liquor sanguinis, and an excessive cell proliferation between the two opposed surfaces takes place. A migration of white blood corpuscles (leucocytes) soon exhibit a peculiar amæboid activity, throw out tactile processes, as if they were living, moving creatures; but the nature and severity of the inflammation excited in the part determines changes in connective tissue, as well as in intercellular substance, the fibres of which are rendered indistinct, and then gradually disappear. At the same time the sensory nerves preserve the vital properties of the walls of vessels and capillaries, and otherwise assist in the process of repair. There are other matters of scarcely less importance in the healing of wounds, as the exclusion of air and foreign bodies, and the perfect apposition of the two surfaces; even then much depends upon a good constitution—a healthy patient. It is, however, only in children and young people that we expect to find a combination of such qualities as will secure what we so much desire—a complete and "immediate union" of parts.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 3, 1873.

CONTAGIOUS OPHTHALMIA IN PAUPER SCHOOLS.

WE scarcely know whether the public or the profession are the greater sufferers by the discussion of subjects of a purely medical character in the lay Press. In our opinion it is indefensible under any circumstances that a member of the profession should provoke a discussion in the daily papers; no good can come of it, either as a matter of public or professional policy. In the first place the want of space renders it impossible to expect a full and exhaustive discussion on any subject, however urgent or important, ; and, secondly, those who are best acquainted with the question mooted cannot afford to join in a correspondence the issue of which is most likely to be unsatisfactory; consequently, it is entirely left in the hands of those vain enough to imagine that they possess the talent of the whole profession, are born to guide public opinion, and at the same time are ready to seize on an opportunity to bring themselves into notice.

Last week the *Times*, being in a peculiarly confiding mood, while purporting to review an article on Contagious Ophthalmia, made it an occasion for admitting a discussion on the merits of the Local Government Board, and administering a dose of medicine to the whole body of Inspectors, intending thereby to wake them up to a sense of their duty to the public. A rebuke also appeared on the shortcomings of those who apparently know as little about this scourge of children aggregated in pauper schools as themselves. The upshot was exactly as might have been anticipated, that we are left as much in the dark on contagious ophthalmia as we were before the oracle opened its mouth. Neither the article nor the correspondence throws a single ray of light upon the vexed question, and even the little which may appear to be new to the readers of the *Times* is already well known to the profession. We may therefore be excused if we ask the *qui bono* of quotations from an author who "elaborates the technical description of the different kinds of eye affections which are included under the common term contagious ophthalmia," and utterly fails to convey an idea about its prevention and cure. Mackenzie said all that could be said upon the disease, and those who tread in his steps can do no more to enlighten us. He told us that the disease broke out among the British troops in Egypt in 1800, it followed them home, and has become established as an endemic disease in this country, is common enough in the squalid dwellings of the poor, in overcrowded schools, on board ship, and where human beings are aggregated in unwholesome work-rooms in any climate and in every region of the earth, although more common in the warmer climates of Egypt, Persia and India. In 1806 it raged among the soldiers of the 52nd and 54th Regiments; in 1809 it appeared with great violence in the Military Asylum at Chelsea, and from that time to this, it has stalked about with afflictive steps among the pauper dwellers in the dank and dark places of all large towns. Season, climate, temperature, and other causes add to its virulence, but the chief cause is the aggregation of human beings in close rooms, where squalor and misery hold supreme sway, and compel them to lie huddled together and breathe and re-breathe a vitrated tainted air, loaded with foul exhalations and carbonic oxide, entirely deprived of its oxygen and life-giving properties. It is mischievous in the extreme, and shows a very shallow acquaintance with the subject to attribute the spread of contagious ophthalmia in pauper schools to irregular and "inefficient inspection by incompetent inspectors," as no amount of inspection will alone suffice to mitigate the evil. Dr. Markham, who writes from a knowledge gained by long experience as a Poor Law Inspector bears out this assertion; and he tells us, in his time, although all was done that medical skill could suggest, the disease was not extinguished, "exceeding care prevented the fire from blazing out, but the smouldering embers were still ever there." The Clerkenwell Board have discovered this to their cost, and only last week a report laid before the Guardians showed that in their Mitcham Schools this frightful disease is raging, in spite of well directed attempts to eradicate it. "Purifying the bedding and dormitories by fumigation for the purpose of destroying the contagium, *changing the soap*, and isolating the infected," have all been tried, and in vain, for ophthalmia reigns supreme at Mitcham. The disease spreads and cannot be eradicated, and a fuller knowledge of the facts connected with it will in time convince those who now glibly write and talk about it that there are inherent difficulties attending its treatment in pauper schools which are greater than they seem to be aware of. It is a notorious fact, and one of some significance, that the much abused old workhouse infirmaries were freer from contagious ophthalmia than the palatial structures which Mr. Hardy's Act forced upon the metropolis. The disease when it made its appearance was more manageable, and by isolation and judicious treatment it disappeared in a reasonable time. This is an important fact, one not to be explained away by any amount of abuse, which it was the fashion in 1865 and 1866 (and still is), to lavish upon pauper infirmaries.

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ANOTHER RAID ON THE CHEMISTS.

It is important that the Adulteration Act should be a success, and to secure this it is desirable that the manner of carrying out should be open to no imputation of unfairness. We are afraid a great mistake was made at Westminster. Nothing would induce us to tolerate frauds in drugs, which are as bad as or worse than frauds in food; but it is doubtful whether the mass of the pharmaceutical chemists in London are not as desirous as we are to secure purity in the medicines they dispose of. Great care is therefore required in attempting to throw imputations upon them. But on Saturday last several well known and highly respectable pharmaceutists—one of them a qualified medical man — were dragged before the magistrate at Westminster on a charge of selling adulterated spirits of nitre. And what was the evidence and the result? It appears that these persons sold as "spirits of nitre" an article known by that name for above a century, but the exact composition of which has often been disputed.

The *British Pharmacopœia* of 1867 gave a new process for producing it; but the new product differed so much from the old, and was so much more nauseous that the public refused to buy it. The consequence was that chemists had to keep two articles—the new for prescriptions, the old for sale, under the old name.

We think Dr. Dupré, the analyst, merited the rebuke of the worthy magistrate, Mr. Arnold, for the expressions he used in his evidence, and which seemed to show the spirit of a partisan. He ought to have been desirous of acting only impartially. It is not the business of public analysts to be public prosecutors.

In attempting to enforce the sale of the Pharmacopœian preparation, the whole of the facts should have been impartially stated, and the magistrate should have been told that in the preface to that volume, having referred to various preparations for which processes are given, the authority uses these words :—

"In many of the latter, however, it is left optional with the manufacturer to use the processes given, or others by which products may be obtained that will accord with the descriptions and tests given for their identification."

We would only add that "spirits of nitre" is *not* the Pharmacopœial name, therefore it can be no fraud to sell under that name an article that is not to be found in the national codex at all.

Of course if "spirit of nitrous æther" were asked for, it would be presumed the new preparation was meant; and physicians who order *Sp. æth. nitr.* of course intend the rather disagreeable and unstable compound brought forward as a substitute for "spirits of nitre."

GENERAL MEDICAL COUNCIL.

The past week has been signalised by important changes in the General Medical Council. The reappointment of Dr. Stokes as Crown representative, which we noted some weeks since, has been followed by the reappointment of all his outgoing colleagues, with the exception of Sir Robert Christison, who desired to retire. Thus, Dr. Parkes and Mr. Quain resume their seats, and Dr. James Warburton Begbie, of Edinburgh, has been appointed in place of Sir Robert Christison. Dr. Haldane has been appointed by the Edinburgh College of Physicians to the chair previously occupied by Dr. Alex. Wood, and Professor Turner for the University of Edinburgh, in room of Dr. Macrobin.

These changes are not without weight and interest. It appears from them that the Crown advisers are determined to keep surgery in the position of ignominious minority which it has hitherto occupied in the Council, contemptuously ignoring the very forcible representations which have been made to them by some of the surgical corporations and by the Medical Press and Circular and other journals. We look, however, with some confidence to the sturdy few who represent surgery against the redundancy of physic, and when that phalanx has been reinforced in next February by a more efficient exponent of surgical interests than Mr. Hargrave, we shall have no fear lest surgery may be relegated to insignificance when the arrangements for conjoint examination come to be finally decided on.

The new appointments inspire the confidence of first-class scientific repute, and we may encourage the hope that men who are comprehensive in science will prove themselves large-minded in educational matters. If it should prove so we may expect that neither Dr. Haldane nor Professor Turner will be found amongst the Scotch delegates who have so bitterly resisted the self-reform of medico-educational bodies, and it may be hoped that a conjoint examination scheme for Scotland will make a tardy appearance on the stage.

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PROPOSED EXTENSION OF MEDICAL CHARITIES.

At a time when the abuse of medical charity has been so forcibly exposed and the public have been awakened to the injustice constantly done to the profession, it is enough to take one's breath away to find a medical journal coolly proposing to extend the "benefits" (query abuses) of the out-patient department. Yet this has been done—not in a thoughtless note—but in a series of leading articles in which a scheme has been propounded that would add thousands more to those who already degrade themselves by getting medical aid without payment. What the *Lancet*—for that is the paper which proposes the plan—is about will be a puzzle to its admirers, for was not its voice mostly roused to deprecate the wholesale abuse of medical charities that every one could see prevailing in the out-patients' department? For the benefit of this class the *Lancet* proposes to save them the trouble of coming to the hospital—to send qualified men and students under the direction of the staff to attend patients in the neighbourhood of our hospitals *at their own homes*, and supply them with medicines from the hospitals.

Such a plan must injure the profession. It is in fact proposed to organise a medical and surgical out-door visiting department after the manner of some of the obstetric departments. These last are well-known to be in many places unsatisfactory, and in some it has been seriously proposed to close them. The excuse for their existence is however far greater than that of any other case, and if our contemporary will institute inquiries he cannot fail to discover that even obstetric out-door departments are much abused.

Again, some of the dispensaries have done this kind of work. Some have discontinued it, but a few still carry it on. From personal experience we can assure our readers that the work diverts much money from the pockets of gentlemen practising in the localities, and who have as much right to live by their toil as any officials.

Ask the general practitioners in such places what keeps them so poor, and they will tell you, that those who could pay their small charges systematically avail themselves of the services of the visiting medical officer of the dispensary.

We have had occasion to represent this to the managers of these institutions, and have had the pleasure more than once of abolishing a system that was doing this evil.

The *Lancet* urges that students would thus see diseases they do not come across within the hospitals. This is only to say that the mere curriculum is not a sufficient preparation for general practice, and in that conclusion we should coincide. If apprenticeship or pupilage is to be abolished, young men who have just passed had better go as assistants to general practitioners, in order to acquire the sort of information in which they will be deficient. But the interests of students are the interests of future practitioners, and we are glad to find that the *Lancet's* proposal is with them as unpopular as with their elders. An organ devoted to them—the *Students' Journal*—has already protested against it in a vigorous article, from which we take the following paragraph :—

> "We are told that by its adoption students will be able to study measles, scarlet fever, whooping-cough, &c., acquire a knowledge of human nature and human passions (!), and, moreover, learn the technicalites of general practice. Without denying that the *Lancet* is drawing on its imagination in asserting that old nurses diagnose accurately cases of measles which have puzzled the 'new doctor,' we may remark that such cases are exceptionally rare. Students do not enter hospitals expecting to study measles or whooping-cough ; or even to learn the technicalities of general practice, much less to extend their opportunities of *studying human nature* and *human passions*. The large majority of students are either sons of medical men, and have had (or will have) opportunities of seeing private practice at home, or they are gentlemen who have spent some time in acquiring professional knowledge, either as pupils or assistants, before commencing their hospital curriculum. It may be that a few young men may come to the hospital fresh from school or college, but we have our doubts as to the propriety of sending these into the 'slums' of St. Giles', Soho, Clerkenwell, Whitechapel, Lambeth, and the Borough, to watch cases of measles and whooping-cough ; to study 'human nature and human passions,' and to learn the technicalities of general practice, even though it be under 'proper guidance.' As many of the cases that would come under treatment by the proposed scheme would be among those unfortunate females whose sickly faces are so often seen in our out-patients' rooms by day ; and by night, are to be met with—only now, aided by the liberal application of well-known toilet necessaries, of a more blooming hue—in the Haymarket, the music-halls, and other places of public resort, the advisability of sending junior students among these to study 'human nature and human passions,' may indeed be questioned. But apart from such considerations, medical students want no further opportunities for clinical study ; the time occupied by the curriculum is so short, and the work to be mastered so great, that few students can avail themselves of the opportunities for clinical work already afforded by the hospitals, to anything like the extent they would desire."

We consider that the argument, so far as the needs of students are concerned, is thus completely disposed of, and we feel sure that the moral sense of the profession will revolt against a scheme which is likely to carry ruin into the household of many a struggling practitioner.

The fact is, medical charity—as it is perversely miscalled—has gone mad. Rich men subscribe to charities a trifle out of their abundance, and then take it out by sending their *employés* to receive the attention of the medical staff.

Such "charity" is undeserving the name, and instead of seeing it increase, we should be glad to find it abolished. No doubt the profession is itself to blame, as it has for so long a time encouraged all would-be philanthropists to prey upon its ranks, and use its members as they please.

Happily, there is beginning to be a recognition of the impropriety of throwing gratuitous medical aid in the way of every one ; and now that the public has been led to think over the matter, we hope the scheme for extending the out-patient department will at once be buried.

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Notes on Current Topics.

Extraordinary Longevity.

A MAN has recently died at Leary named Robert Sexbury, having attained the age of 110. When past eighty he met with an accident necessitating amputation of one of his legs, and it is reported that he declined all assistance except that of the surgeon, whom he aided by all means in his power to perform the necessarily painful operation. His funeral was attended by several of his children, none of them chickens, some being between eighty and ninety years of age.

Royal Medical Benevolent College.

OUR readers will remember the untimely decease of Mr. J. D. Baker, of Wragby, who was last year thrown from his horse and killed, leaving a widow and three children slenderly provided for. The friends are seeking votes for the admission of Charles Frederic Baker, the youngest son, now aged nine years, to obtain a foundation entrance to the Royal Medical Benevolent College. Proxies will be received by the Rev. W. K. Marshall, Vicarage, Wragby, Lincolnshire.

Neuralgia of the Testes.

J. LAZARUS mentions in the *Wien. Med. Presse*, among the lesser known causes, chronic dyspepsia, often accompanied by pain in the testicles. He thinks long abstinence from sexual intercourse, in consequence of debility of the virile powers may also give rise to neuralgia. He has had remarkable success, in many obstinate cases, by the internal administration of sulphate of zinc three times a day. He has also injected hypodermically behind the scrotum a solution of the same salt with success.

Treatment of Mercurial and Senile Tremor with Hyosciamine.

DR. OULMONT, whose researches we have previously noticed, finds hyoscyamine very effective in mercurial and senile tremor. Of six patients suffering from mercurial tremor one was cured and two improved ; in three of the cases the affection had already existed from three to five years. In two patients with senile tremor considerable improvement resulted.

Inhalations of Oxygen in the Treatment of Hydrophobia.

Laschkewitsch administered inhalations of oxygen to a peasant who, ten weeks before, had been bitten by a mad wolf. The tetanic muscular contractions ceased, the cyanosis disappeared, and the exacerbations of violence gave place to a quiet, gentle condition. A fatal result followed, but was attributed to the inattention of the nurses, who discontinued the oxygen inhalations.

A Midwife of the Olden Time.

The *New York Medical Journal* says that in "Hayward's New England Gazetteer," under the head of Marlborough, Vt., it is stated that Mrs. Whittimore, wife of one of the first settlers of that region, "officiated as midwife at more than two thousand births, and never lost a patient." She possessed great vigour of constitution, and "frequently travelled on snow-shoes from one place to another, by night and by day, serving as nurse and midwife, going through with incredible hardships and exposures." She lived to the age of eighty-seven years.

External Use of Chlorate of Potash in Open Cancers.

Burow (*Berl. Kl. Wochenschrift*) has been trying the effect of sprinkling chlorate of potassa either in powder or crystals on cancerous ulcerations. Some Italian surgeons have previously tried this; also, they have employed the drug in uterine cancer in strong solutions. Burow (*Centralblatt*) is of opinion that the remedy causes a diminution and shrinkage of the villosities, resorption of neighbouring ulcerations, diminution of the secretion, and lessening of pain. Whether a cure can result he says has not yet been decided.

Galvanism in Diabetes.

Dr. Bischoff had a patient, æt. 44, who had for thirty-two days discharged on an average daily 2,885 *grammes* of urine and 24·6 *grammes* of sugar. Intercurrent occipital neuralgia induced him to apply galvanism to the neck. The negative electrode was placed high on the neck, and the positive between the angle of the lower jaw and the mastoid process, then over the supraspinous fossa; the pole being retained in the latter position, the negative pole was afterwards drawn twelve or fourteen times over the course of the occipital nerve and the cervical spinous processes; finally, the negative pole was applied alternately in the right and left supraclavicular fossæ, and the positive in the epigastrium and over the liver. This treatment was continued for thirty-two days, the application in each place being made for one or two minutes daily. The daily quantity of urine fell to 2,056 *grammes*, and that of sugar to 11·69 *grammes*. Two months after the galvanism had been left off, an examination of the urine for fourteen days showed that the quantity discharged daily had risen to 2,488 *grammes*, and that of sugar to 19·87 *grammes*. On the death of the patient, a year and a half afterwards, there was found to be chronic disease of the vessels in the floor of the fourth ventricle and the neighbouring parts of the brain.

Pure Air.

We all talk about pure air, and the words "fresh air" and "mountain air" are not unfrequently used as if they were synonymous. We have even heard educated people call the atmosphere of a room pure because the stench of carbolic acid or chloride of lime was overpowering. Whether the air is purer at a high altitude has often been attempted to be proved by experiments. The last we have met with have just been made by M. Truchot, who has informed the French Academy, as the result of observations made at Clermont-Ferrand (about 1,330 feet above the sea), at the summit of the Puy-de-Dôme (4,880 feet), and of the Pic de Sancy (6,280 feet), that the amount of carbonic acid in the air diminishes with altitude, while the diffusion of ammonia in the atmosphere follows a directly opposite rule. Thus, the air at Clermont-Ferrand contains from 1¼ to 2¾ milligrammes of ammonia per cubic metre, the quantity being greatest during the prevalence of mist or gentle rain; the air at the summit of the Puy-de-Dôme gave 3 and 1-5th milligrammes in bright sunshine; and that of the top of the Pic de Sancy 5¼ milligrammes in the sun, and more than 5½ during a mist.

The Relation between Drink and Death in England and Ireland.

At the last meeting of the Social Science Congress a paper was submitted by Mr. Hoyle, of Todmorden, the author of a very able work—"Our Natural Resources, and How They are Wasted."

Mr. Hoyle gave in his paper the returns of liquor consumed, the death-rate, and the pauper rates in England and Ireland respectively for the past five years, as follows:—

England.

	Population.	Amount spent on drinks.	Amount per head.	Mortality per 1000.	Paupers per 1000.
1868	21,882,059	£95,078,381	£4 7 9	21·9	47·0
1869	22,164,857	92,592,031	4 3 6	22·7	46·9
1870	22,457,366	95,248,894	4 4 10	22·9	48·0
1871	22,760,359	94,805,371	4 3 4	22·6	47·5
1872	25,067,835	105,634,097	4 10 5	21·0	42·4
	Average ...	96,671,755	4 5 11½	22·2	46·35
		Ireland.			
1868	5,461,299	10,318,603	1 17 9	15·8	11·5
1869	5,443,919	10,549,335	1 18 9	16·4	13·7
1870	5,412,660	11,490,789	2 2 5	16·7	13·6
1871	5,386,708	11,622,459	2 3 1	16·4	13·7
1872	5,365,696	11,604,630	2 3 2	18·2	14·0
	Average...	11,117,161	2 1 1	16·7	13·3

These are the actual results shown by the most carefully prepared statistics. The population of England squander in intoxicating liquors twice as much per head as the people of Ireland. As a result, they have had, for the past five years, a mortality of 22·2 in the 1000 living each year, while Ireland has only had 16·7 deaths in each 1000 of her population. And, more remarkable still, England has 46·35 of her people supported on the poors'-rate, paid by the industrious, the thrifty, and the sober. Ireland has but 13·3 in the 1000 of her population paupers.

Statistics of Insanity in England and Scotland.

In the *Wiener Med. Presse*, 1872, No. 35, is contained a notice on the above topic. It appears that on the 1st January, 1872, there were in England and Wales 6,642 private lunatics, of whom 3,682 were males, and 2,960 were females; and 51,998 pauper patients, namely, 23,818 male, and 28,862 female, or taken together, 58,640, *i e.*, 26,881 male, and 31,822 female lunatics.

Since January 1859, the number of insane, so far as the commission can judge, has grown from 36,762 up to 58,640, and the proportion of pauper insane to the number of paupers has increased from 3·66 per cent. to 5·30 per cent. When we consider too that at present many are sent to asylums who formerly were not looked upon as insane, and that these remain there longer under the greater care of modern times, the numbers are very worthy of careful attention. In the year 1859, there were 0·186 per cent. of the population of England and Wales insane, and now, thirteen years later, 0·254 per cent., or ten in 4,000 inhabitants.

In Scotland there were in 1871, officially 7,729 insane, or 3,636 male, and 4,083 female insane. The commissioners believe that 2,000 insane live in private houses, and are not counted. The total of 7,729 is more than that of the year before by 158. The increase is hence proportionately in Scotland, which has some seventh of the population of England and Wales, rather less. In the ten years, from 1861 to 1871, the proportion of insane to the population has grown from 0·171 to 0·187 per cent.

The increase in the insane in Scotland is proportionately twice as great as that of the population. The commissioners observe that disease, especially among the poor, causes insanity, and in no way is insanity the result of modern civilisation. Nevertheless, overcrowded towns, exhausting labour, breathing of bad air, and above all, the frequent use of stimulants with imperfect nutrition and neglect of education, have influence on the increase of insanity. In England, the proportion of cures to the entries was 33·87 per cent., and in Scotland, 40·4 per cent. The proportion of deaths to the average of the patients in asylums in England, was 10·33; in Scotland, 8·5 per cent. In both countries more male than female insane died. In England, cases of epilepsy and palsy are more frequent than in Scotland. In the accounts we find but little as to the causation of the disease. The Scotch report, however, remarks that the sixth part of the insane admitted in 1871 were caused by intemperance.

The Sewage Question.

It would appear that we are not very likely to find a satisfactory solution of the many problems involved in what is called the sewage question. Those who read our series of reports when they appeared were put in possession of the scientific facts of most importance; nor were the economical considerations ignored. The reports having since been included in a volume entitled "The Sewage Question," published by Baillière and Co., and comprising Dr. Lethoby's notes and analysis is easily accessible, and yet we find correspondence going on in the papers, in which many of the points there elucidated are quite overlooked.

Looking at the magnitude of the interests at stake—commercial and sanitary—it is refreshing to see anyone coming forward in the matter without any apparent desire to turn it to personal profit. We have been struck in this respect with a letter to the *Globe* signed Sidney W. Rich, from which we learn that the writer has been incurring some expense in the hope of making precipitating processes less costly. These processes all depend on sulphate of alumina, and this is what Mr. Rich has to say in the matter :—

> "The price of sulphate of alumina rules the cost of purifying the sewage by any of these processes. The common methods of making sulphate of alumina in a crude form depend on the treatment of clay or other aluminous material with sulphuric acid. Now, sulphuric acid is, from this point of view, an expensive chemical product; it is made from the sulphurous gas obtained by burning sulphur or pyrites in "sulphur burners." The sulphurous gas is cheap, but the manufactured sulphuric acid is dear. You will at once see that the high price of sulphate of alumina is due to the roundabout process employed in its manufacture. First burn your pyrites and then convert the resulting sulphurous gas into sulphuric acid; subsequently digest the clay or other material in the acid in expensive leaden pans.
>
> "Last year I endeavoured to surmount the difficulty regarding cost, and at great expense erected model works at Gisboro' for experimenting on a more direct treatment of the aluminous material. I worked upon the aluminous shale of the district, and as a result of my experiments found that at a suitable temperature the burnt shale combined with the sulphurous gas, provided air and moisture were present, sulphate of alumini being formed. To carry this out practically I built a brick cell eighteen feet high and caused the shale immediately as it burnt and while still hot to sink into the cell, introducing currents of sulphurous gas, air, and steam; the material as it becomes converted can be withdrawn from the bottom of the cell, and a continuous action thereby kept up. The net result is that sulphate of alumina may now be profitably manufactured at 25s. or 30s. a ton.
>
> "Surely, Sir, work of this sort deserves some public attention. Yet, although I have shown the way, sewage companies still stick to their new clay, sulphuric acid, &c.
>
> "Yours faithfully,
>
> "Sidney W. Rich."

Identity.

At the present time questions of identity are full of interest to the public, and medical men are quite aware of the difficulties that surround the question in which they are so often called to speak. The questions we publish today framed by our able contributor, Dr. Handsel Griffiths, will assist those who appreciate the difficulties surrounding identity to systematise their knowledge, and so have it ready when called for. As a proof of the necessity of not being swayed by untrained persons, the story told last week by the daily papers is instructive. They inform the public that an old man who died on the door-step of a coffee shop in Shoreditch was identified by nine or ten men in the service of the Gas Company as a fellow-workman, who was, however, found to be at home in bed. The body was then recognised as that of a pauper who had been in the workhouse for over twelve months, first by fourteen of the officials and afterwards by the son-in-law and daughters of the pauper, who attended as mourners at his funeral. It has subsequently transpired that the old man in whose name the funeral took place is alive in Devonshire, and the son-in-law naturally objects to pay the funeral expenses of the mysterious stranger. After this what is the value of identification by the public?

London Water.

We have received the Report of the Water Examiner (Mr. Frank Bolton) to the Local Government Board on the Metropolitan Water Supply during the month of October, and we find that it contains many remarks of importance to the public and the profession. Thus, the construction of additional subsiding and impounding reservoirs by the Chelsea, Grand Junction, and Southwark and Vauxhall Companies is pronounced to be most desirable.

The Kent Company, in accordance with the notice given in January last, have completed the arrangements for, and are now giving constant supply to about 1,500 houses in their district. This company is about to extend the *constant* supply in their district.

The New River Company have now the power of affording effective *constant* service in their district. They have also commenced a new high service covered reservoir to contain 1,000,000 gallons at Southgate, in anticipation of the requirements of the water supply to Edmonton parish. The Company have in a number of cases afforded constant supply by means of stand-pipes, and have agreed with a committee of the corporation of the City of London to furnish constant supply at once to a large number of the houses of the poor within the city bounds, whenever the arrangements of the officers of the corporation in connection therewith are completed.

The East London Company are extending the constant system of supply in their district.

The Southwark and Vauxhall Company are constructing covered service reservoirs at Nunhead, to contain 18,000,000 gallons, and are erecting additional engine power for high pressure constant supply.

The West Middlesex Company are giving constant supply to a number of houses on the application of the owners.

The Grand Junction Company have completed a high service reservoir near Kilburn, to contain 6,000,000 gallons for constant supply.

The Lambeth Company are carrying out extensions and improvements in their works, and during the time the works are in progress the filtration is inefficient. The company are also giving constant supply by means of stand-pipes in a number of courts and alleys, and arrangements have been made to supply upwards of 5,000 houses of this class.

We next come upon a point of the greatest importance from a sanitary point of view, and which is fully appreciated by Mr. Bolton. It is this: that if the following clause of the Board of Trade Regulations, 1872, relative to waste-pipes, is carried out in its integrity it will prevent contamination of the water from the gases generated by sewage, which are extremely liable to flow back into the cisterns and become absorbed by the water :—

> "Regulation 14. No overflow or waste-pipe other than a 'warning-pipe' shall be attached to any cistern supplied with water by the company, and every such overflow or waste-pipe existing at the time when these regulations come into operation shall be removed, or at the option of the consumer shall be converted into an efficient 'warning-pipe within two calendar months next after the company shall have given to the occupier of, or left at the premises in which such cistern is situate, a notice in writing requiring such alteration to be made."

The particular object of the above is to prevent the waste of water, but it will also effect an object of far greater importance by getting rid of the poisonous effluvia and gases from the drains which would otherwise ascend through the pipe, and not only be partly absorbed by the water in the cistern, but be partly mixed with the air in the houses, thereby becoming a cause of fever and disease.

Mr. Bolton adds :—"The attention of all householders may with advantage be given to the fittings and cleanliness of their cisterns, upon which depends in a great measure the purity and abundance of the domestic water supply, and the metropolitan water companies should cause frequent surveys to be made of such portions of their respective districts as are badly provided with cisternage, and furnish proper means of supply. Recent investigation has shown that some houses in Rotherhithe have through inadequate cisternage and appliances been limited to a bare 16 gallons daily, a quantity altogether insufficient for domestic purposes."

Neglect of Registration Returns.

The Registrar-General of Births and Deaths finds it necessary again to advert in his official return, which we publish elsewhere, to the neglect evinced by the authorities of the Mater Misericordiæ Hospital, Dublin, in delaying to register the deaths which occur in that institution. The Registrar-General very properly observes that such omission seriously prejudices the value of the statistics, and there is hardly a week's return in which the complaint is not found that it contains deaths which occurred in periods long preceding. It appears strange that the hospital authorities will not, for the credit of the institution, and the benefit of the public, release the Registrar-General from the necessity of introducing this caution into his report.

Adulteration of Drugs.

A case of considerable importance to chemists and druggists was brought before the magistrates at Westminster Police Court on Saturday last.

Four chemists carrying on business in the neighbourhood were summoned for having sold an adulterated drug, spiritus ætheris nitrici.

The purchases having been proved, Mr. Auguste Dupré, Analyst of Westminster Hospital, explained that since 1867 the Pharmacopœia had introduced the use of sulphuric acid and copper; formerly the spirit was manufactured from nitric acid and spirits of wine. He considered the sample produced adulterated, because it was not made up to the standard prescribed by the Pharmacopœia; there was nothing deleterious in the compound.

On the other side it was stated that the composition according to the new Pharmacopœia was of a different colour, and more nauseous than the old spirit, that the public would not have it, the old spirit being more palatable; ten times the quantity of it is sold.

The magistrate allowed the summonses to be withdrawn granting costs against the District Board of Works.

Mr. C. R. C. Tichborne, Ph.D., F.C.S., has been appointed Professor of Chemistry in the Carmichael School of Medicine (Richmond Hospital), Dublin.

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Invalid Climates.

A COMPARISON of three places of invalid resort, Mentone, France; Aiken, South Carolina; and Anaheim, in Southern California, for the months of December, January and February, has been made says the *Medical and Surgical Reporter*, by Francis S. Miles, of New York. He says that at Anaheim an invalid could have been out of doors all day during 81 days, and would have been confined in doors by bad weather 9 days. At Mentone there were 67 fair days and 23 bad days, and at Aiken 53 fair days and 37 bad days. The average temperature at Anaheim during the three winter months was 61 degrees, at Mentone 48½ degrees, and at Aiken 53 degrees.

Successful Case of Ovariotomy.

THE operation of ovariotomy was performed last week in the Meath Hospital, Dublin, by Mr. Porter, and we are pleased to understand that the patient is making most satisfactory progress. The patient is unmarried, 23 years of age. About fifteen months ago she first noticed the development of the disease. It began on the right side, and she had been tapped four times; the quantities of fluid evacuated being 109 ounces; 263 ounces; 308 ounces; and 204 ounces respectively. After removal of the cyst it appeared that there was a very small amount of solid matter, and an utter absence of any appearance of malignity about it. The weight of the great cyst after removal was 1 lb. 15½ oz., and it contained at the time of the operation 210 ounces of fluid of a chocolate colour, and was 26 inches in one circumference, and 29 in the other. The girth of the abdomen at the umbilicus was 26 inches, and from the pubic to the xiphoid cartilage 14½ inches.

IN six out of twenty-three cases of retro-uterine hæmatocele observed by Dr. E. Weber and reported in the *Berlin Klin. Woch.*, venereal excesses were the partly proven, partly presumable causes; in four cases they were the direct cause. According to the author, occupation at the sewing machine is also a factor in the etiology of hæmatocele which he found mostly in aæmic women who worked hard. The right perimetrium was looked upon as the source of the hæmorrhage in eighteen cases. As none of his cases terminated fatally he considers the prognosis as favourable. His method of treatment was ice-bladders, tincture of chloride iron internally, and abstinence from puncture. Ten cases resulted in a complete cure. Three cases terminated with a rupture of the extravasation *per rectum*.

OUR contemporary, the *British Medical Journal*, refers, under the guise of a reply to a correspondent, to our comments upon an inaccurate and spiteful paragraph referring to a recent appointment in the City of Dublin Hospital, and published by our contemporary. Our animadversions at the malicious style of the paragraph are met with a *tu quoque*, to which we have only to reply that the animus of the paragraph is written on its face and cannot be denied. The *British Medical Journal's* Dublin correspondent again this week discredits its editorial department by the singular ignorance of current events displayed in his contributions to our contemporary's columns. The Irish news department is headed by a statement that for the office of Examiner in the Royal College of Surgeons in Ireland Mr. White, Mr. Tyrrell, Mr. Smyly, and Mr. John Hamilton were candidates. Not one of these gentlemen, except Mr. White, offered himself for the office. Dr. P. C. Little, whose candidature was apparently unknown to the special correspondent, was the only other candidate with Dr. McDowell and Mr. Persse White.

THE will of Dr. Dalrymple, late M.P. for Bath, has been proved under £45,000 personalty.

THE evening meeting of the Pharmaceutical Society of Great Britain will be held on this day, Wednesday, at 8 o'clock.

PROFESSOR HELMHOLTZ, of Berlin, has received the Copley Medal of the Royal Society, and of the two Royal Medals usually given one has been awarded to H. E. Roscoe, F.R.S., Professor of Chemistry in Owen's College, Manchester, and the other to Dr. Allman, Professor of Biology in the University of Edinburgh.

THE Governor and Directors of the Apothecaries Hall of Ireland entertained the leading members of the Profession in Dublin at Shelburne Hotel on Thursday last. Dr. Brady, M.P., and the Presidents and Vice-Presidents of the Colleges of Physicians and Surgeons were present.

THE opening meeting of the Pathological Society of Dublin was held last Saturday. After the transaction of the general business the Society proceeded to the election of officers for the ensuing year. The subject of the Prize Medal of the Society for this Session has been fixed as follows: "On Injuries and Disease of Articular Cartilage." The following council and officers was elected:—*President:* Dr. R. D. Lyons; *Vice-Presidents:* Drs. R. Adams, Sir Dominic Corrigan, G. H. Kidd, J. Denham, G. H. Porter, H. Kennedy. *Council:* J. T. Banks, A. W. Foot, F. Gordon, F. Hayden, H. H. Head, J. S. Little, B. G. McDowel, Wm. Moore, J. M. Prosser, Wm. Stokes Jun., J. Tuffnell, J. W. Wharton. *Honorary Secretary:* William Stokes. *Secretary and Treasurer:* Edward H. Bennett; *Secretary for Foreign Correspondence:* R. McDonnell.

THE inspectors of lunatic asylums in Ireland point out in their recent Report that the most startling and suggestive element arising under the heading of admissions is the 1,119 *admitted* as dangerous lunatics under the Act 30th & 31st Vic. c. 118. The above figures require no comment, comparing them with other statistics on this particular point. They go far to show that this facile method of procuring admission into district asylums has almost superseded the normal and legitimate one exercised with such deliberation and discrimination by boards of governors and physicians for so many years, and which, while it enabled them to keep a watch with a view to the exclusion of unsuitable cases, which might be sought to be thrust on them, gave them a full discretion in deciding as to what might be considered cases fairly eligible for asylum relief. One thing the inspectors say is clear, that magistrates have not hesitated to employ the Act in disembarrassing their respective localities of characters whose troublesome proclivities afforded some colour or pretext of insanity.

STUDENTS' COLUMN.

LECTURES ON HUMAN ANATOMY.

By WALTER RIVINGTON, M.S. Lond., F.R.C.S. Eng.,
Surgeon to the London Hospital and Lecturer on Anatomy at the London Hospital Medical College.

LECTURE VIII.—(*continued.*)

PROFESSOR WEBER has arranged human Pelves into four chief groups, distinguished by the shape of the opening at the brim,—the *oval*, the *round*, the *square* or *four-sided*, and the *wedge-shaped*, *cuneiform*, or *oblong*. The *oval* form is found most frequently among Europeans, the *round* amongst the American races, the *square* among the Mongols, thus corresponding curiously with the shape of the head, and the *cuneiform* among the African races, likewise conforming to the oblong and compressed shape of the cranium. There are, however, numerous deviations in each case from the typical form, so that we cannot take a particular variety as distinctive of any single race.

Comparative Anatomy.—If we look at the modifications which the Pelvis undergoes among Vertebrate Animals, we find that they are such as accord with the mode of life to which each group is adapted. In Fishes, the Pelvis, not being required for the support of the body, and having no large lower limbs connected with it, consists of two simple bones, sometimes coalescing into a single bone, by which the ventral fins are supported. These bones may either be suspended by ligaments from the Coracoids, or supported at the posterior part of the Abdomen in the Abdominal Muscles. They are considered by Professor Owen to be the homologues of the Ischia, and their main features are their ventral position, their frequent union in a Symphysis, and the attachment of the generative organs (*a*). In no fish is the imperfect pelvic arch directly attached to the Vertebral Column. In proportion as the posterior limbs acquire importance so do the pelvic bones increase in size. In Rays and Sharks the pelvic bones are placed transversely, and suspended by a ligament to the spine. In Sharks, peculiar appendages are found in the shape of two club-shaped bones named *claspers*, used for embracing the female in the generative act, and articulated by cartilage to the pelvic bones. They are comparable to the enlarged thumb of the frog at the copulative period. In the Torpedo two processes, resembling Marsupial bones, project from the Pubes. The first indication of a *Sacrum* appears in the Rhombus and Loricaria, in whom there is found an ankylosis of the anterior caudal vertebræ.

In Vertebrates above *Fishes* the pelvic arch at first consists of a simple continuous cartilage on each side, which becomes divided by the formation of an Acetabulum into a dorsal and a ventral half. As a general rule, three separate ossifications appear in the Cartilage, one for the dorsal and two for the ventral half. The dorsal half is the Ilium, and the ventral portion presents the Pubes anteriorly, and posteriorly the Ischium. In the *Amphibia* the Pelvis presents very varying conditions. In *Siren* anterior limbs alone exist, and the Pelvis is altogether absent. In some genera there are only vestiges of an Ilium and Ischium; in others, as the *Ophidia*, a single bone is found under the skin near the anus. In others, again, there are simple elongated bones attached by ligament to the transverse processes of the Vertebræ, or altogether free from the Spinal Column. Professor Huxley says that "the pelvic arch is attached (except in Proteus) to the extremity of the sacral rib. An iliac ossification is always developed; and ischial in all but Proteus. The Pubes does not appear to be regularly represented by a distinct ossification. In the Batrachia the applied flat faces of the expanded ventral divisions of the pelvic arch coalesce into a disc." Professor Owen traces the modifications of the Pelvis and the hind limb from a natatory type exhibited in Proteus, Icthyosaurus, Plesiosaurus, Newts, Salamanders, and Tadpoles to the saltatory type shown in Toads and Frogs. In Proteus he finds, in addition to a pair of cartilages answering to the piscine Ischia, a second pair, or Ilia, supporting the diverging appendage, now consisting of definable segments, femur, tibia, and fibula, a tarsal mass and many jointed rays or digits, and attached to the riblets of the last Abdominal or Sacral Vertebra. In the extinct Icthyosaurus there was a closer correspondence to the piscine type. The iliac element was joined to the ischial in supporting the fin, both were freely suspended, and a second hæmapophysial arch answering to the Pubes was present below it, to afford the greater extent of origin required by the muscles of the better developed fin. A femur, tibia, and fibula, and a series of multi-articulate digits, were united by ligament to form the fin. In Plesiosaurus the increased length and differentiation of the several segments of the fin required a corresponding expansion of the Pubes for muscular attachments, the Ischia became flattened triangular plates, and the Ilia, though still long, bones were stronger and attached by ligament to the riblets of the Vertebræ. In Nothosaurus the pelvic arch was more firmly fixed to the Vertebræ. A tarsus and metatarsus now become definable, and the digits, with fewer joints, do not exceed five in number. In Icthyo-pterygia and Sauro-pterygia all the bones are solid. In the Land Salamander the Ilium retains its simple rib-like character, and there is a broad ischio-pubic plate partly ossified, and having attached to its anterior margin a cartilage of a shape considered by Dugés to be marsupial, by Meckel as part of the sternal elements, and by Owen as representing the last pair of abdominal ribs in higher reptiles. "The Tadpole," says Professor Owen, "affords a significant example of the transmutation of a natatory to a saltatory type of hind limb, irrespective of efforts and exercises through successive generations producing and accumulating small changes, and independently of any selection by nature of such generations as were enabled, through the accidental variety of a slightly lengthened hind limb, to conquer in the battle of life, and to transmit the tendency towards such disproportion to their posterity." "In the immature Batrachian," Mr. Wood observes, "a triangular-shaped cartilage intervenes between the opposing Ilia and the other pelvic bones in the acetabula, which afterwards becomes obliterated by the ankylosis of the bones. Dugés calls it an os paracotyleal, analogous to the paraglenal bone of the shoulder of the same animal. There are also epiphyseal pieces on the Ilia and Ischia which represent the crest and tuberosity of those bones respectively." In the Frog the transverse processes of the Sacrum are long and strong, and to their tips the elongated Ilia are moveably jointed, the latter suspending the Sacrum between them "like the springs of a coach. At their opposite ends they are ankylosed, not only with the Ischia and Pubes, but with each other; and thus the acetabula, of which they form the greatest portion, are closely approximated, and the pelvic outlet assumes a V-shape with the base of the Sacrum and the angle at the coalesced extremities of the Ilia. The Pubes and Ischia of both sides are coalesced together in an azygos osseous plate." The Coccyx is ankylosed to the Sacrum, and prolonged into a curious cylindrical styloid process. The Femur is longer than the Ilium, and the tibia than the femur. In the Toad the Ilium is longer than the femur, and the femur than the tibia. The solidity of the ischio-pubic portion of the Pelvis is exactly related to the strength of the powerful triceps obturator, adductor, and ham-string muscles. The single pair of glutei act from the Ilia, the pyriformes from the Coccygeal style, and the abdominal muscles influence the moveable Ilia. The impulse of the hind limbs is thus conveyed through the elastic Ilia to the transverse processes of the Sacrum, and the saltatory movements of the animal are thereby secured.

Among Reptiles, the Pelvis is distinguished from the Mammalian type by the circumstances that its three component parts remain separate throughout life, united by ligament only; that the relative proportions of the bones are reversed, the Ilium being the smallest segment and the Pubes the largest; that both the Ischia and Pubes are united together in a separate symphysis; and that the Ilia are united to the Sacrum only by their tips.

In the Chelonian Reptiles, the fresh-water and the Mud Tortoise, or Trionyx, a pelvic circle is completed behind by the junction of the Ischia, and in front by the Pubes. The Sacrum, which is soldered to the back plate, is shut out from this ring, being united to the Ilia only by the tubercles at the apices of their long transverse processes. The large circle thus formed represents in the Turtle and the Trionyx coa-

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(*a*) Mr. Wood, in his article, "Pelvis," says, "Owen considers the pelvic bones of fishes to be the homologues of the *pubes*." Professor Owen appears to have changed his views, for in his "Anatomy of Vertebrates," Vol. I., p. 179, he speaks of them as "the bones which, uniting together near the point of attachment of the fins without an intervening bone resemble their homotypes the coracoids; by virtue of which serial, homology, we infer their special one with the ischia of higher animals."

lesced obturator foramena, the true pelvic circle being formed between the Sacrum behind, the Ilia at the sides, and the coalescing Ischia in front. In Tortoises and Terrapenes the large circle is divided by the connection of the pubic and ischiadic symphyses into two foramina. The acetabulum in all these animals is formed by the three segments. In the Saurian Reptiles, however—the Crocodiles, for example, the acetabulum is formed only by the Ilium and Ischium united by strong articular ligaments, whilst the Pubes fail to meet in the median line, being connected only by the abdominal aponeurosis. In Lizards, the Pubes take their share in the formation of the acetabula, and the obturator foramena is divided.

"The Pelvis of a bird," Professor Huxley observes, "is remarkable for the great elongation, both anteriorly and posteriorly of the iliac bones, which unite with the whole length of the edges of the Sacrum, and even extend forwards over the posterior ribs of the dorsal region. Below, each iliac bone forms a wide arch over the upper part of the acetabulum, the centre of which is always closed by fibrous tissue, so that in the dry skeleton the bottom of the acetabulum is perforated by a wide foramen. An articular surface on the Ilium, on which the great trochanter of the femur plays, is called the *antitrochanter*. In all ordinary birds, the Ischium, which broadens towards its hinder end, extends back nearly parallel with the Ilium, and is united with it by ossification posteriorly. The ilio-sciatic interval is thus converted into a foramen. The Pubes enters by its dorsal or acetabular end into the formation of the acetabulum, and then passes backwards and downwards as a comparatively slender curved bone parallel with the Ischium. It is united by its fellow only by fibrous tissue. Neither the Ischia nor the Pubes unite directly with the Sacrum. Very few birds present any important deviation from this structure of the Pelvis. In Tinamus Casuarius, Dromœus, Apteryx, Dinorius, the Ischium is not united with the backward extension of the Ilium by bone. In Rhœa the Ischia unite with one another beneath the vertebral column, and the vertebræ in this region are very slender, and imperfectly ossified. In Struthio (*a*) alone, among birds, do the pubes unite in a median ventral symphysis.

The distinguishing features of the pelvis of the bird are its firmness and immobility, and the great extension of the surfaces for attachment of the muscles acting on the trunk and leg. The openness of the pelvis in front is related to the large size of the eggs of birds, whilst the number of ankylosed vertebræ by which it is supported, and the strength of the sacro-iliac symphysis serve partly to compensate for the deficiency. The weight of the horizontal trunk has to be transferred to a single pair of legs, and this is effected by the trunk and the femora meeting each other at a considerable angle. By this means, and by the flexion of the legs and length of the toes, the centre of gravity, which lies in front of the thigh bones, is brought within the base of support. To promote this result we generally find the acetabula considerably nearer the anterior than the posterior end of the innominate bone, and close to the borders of the sacrum. In some of the swimmers and waders the breadth of the pelvis is increased, the acetabula being widely separated to afford room for the powerful muscles which act upon the thigh-bones.

In Cetacea and Sirenia among Mammals the pelvis is in the rudimentary condition peculiar to Fishes. It consists of elongated bones, suspended by ligaments from the sacral vertebræ, and approaching, but not meeting, their fellows on the opposite side. In the Sirenia they lie vertically, and in the Cetacea parallel to the long axis of the spinal column. In all other mammals, "each lateral half of the pelvic girdle consists primitively of a rod of cartilage crossing the long axis of the trunk, having an upper or dorsal and a lower or ventral end: the upper end diverges from that of the opposite side, but the lower end approaches, and in most instances meets, it forming a symphysis, without the intervention of any bone corresponding to the sternum" (*b*). The acetabulum is formed as in man, by all the three pieces in which the cartilage ossifies. Compared with the os innominatum of man, that of the lower mammalia is a prismatic and elongated bone. It possesses three surfaces—an inner, articulated with the sacrum; an anterior, turned forwards, and attaching the iliacus; and a posterior, giving attachment to the gluteal muscles. It is placed obliquely in reference to the vertebral column, the iliac end being turned forwards and the ischio-pubic backwards. The ilium and the ischium are often in a straight line, and of nearly equal length, the iliac surface narrow and flat, the gluteal surface concave, the symphysis pubis deep, and the ischia everted and divergent. Great variety, however, is exhibited even among the members of the same order in respect to the relative proportions and shape of each segment. Among the most interesting peculiarities not already mentioned are the ankylosis at the symphysis, which occurs in Rhyncocyon, Macroscelides, and Tupaia among the Insectivora, in some of the Rodentia, in Edentata, and generally in the Marsupialia; the ankylosis of the sacrum with the ilium and part or whole of the ischium, found in the Mole, in most Edentata, and especially in the Armadillo, in whom the pelvis is converted into a long bony tube, and the failure of symphysial union in some other genera of the Insectivora, and in many of the Chiroptera. But perhaps the most remarkable peculiarity of all is that found in the Marsupialia and Monotremata, in the shape of ossifications familiar to anatomists by the name of marsupial bones. They consist of a pair of long, curved, and flattened bones, movably jointed by one end to the anterior margin of the pubes, near the symphysis, and passing upwards within the external abdominal muscles. They appear to be ossifications of the inner tendons of the abdominal muscles, are allied to the class of sesamoid bones, and vary in size from small unossified fibro-cartilages in Thylacinus to bones half the length of the Ilium in the Kangaroo, and nearly as long as the Ilium in Didelphys. They are found in both sexes, and therefore bear no special relation to the ventral pouch of the female. In some Carnivora there are small cartilages in the inner tendons of the external oblique muscles which have corresponding form and relations.

(*a*) "Anatomy of Vertebrated Animals," pp. 293-4.
(*b*) Flower, "Osteology of Mammalia," p. 331.

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Transactions of Societies.

MEDICAL SOCIETY OF LONDON.

Nov. 17th, 1873.

S. O. Habershon, M.D., F.R.C.P., President, in the Chair.

Mr. Thomas Bryant related a case of

INTESTINAL OBSTRUCTION.

Frances Collins æt. 45 (married) came under his care at Guy's Hospital, 18th January, 1873. She reported that when in apparent health four days before, while putting down a heavy bundle of wood, she felt something in her stomach give way, the sensation was accompanied with severe pain, extending all over the abdominal region from the pit of the stomach to the perinæum: this was accompanied with vomiting. Hot fomentations were applied and afforded relief, but the pain and the vomiting still occurred at intervals.

The bowels had not been opened since the first appearance of the symptoms, neither had she passed any wind. She had a reducible femoral hernia in the right groin, which had existed for years. When seen, her abdomen was much distended and tympanitic coils of bowel were made out through the parietes, and vermicular action of these coils was visible; her face had a pinched and anxious look, pulse 120 full, urine scanty. The attacks of pain came on every half-hour and she vomited a dark-coloured offensive fluid. No signs of femoral hernia existed nor was there more abdominal tenderness at one spot more than another. The whole history of the case, the suddenness and acuteness of the attack clearly pointed to the presence of some mechanical intestinal obstruction, and it seemed likewise tolerably certain that the hernia had no direct connection with the symptoms. An exploratory abdominal operation was therefore determined upon, and an incision made in the median line of the abdomen below the umbilicus about 5 in. long. Some coils of small intestine were then turned out upon the abdomen, all were injected, but not dulled in their lustre, neither was there any lymph about them, a clear slightly brownish serum flowed from the abdominal cavity, the small intestines were distended, but not to a great extent, some of these coils were found to pass under a band which consisted of omentum and which was adherent below to the left ovary; the continuation of the bowel beyond the band being flaccid, this seemed clear that the bowel had passed under this omental band at the time she felt the pain on the 13th, and that it had become constricted by it. This band was tied in two places by a catgut ligature and divided, the edges of the incision were brought together by carbolised catgut ligatures, and strapping in broad bands was fastened all over the front of the abdomen. A compress of cotton wool was placed all over, and the patient kept fully under the influence of opium.

Jan. 19.—She vomited once in the theatre after the chloroform, and again when she got into the ward, she had a two-grain opium suppository, and was afterwards subcutaneously injected with morphia; she seemed to be only drowsy from that time up to 10 p.m. She died at 3 a.m. the next morning, 13 hours after the operation, without speaking again, although during the night she took a little fluid to drink from the nurse. After death, on opening the abdomen the intestines and the omentum were found matted together, a coil of bowel of a greenish colour and moderately distended was found in the pelvis, bound down by a second omental band which existed as a narrow cord, and was attached to the right corner of the uterus. It was this band that had caused death; the obstructed bowel included six or eight inches of the ilium three inches from the cæcum. In conclusion Mr. Bryant spoke in favour of exploratory operations.

The PRESIDENT agreed with Mr. Bryant in thinking that more lives would be saved if the operation of gastrotomy was frequently performed, and earlier. Many physicians hesitated to recommend the operation, remembering how often patients, with the symptoms described, although on the verge of death, were seen to recover without any operative measures being taken.

Dr. CRISP mentioned the case of a girl who for four days, in addition to the usual symptoms, had suffered severely with stercoraceous vomiting. Gastrotomy was performed and a large quantity of whey-like fluid with many flakes floating in it was removed; the intestines were examined, but no constricting band was found.

Another patient who was frequently attacked with colic, always found relief by raising his legs and pelvis high in the air, making his head and shoulders the most dependent parts. One day, however, being attacked in the usual manner, this remedy and others failed to give relief, and death ensued. At the autopsy eight inches of the cæcum were found to be turned completely round and this portion of the bowel was filled with blood.

Mr. MAUNDER said that eight years back the operation of ovariotomy was considered unjustifiable while it was commonly performed and recognised, and he fully thought that 25 years hence gastrotomy would be in the same position. He thought a good diagnosis was the chief element of success. He seldom tried opium for more than six or eight hours, and discontinued it unless marked benefit had resulted, for it then only marked the pathological changes which were taking place.

RENAL CALCULUS IN THE KIDNEY.

Dr. PURCELL exhibited a kidney which contained a large renal calculus *in situ*. It was obtained from the body of a man æt. 64, who died suddenly. The patient had been paralysed during the last eight years of his life, and had often complained of rigors and pain in the chest extending down his left arm. No symptom had ever developed itself sufficiently to warrant the diagnosis of such a calculus being present.

MR. HAINWORTH remarked that he had noticed that in cases of suppuration of the kidney, the patient generally complained of a sensation of constriction round the abdomen, as if a cord were bound tightly round the waist.

Dr. DAY suggested that this patient died of uræmia.

Mr. SPENCER WATSON showed a patient on whom he had performed several operations for the relief of deformity resulting from a burn on the neck and face; the contraction of the cicatrix in the neck had caused division of the lower lip, overflow of the saliva and dragging of the cheeks and lower eyelids. In the first operation the sound skin on the side of the neck had been brought forward in the form of two triangular flaps, which were fitted into the gap made by a transverse division of the contracted central line of the neck; complete union and a satisfactory result followed. In further operations the swollen and hypertrophied mucous membrane of the lower lip had been reduced by taking horizontal slips away from the inside of the mouth, and also by a third plastic operation on the prolabium by everting a portion of skin invaginated by the cicatrix. The boy, now æt. eight years, can completely close his mouth, and has no overflow of saliva, except slightly during his meals; the skin of the neck which was drawn in a straight line from the chin to the sternum now follows the curves of the underjaw and neck without any dragging upon the lower lip or cheeks. Mr. Watson, in illustration of the advantage derivable from the employment of two triangular flaps of skin, whenever a considerable gap was to be filled up, exhibited drawings of a case of ectropium in which a similar proceeding had been adopted with an equally good result.

Mr. BRYANT was sorry Mr. Watson had not supplemented his operation by grafting skin on to the raw surface which had been left by the removal of the good skin. Mr. Watson explained that the edges of the wound he had made came so well together that there was no raw surface left on which to graft skin.

Mr. WILLIAM ADAMS read a paper on

THE GROWTH OF CICATRICES

from wounds made in early life, and the supposed wearing out of some cicatrices. In reference to this subject—the growth of cicatrices—four casts were shown, taken from the feet of the same child, at an interval of 6½ years, and proved that a cicatrix on each foot had grown during that time fully an inch in length. The wound was made through an operation for the cure of club-foot, when the infant was 10 months old, by cutting away the loose skin, which could be finished on the convexity of the club-foot with a view of producing contraction by the cicatrix to overcome the inversion of the foot; no tendons were divided. Mr. Adams afterwards cured the case when brought to him, by tenotomy; the child came under treatment again 6½ years afterwards, in consequence of a partial relapse, and it was then seen that the cicatrices had each increased fully an inch in length. The next case was that of a young lady, who, when a baby a year old, was operated on by the late Mr. J. H. Green, for the removal of a nævus, by excision in the region of the breast. The scar left at the time was less than an inch and a half, but at 19 years of age it was found to have increased enormously, measuring three inches in length, and varying from ¾ to 1¼ in width, this no doubt on the growth of fat and the expansion of the skin in all directions by the development of the breast. The operation was performed to the ligature because it was thought that a very small cicatrix would be left. These cases proved that when a portion of skin has been destroyed, the cicatrix appears to be persistent through life, and to grow *pari passu* with the rest of the body, or rather with the portion of the body over which it may be placed. The increased size of the vaccination scars seen in adults as compared with the scars in children, and also the large bald patches seen on the scalp of the adult when small nævi had been removed in infancy, were also alluded to by the author, who considered that care should be taken to make the wound as small as possible when operating on children, and subcutaneous methods should be preferred. With regard to the supposed wearing out of some cicatrices, Mr. Adams believed that the only scars that do wear out, are those which result from superficial cuts which do not penetrate through the deeper layers of the skin into the subcutaneous fat. When the deeper layers of the skin are divided, as in the lancet wounds of bleeding and in tenotomy operations, a gap is formed between the divided deeper layers of the skin, which retract in consequence of the abundance of yellow elastic fibrous tissue in its structure, lymph is then effused in the gap, and while fibrous tissue is forming the cicatrix structure is developed. Once formed, this appears to be a permanent structure, growing as the part grows, and we have no evidence to show that it is ever absorbed or undergoes any process of wasting. There are two reasons for this permanence of cicatrix tissues—first, that the tissue is sufficiently well organised to be able to maintain itself in the general nutrition of the body secondly, that the cicatrix tissue is so widely different from the structure of the true skin; that it never can become assimilated to it, or resemble it either in the naked eye or microscopic appearances.

Mr. BRUDENEL CARTER said that when his son was only five years old he sustained a lacerated wound of the face, which extended in length from the angle of the mouth to the lobe of the ear, and at its deepest point it went nearly down to the buccal mucous membrane.

Under chloroform he sewed up the wound with a number of very fine sutures, and the primary union which took place was perfect, the line of union being only just perceptible and about a hair's-breadth wide. The boy who is now eight years old, has a scar seven millemetres in width, and the has also grown in length.

Dr. CRISP showed the remains of a scar on his wrist from the bite of a rat. The wound was inflicted when he was 10 years old; for 20 years he had two large and ugly scars; one had not quite gone and the other only just perceptible. He also showed a scar on his other wrist which had followed a pen-knife wound, and this scar had also very materially diminished. The scar he received from bleeding, remains yet distinctly. Mr. Jabez Hogg, Mr. Hainworth, Mr. Hemming, and the President also took part in the discussion, Mr. Adams replied, and the meeting adjourned.

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MEDICAL SOCIETY OF DUBLIN.

November 19th, 1873.

Dr. Duncan, President of the Royal College of Physicians, in the Chair.

The President, having delivered the Inaugural Address,

Dr. Arthur Wynne Foot brought before the notice of the Society

A CASE OF BLUE CHROMIDROSIS,

which will be found in another column.

In the discussion which followed the reading of this interesting paper,

Dr. Stokes remarked that the Society must be greatly indebted to Dr. Foot for bringing the matter before them. The great object of the Society was, that its members should contribute what they were in possession of towards the general knowledge of the subject. He would mention a case in which that remarkable condition of the skin existed for a very considerable time. It was that of a young woman of rather voluptuous habit, who had been in perfect health, but was disposed to mental depression, in consequence of some difference of opinion between her and her parents. She remained for some time in rather a low, depressed condition, taking very little interest in the world, although she was a lady of fashion. Gradually the bluish hue appeared, but always under the eyes. It extended to about an inch or an inch and a half below the lower eyelid, and, having been once established, it would remain singularly stationary Sometimes it was less marked than others. The curious part of the case was, that this lady had no headaches; but after a month or two she became subject to singular attacks of trances, in which she would lie to all appearance perfectly insensible for an hour or two; and he recollected one occasion in which she remained in a completely insensible state for nearly five hours. While in this condition an ordinary person would believe her to be dead. Respiration was so low that it was hardly possible to perceive it. The pulse was very much accelerated and feeble. In this condition she would remain in perfect stillness, and would suddenly, without any effort, wake from it and speak. That condition remained for many months, and she had an attack of trance every day, and sometimes twice in one day. The girl was greatly distressed in consequence of the result of a consultation which was held upon her, and two medical men were called in to see her. They, he thought, very foolishly communicated to her their opinion that the whole matter was simulated, and that produced on the girl a most terrible effect. The refusal of food, lengthened trances, lowness of spirits—all were tremendously increased; and so she went on for nearly one year, at the end of which time, her parents being with great difficulty persuaded that there was no fiction in the thing, consented to meet her wishes, and she rapidly recovered, and had remained perfectly well ever since. In that case little or no medicine was employed. It was by attention to her general health, and supporting her through that time, which was all that could be done, and the result was as he had stated. In that case, with a fine cambric handkerchief, one could get a slight tinge by wiping the coloured part; but whenever one could make a certain amount of pressure upon the part there was for a time a great diminution of the colouration. There was no evidence of increased vesicularity, or of congestion of the head in the slightest degree.

Dr. Grimshaw observed that Dr. Foot, in speaking of the drawings exhibited, had alluded to one of the cases as an intermittent one. He (Dr. Grimshaw) was not quite clear whether it could be described as an intermittent case. When the patient referred to carried out his directions the colouring always diminished. She was of a very nervous temperament—an hysterical girl—and laboured under a great many of those conditions which were generally known as hysterical. She was very fond of going out to evening entertainments, and was absolutely wearing herself out by such dissipation. The directions which he gave her were, to a certain extent, that she should abstain from going to these entertainments, and not over-exert herself. She had tried the arsenic treatment which Dr. Foot had prescribed for her also. When she was under his (Dr. Grimshaw's) care he prescribed for her iron as well as the arsenic; and when she used these and followed his instructions with regard to regular habits, proper amount of sleep at night, &c., she invariably improved. He thought her recovery from the disorder depended more probably upon the care she takes of herself than upon any periodicity of the disease. He had never observed any periodicity in her case, and there was no question about it of genuineness. He had sat on many occasions in that young lady's company after she had washed her face, and seen colour gradually exude from the surface. That had occurred on a dozen occasions; at evening parties she was obliged once or twice to wash her face in order that the appearance might not be discernible by those present. It was most distressing to her for her friends not to believe that the discolouration was an ailment that she laboured under. He thought one of the most interesting points in connection with the subject was its connection with hysterical affections. Headaches of that description were often brought on by over-exertion, and in debilitated cases. He did not think that Dr. Foot had mentioned whether depressing causes had an effect in producing increased discolouration.

Dr. Foot, in reply, said that in the case of the young lady he had referred to, her mental excitement had been created entirely by over-study—not through dissipation. She was the orphan daughter of a clergyman, and led an exceedingly retired life. He had a prejudice against using iron; not that he had observed bad results from its use, but he was aware of Dr. Kollman's observation of the increase of cyanidrosis in a man while using preparations of iron; and Scherer had found by analysis of the blue perspiration of this individual that the colouration was due to the proto-phosphate of iron. Dr. Foot preferred, as constitutional treatment, a long-continued exhibition of arsenical medicines.

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PATHOLOGICAL SOCIETY OF DUBLIN.

The first meeting of the Session 1873-74 of this Society took place on Saturday, November 29, in the lecture theatre attached to the School of Medicine of Trinity College. There was a large attendance of members as well as students.

Dr. George Kidd, on taking the chair, said:—

Gentlemen,—Before the business of the meeting begins, I feel that it would be impossible that I could take the chair, or that we could resume the meetings of this Society without making some allusion to the loss—the very great and irreparable loss—that this Society has suffered since our last meeting. The late Dr. Smith, who, since the foundation of the Society, was our secretary, was one of its originators. He watched over its growth until it had attained success; nor did his interest flag then. His heart was bound up in its welfare; and even when he was struck down by a fatal disease, and lay on his death-bed, the last occupation, as I have been informed, in which he engaged, was in revising, or proceeding with the revision, of our Transactions for the last year, and preparing them for publication. Of his fame and reputation it is not necessary that I should speak here, and, indeed, I am glad that it is so, for I feel that I should be very unworthy to touch on such a thing. So long as surgery is taught, the name of Robert William Smith must be mentioned; and so long as surgical pathology is studied as a science, his fame must endure.

Dr. Barton then presented to the Society

A CONTRIBUTION TO THE PATHOLOGY OF CANCER,

which will be found in another column.

After the reading of Dr. Barton's paper,

Dr. Wm. Moore presented a specimen of a disease with which they were all familiar, and in the case he desired to lay before them there was nothing very abnormal. The case was one of fatal enteric fever, but there were some points of the case which were of clinical interest. The patient was a young girl, aged 21, who was admitted into hospital on the 21st of October last. On the night of her admission she had a temperature of 105½ degrees. The high temperature continued, but no spots appeared, and, as far as could be ascertained, she had been eight days in fever. On the night of the thirteenth day of the fever, when there was an even temperature ranging up to about 104 all through, hæmorrhage ensued, and it was very profuse indeed. If he said that it amounted to between twenty and thirty ounces he would be far under the mark. Next morning the temperature fell five degrees, that being the fourteenth day of the fever; but in thirteen hours it rose again to 104½ degrees, but there was little or no hæmorrhage. It fell on the nineteenth day to 101; but on the evening of the twentieth day hæmorrhage again occurred, the temperature fell three degrees, but the hæmorrhage was not so profuse as at first. Again, however, the temperature rose, and then she had pneumonic signs. The day before her death, in the morning, the temperature was 105, then it rose to 106, and a few hours before her death reached 108 degrees. He might mention that there was not a single speck of any kind indicative of enteric fever. The case presented one of the most beautiful specimens of ulceration in enteric fever. If they took the whole intestinal track they could see a mass of ulcerations beginning at the top of the ilium. Some of the ulceration extended to one and a half or two inches. The clinical interest in the case, he thought, depended on the high temperature which was recorded, and the relation which it bore to the quantity of hæmorrhage. Another feature was that it showed that they could have a most aggravated case of enteric fever of this type without any eruption. Here they had no eruption; but it was as formidable a case as they could well imagine.

Foreign Medical Literature.

CONSERVATION OF ANATOMICAL SPECIMENS.

(Translated for the Medical Press and Circular from *La Presse Médicale Belge*, by A. Vickery.)

Among the most curious objects in the Vienna Exhibition are, without doubt, the anatomical specimens of Dr. Marini, of Naples. He has been able to preserve, during some years, hands, feet, and other parts of the body in a most extraordinary manner.

There are several modes of proceeding. One is mummification, an imitation of the Egyptian procedure, and which may be more or less complete as regards hardness and conservation. This procedure has in itself nothing remarkable, nothing astonishing; but that which is almost incomprehensible is the system which maintains in a fresh state any region of the human body, or even an entire body.

Thus, a foot which, in a journey to Paris, M. Marini had prepared for the Faculty of Medicine, and on which is found the signature and seal of M. Sappey, Professor of Anatomy, is preserved without alteration since Nov. 12th, 1864. In making an incision in this foot the subjacent parts were found in such a state of freshness that one would say that the subject had only been dead a few hours. The fatty tissue had its ordinary aspect, and the tendons their pearly brilliancy. These tissues, at the same time, preserve all their transparency, and in regarding them in obscurity before a light one can distinguish very well the different hollows and the limits of the bones.

Another method consists in that which M. Marini calls the coriaceous state. Here the tissues are hard, and have no transparency; but as soon as they are placed in water they resume the fresh state. We have seen a specimen of these preparations, which the commission of the jury had etached and marked, and which, three days after having ndergone some preparation, had resumed the fresh state, d appeared to be a portion of the recent body. This rtion was taken from a specimen prepared in 1863.

This recalls to mind the preparations of this kind which re exhibited in 1867 at the Exposition of Paris by M. netti, and for which he has received a very high prize. e preparations were made with tannic acid; the tissues erved their form very well, but always remained in a nd coriaceous state.

The methods of M. Marini are, then, a great advance, and up to the present they remain secret; but, like M. Brunetti, M. Marini has given, I believe, the formula of his preparations to the commission, it having refused to judge them if he preserved his secret.

These methods of preparation are not simply an affair of curiosity, but it is certain practice may find them profitable. M. Marini asserts that he has treated by the same method some malignant wounds, and has sensibly modified them. Experience and time will give value to these methods if M. Marini consents—and this is the only honourable and scientific proceeding—to make known his formulæ and modes of operation.

What appears certain is, that no injurious substance enters into these preparations, because M. Marini has also prepared pieces of meat which are preserved in vessels, and he declares that by putting these pieces of meat into water for some hours they may be eaten without danger. In order to mislead those who wish to ascertain the substances which he employs he has added to these preparations of fresh meat either a drop of phenic acid, eau-de-Cologne, peppermint, &c.

Lastly, there is another system of preparation, which is scarcely used except in embalming, and which is called petrifaction. He has profited by the properties of electricity to transport, molecule by molecule, certain salts to one of the poles, and of eliminating others. Thus he is enabled to introduce into the tissues insoluble salts, which penetrate to the extremity of membranes and cellules whilst preserving the general form.

MODUS AGENDI OF VALERIAN IN AZOTURIC DIABETES.

(Translated for the Medical Press and Circular from the November number of the *Journal de Médecine*, by Francis M. Luther, M.D.)

Trousseau used often to prescribe valerian in saccharine diabetes, and some of his *chefs de clinique* have imitated him in this point. He had proved that under its influence the quantity of urine passed rapidly diminished, and the proportion of sugar followed a like progress. However, it is in diabetes insipidus that that eminent clinical observer used chiefly to prescribe valerian in large doses; only in the one case, as in the other, he remarked that the action of valerian is not of long duration. According to M. Trousseau, it was a means of ameliorating, not of curing, and we have seen the same view maintained recently before the Society of Biology, with some new illustrations by M. Bouchard.

Exhibited to patients suffering from diabetes insipidus, this observer has shown that extract of valerian does not act at first upon the polyuria, but upon the azoturia. Extract of valerian administered in the dose of 8 grammes (2 drms.) induced a considerable diminution in the quantity of urea. The polyuria, on the contrary, was but little influenced at the commencement, and for the first three days; but from the moment that the quantity of urea fell below the normal, the polyuria fell from 2,000 to 1,500 grammes (2½ to 3 pints) in the twenty-four hours.

Saccharine diabetes may or may not be complicated with azoturia; if there is no azoturia valerian has no effect, according to M. Bouchard. If azoturia complicated glycosuria, the urea diminished more and more. It may be seen to fall from 45 grammes a day to 25, and then 19 grammes. Finally, it may happen that the polyuria and the glycosuria diminish in their turn.

When diabetes is accompanied by azoturia, it is "consumptive," as opposed to diabetes with corpulence, in which there is no augmentation in the excretion of urea. The administration of valerian may transform "wasting" diabetes into "fatty" diabetes.

We may conclude from these facts that valerian is a medicine that hinders waste. M. Bouchard says on this subject, that in certain tribes of Indians of lower California and Mexico, their warriors before undertaking an expedition, get themselves into training by putting themselves for a month under a course of valerian in every form, in order the better to endure fatigues. In this respect valerian may be compared to arsenic, as a medicine which hinders waste.

M. Bouchard reported the case of a woman who passed 16 litres (32 pints) of urine daily, containing from 34 to 35 grammes (1 oz.) of urea, in whom Fowler's solution of arsenic, exhibited in 12-drop doses, caused the quantity of urine to fall in five days to 8 litres (16 pints) and the quantity of urea to 12 grms. (3 drachms).

M. Bouchard gives extract of valerian in small doses, repeated at short intervals, and thus he has been able to go as far as 30 grammes in the twenty-four hours (nearly 1 oz.). Trousseau stopped at 12 grammes, beginning at 2 grammes (½ drachm) the first day. Exceeding this dose the amelioration obtained became arrested, appetite failed, and the treatment had to be abandoned.

NOTICES TO CORRESPONDENTS.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

OBSTETRICAL SOCIETY OF LONDON.—At the meeting this (Wednesday) evening at 8 P.M., Mr. Tapson, "Note on the Removal of Intra-Uterine Tumours."—Dr. M'Callum, "On a Case of Extra-Uterine Fœtation."—Dr. Routh, "On the Use of Intra-Uterine Pessaries in Uterine Disease."—And other papers. A conversazione will be held at the residence of the President, Dr. Tilt, on Friday evening.

HARVEIAN SOCIETY OF LONDON.—To-morrow, Thursday, at 7½ P.M. Special Meeting of Council.—8 P.M. Mr. Balmanno Squire, "On Lupus and its Treatment."

NAVAL MEDICAL SERVICE.—The next examination of candidates will be held at the University of London on Monday, Feb. 16. Candidates must present themselves for acceptance on the Thursday previous.

DR. BEVERLEY ROBINSON, New York.—Is thanked for his courteous note.

MR. W. H., Salop.—Your request has been attended to.

COMPULSORY VACCINATION.—A person has brought an action against the Board of Health of New York to recover damages to the amount of 10,000 dollars, because one of its agents vaccinated his child contrary to protest, whereby scrofula supervened from the use of impure virus. The action was dismissed upon technical grounds.

DR. BELL TAYLOR, Nottingham.—Practical Observations upon Modern Anæsthetics, received.

MAKE HASTE SLOWLY.—The *Philadelphia Medical Reporter*, in its last number, quotes a remark of the late Professor Nélaton, which is worth repeating :—"If you are unlucky enough to sever a man's carotid artery," said he, "remember that about two minutes must elapse before syncope takes place, and as many more before death supervenes. Now, four minutes are just three more than are needed for binding a ligature, *provided that you do not hurry*."

BOT. STUDENT.—You should ventilate the question in *Nature*, or *Science Gossip*. Our space is so much occupied just now that we have no room for aught but strictly professional matters.

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OPERATION DAYS AT THE LONDON HOSPITALS.

WEDNESDAY, December 3.

MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 2 P.M.
ST. MARY'S HOSPITAL.—Operations, 1¼ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1¼ P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
THROAT HOSPITAL.—Demonstration, 2½ P.M.
CANCER HOSPITAL.—Operations, 3 P.M.

THURSDAY, December 4.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
THROAT HOSPITAL.—Demonstration, 2½ P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

FRIDAY, December 5.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

SATURDAY, December 6.

HOSPITAL FOR WOMEN, Soho square.—Operations, 9½ P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL FREE HOSPITAL.—Operations, 9 A.M. and 2 P.M.

MONDAY, December 8.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. MARK'S HOSPITAL.—Operations, 9 A.M. and 2 P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

TUESDAY, December 9.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
THROAT HOSPITAL.—Demonstration, 2½ P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.

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APPOINTMENTS.

ANDERSON, Prof. A. G., Public Analyst for Poplar, Woodforde.
BARROW, A. B., M.R.C.S.E., House-Surgeon to King's College Hospital.
BARTER, C. S., M.B., Medical Officer to the St. James Lying-in Charity, Bath.
BATTERBURY, G. H., M.R.C.S.E., Assistant House-Physician to King's College Hospital.
BIRCH, Mr. P., Assistant House-Accoucheur to King's College Hospital.
BRAINE, F. W., F.R.C.S., Chloroformist to the Charing Cross Hospital.
CAMPBELL, W., M.B., C.M., Resident Surgeon to the Royal Infirmary, Edinburgh.
CHUTE, H. M., L.R.C.P.Ed., House-Surgeon to the Royal Infirmary Bristol.
DE LANTOUR, Mr. H. A., Assistant House-Surgeon to King's College Hospital.
GRASETT, F. LE MAITRE, M.B., C.M., a Resident Physician to the Royal Infirmary, Edinburgh.
HARTLEY, C., M.R.C.S., Resident Obstetrical Officer to the Charing Cross Hospital.
HOMAN, G. W., M.R.C.S., Physicians' Assistant to King's College Hospital.
HUTCHINGS, A. C., M.R.C.S.E., Physician-Accoucheurs' Assistant to King's College Hospital.
JAMES, A., M.B., Resident Surgeon to the Royal Infirmary, Edinburgh.
MAUNDER, C. F., F.R.C.S., Consulting Surgeon to the Merchant Seamen's Orphan Asylum, Snaresbrook, vice S. Vartin, deceased.
M'FARLANE, J. L. H., M.B., C.M., a Resident Physician to the Royal Infirmary, Edinburgh.
MACGILLIVRAY, C. W., L.R.C.P.Ed., L.R.C.S.Ed., a Resident Surgeon to the Royal Infirmary, Edinburgh.
MURRAY, R. D., M.B., a Resident Physician to the Royal Infirmary, Edinburgh.
PARRY, T. S., M.R.C.S.E., Junior House-Surgeon to the Royal Free Hospital, London.
RUSSELL, H., M.B., a Resident Surgeon to the Royal Infirmary, Edinburgh.
SAUNDERS, H., M.B., M.R.C.S.E., Senior House-Surgeon to the Royal Free Hospital, London.
SMITH, C. H., L.K.Q.C.P.I., a Consulting Medical Officer to the Ross Memorial Infirmary, Dingwall.
SMITH, F., M.R.C.S.E., a Surgeon to the Royal Kent Dispensary for the District of Plumstead.
SMITH, R. S., M.D., B.Sc., Physician to the Bristol Royal Infirmary.
SPENCER, W. H., M.B., Physician to the Bristol Royal Infirmary.
STODDART, W. W., F.C.S., Public Analyst for Bristol.
SUTHERLAND, A., M.B., a Consulting Medical Officer to the Ross Memorial Infirmary, Dingwall.
TAYLOR, J. W., M.R.C.S.E., Resident Medical Officer to the Charing Cross Hospital.
URQUHART, A. J., M.B., a Resident Physician to the Royal Infirmary, Edinburgh.
WALDO, H., M.D., Assistant-Physician to the Bristol Royal Infirmary.

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VACANCIES.

St. George's Dispensary, Hanover Square, W. Physician. Honorary. (See Advt.)

Bristol Royal Infirmary. Assistant House-Surgeon. Salary £100 per annum, with board and residence. Address the Secretary.

Chelsea. Union, Infirmary, and Workhouse Medical Officer. Salary £250 per annum, with residence, rations, &c. Candidates must address the Clerk to the Guardians.

Birmingham. Eye Hospital. House-Surgeon. Salary £100 per annum, with board and residence. Address Chairman of the Medical Committee.

Manchester Royal Eye Hospital. Three Assistant-Surgeons. Honorary.

Tiverton Infirmary. House-Surgeon. Salary £100 per annum with residence. Address the Hon. Sec., Exe Villa, Tiverton.

Central London Ophthalmic Hospital, Gray's Inn Road. Two Assistant Surgeons. Honorary.

Ripon Dispensary and House of Recovery. Resident Medical Officer. Salary £100 per annum. Applications to the Honorary Secretary.

Conway Union. Medical Officers for the Creuddyn District. £75 per annum. Llandudno District £90 per annum, and the Colwyn District £45 per annum. Applications to the Clerk of the Board at Conway.

Gainsborough Union. Rural Sanitary Authority. Medical Officer of Health. Salary £150 per annum. Address T. H. Oldman, Esq., Gainsborough.

Sunderland Infirmary. Senior House-Surgeon. Salary £80 per annum; board and residence.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 10, 1873.

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Original Communications.

CLINICAL LECTURES ON VESICO-VAGINAL FISTULA.

By William Roe, M.D.,

Assistant Obstetric Surgeon, Coombe Lying-in Hospital; Fellow and Examiner in Midwifery and Diseases of Women and Children, Royal College of Surgeons in Ireland, &c.

Lecture II.

Gentlemen,—During the last half century the progress of surgery has been great indeed, but in no department has it been more successful than in the cure of vesico-vaginal fistula. Most surgeons twenty years ago believed this distressing condition to be quite incurable, although at long intervals cases of cure were reported either by surgical interference or by sloughing and cicatrisation—in fact, spontaneous cures. Before describing the mode of operation, the instruments required, &c., we will just take a retrospective glance at what has been said and done from time to time for the cure or alleviation of this unhappy accident.

In the year 1766 *Smellie*, in his "Midwifery," timidly speaks with regard to the probable succees of operative measures. He says: "If the opening is large, close it with a double stitch (the edges of the wound having been refreshed), keeping the flexible catheter in the bladder until it is entirely filled up. I wish this operation may not be found impracticable."

In the year 1828 *Mr. Liston* said: "It was seldom that union took place; all, indeed, might appear to go on well for eight or ten days, but at the expiration of that time the wound will be found to have been enlarged by having been interfered with, and would become larger and larger every time the attempt at cure was made; when the communication is to a large extent but little hope remains to the patient."

Dr. Churchill, in his work on the "Diseases incident to Pregnancy and Childbed," published in the year 1844, thus speaks: "In the majority of cases I fear we shall find but little benefit, indeed vesico-vaginal fistula has long been considered as one of the opprobria of surgery, and with some exceptions of late years the cure has been given up as hopeless."

Dieffenbach, in his "Operative Surgery" (1845), thus records his experience, stating that all he knew about vesico-vaginal fistula he had learned bit by bit. "I was once," he says, "delighted to find a fistula, extending along the whole roof of the vagina, healed in eight days, and I was filled with hope that I was at last able to conquer the enemy at all times; but then I was again defied by a mere needle puncture remaining after an operation otherwise most successful, or a fistula the size of the head of a probe resisted the most persevering efforts. I saw openings of the size of a small pea, after the use of the suture or the cautery, attain the circumference of a large pea; an opening of the size of a silver penny became as large as a twopenny-piece; one of a threepenny-piece as large as a sixpence; and then I stopped. I operated on one woman eighteen times, and did not cure her after all. I collected whole wards full of those unhappy creatures from all parts of the country, and gave up a great deal of time to them, quite liking the trouble, and yet I cured very few. Two died of cystitis or peritonitis, and one, even after suture, had led to a complete cure of the fistula."

The treatment of vesico-vaginal fistula received very little attention from surgeons until the last quarter of a century, and indeed, many of the handbooks of surgery either entirely ignored its existence, or spoke very disparagingly of any attempt to effect a cure.

Symes's "Principles of Surgery," published in the year 1856, does not even allude to it. *Sir William Fergusson* (then Mr.), in his edition published in 1857, disposes of the subject in *one line*; and *Mr. Skey*, in his "Operative Surgery" (1858), describes an operation for recto-vaginal and recto-vesical fistula, but does not mention the vesico-vaginal lesion.

We will now consider briefly the different methods of operation that have been from time to time tried.

Plugging, generally known as *Dessault's* method, consisted in plugging the vagina and keeping a catheter constantly in the urethra, so as to divert the urine from its unnatural channel, and thus give the fistula a chance of closing. This method is now rarely, if ever adopted, and I think would be found most uncertain and unsatisfactory. Cases of cure, however, have been reported by *Chopart*, *Pen*, *S. Cooper*, and *Blundell*.

Cauterisation consists in touching the edges of the fistula either with nitrate of silver, nitrate of mercury, the actual cautery, or the galvanic cautery, afterwards plugging the vagina with dry lint, and keeping a gum-elastic catheter in the bladder for some days. The success of this practice has not been very great, although cures have been recorded by *Dupuytren*, *Delpeck*, *Dr. M'Dowell*, *Dr. Kennedy*, *Mr. Liston*, *Dr. Colles*, *Dr. O'Ferrall*, &c. Galvanism was first recommended by *Mr. Marshall*, of University College Hospital.

Plastic operations, "Elythro-Plastic."—*Jobert* (de Lamballe), acting upon the suggestion of *Velpeau*, operated upon four cases, following somewhat the plan adopted for the restoration of the nose. Of the four cases thus treated, two were successful, one died, and the other failed.

Dr. Blundell and the late *Mr. Porter*, of the Meath Hospital, relate cases where they cured fistulæ at the neck of the bladder by laying it open into the urethra, and healing up the wound as in the usual way of treating rectal fistulæ.

Suture.—This method has long been practised, the merit of its introduction being due to *Roonhuysen*. *Dieffenbach*, *Jobert*, the late *Mr. Earle*, *Mr. Hobert*, of Cork (who recorded ten successful cases), have all been more or less successful with this practice, but silk and twine was the material used for the sutures until the year 1834, when *Mr. Gossett*, of London, published in the *Lancet* the particulars of a successful operation, in which case he used gold wire for the suture, at the same time strongly urging the use of metallic sutures in similar operations. It was not, however, until *Dr. Marion Sims* published his account of an improved operation for vesico-vaginal fistula, and insisted upon the superiority of metallic sutures, that their real value was fully recognised. *Dr. Sims* used what he termed a "clamp" suture, consisting of annealed silver wire as fine as horse-hair, fastened to cross bars either of silver or lead, as the silver sutures do not ulcerate out. His rule was to remove the suture on the tenth day. Before introducing the wire, he transfixed the parts to be brought into apposition at as many points as he thought necessary by a long spear-pointed needle armed with a silk thread, the ends of which served for guides for the metallic sutures to be substituted, the next step being to fix the wire sutures by means of a clamp on each side of the united edges, and by split shot fastened on each ligature. In addition to the introduction of metallic sutures, various modes of fastening and covering them, and of keeping the united edges immovable were devised, and although they are now for the most part dispensed with, and as you may have remarked here, the sutures are secured by the *fingers alone*, being merely twisted; but as you no doubt have heard or read of the *Sim's* clamp, *Bozeman's* buttons, and *Simpson's* splint, it is only right to mention them.

Now, *Simpson's splint* consisted merely of a few lengths of iron wire twisted together, with opening for the insertion of the sutures. *Bozeman's buttons* are thin pieces of lead perforated so as to admit the suture when bent and the edges of the wound brought together; it is slipped over them and secured by shot, and the ends of the wire cut off. *Sim's clamp* is nothing but the quill suture, the bars being metal instead of quills, and wire being used instead of string; the wires are fastened by squeezing split or perforated shot on to them. The objections to this are so patent, that it has been long since given up even by the inventor. It is not unlikely that you may meet a case where some of these contrivances may be of use, but I think in the majority of cases you will find them worse than useless.

Closure of the Vagina.—In the few cases now that are beyond the reach of art, this expedient may be had recourse to. It can be effected either by the knife or with caustic. The former is the method now usually adopted in these very rare cases, and is easily done by merely refreshing the edges of the vulvæ and bringing them together with suture, leaving a small opening for the escape of urine, menses, &c. With regard to the caustic method, I have no experience of it, nor has it been to my knowledge tried in Dublin. However, it has been to some extent at least successful, for we find that in the year 1833, M. Vidal de Cassis, whilst treating a fistula with caustic, happened accidentally to touch the vaginal walls, and at his next visit was surprised to find that union had taken place between the portions so touched, and that the escape of urine had entirely ceased. Unfortunately, however, for the patient, a careless and rude examination was afterwards made, and the united parts torn asunder. He afterwards tried this for the cure of fistula, buoyed up with hope by what we may call his unfortunate accidental experience, and appears to have been very successful indeed (*he says quite successful*) until the clumsiness of his assistant again destroyed the union thus obtained.

The Plug.—The treatment alluded to under this head must be considered altogether as a palliative measure, and consists merely of filling the vagina so full by means of a globe pessary, india-rubber bottle, &c., that no urine can enter it from the bladder, the fistula being blocked up. It was first suggested in the year 1814 by *Dr. Gooch*. *Dr. Evory Kennedy* succeeded in taking wax casts of the fistulous openings, and from them had moulds made in which caoutchouc bottles were cast, and which gave very great comfort to the wearers, inasmuch as they, like the other appliances alluded to under this head, prevented the constant dribbling of urine and the consequent excoriation of the external parts, thighs, &c.

Dr. Churchill suggested the use of a sponge covered with very thin bladder, and *Dr. Balmanno* devised a tin globe pessary, perforated at the top and sides like a pepper box, and having a tube or catheter leading from the lower end to carry the urine to a flask which was attached to the thighs.

As I have no experience of any of the ingenious contrivances just mentioned, I cannot recommend one in preference to the other; but I do trust the cases which for the future we will be unable to cure by operation, and thus feel it necessary to have recourse to methods of palliation, will be very few indeed.

(*To be continued.*)

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FIRST AND SECOND IMPRESSIONS OF THE GOLD COAST.

By C. A. Gordon, M.D., C.B.

At the present time almost everything we learn about the Gold Coast is in extreme—either it is all that is delicious and romantic, or else it is everything that is abominable; on the one hand, letters from officers describe their impressions as charming, their life in the bush healthy and exhilarating; on the other we have accounts of a whole party of troops, after only very brief service there, being brought back to England so many wrecks of their former selves, through fever and other diseases contracted on the Coast. It seems to me especially desirable that, with a view to indicate clearly what really are the conditions that are to be anticipated or prepared for, medical and other officers who have themselves served there should communicate the results of their experience, for after all, unaided theory in such a case is hardly a safe guide to confide in. It should also be remembered that the conditions of the country as presented during the dry months are extremely different from and unlike those that prevail in the rainy season. In order to refresh my own impressions of these conditions, I have referred to a journal kept by me while serving at Cape Coast Castle, and in which I noted what they were on my arrival at the very end of February, and what they were four months afterwards. Of the former I wrote somewhat thus:—

The moderate temperature of 84° to 86° Fahr., the clear sky, the regular breeze from sea by day, from land by night, the pretty character of the surrounding country in the vicinity of the Castle, had an effect the reverse of gloomy upon the new arrival. The roads in the vicinity were bordered with richly-coloured and sweet-scented plants, the greater number in blossom, for here there is "perpetual spring." High above all rose the Thespesia trees and Barbadoes pride; sensitive plants and other species of acacia spread themselves among the under herbage, and in the denser bush, orchuses, liquorice (glycyrrhiza), and numerous other papilionaceæ intertwined among the trailing stems of convolvuli; the large blue, pink, and white flowers of the several species rendering the whole crop of vegetation remarkably striking and beautiful. The prickly pear plant served everywhere as a barrier against all of these, the scene being diversified by palms, tamarinds, and silk cotton trees; but, contrary to expectation, bamboos are rare in the immediate neighbourhood of the settlement; we must go some little distance inland to meet with them in any great numbers. Among the foliage were numerous birds of bright plumage, some of which had considerable powers of song; swallows swept through the air overhead, gorgeously tinted butterflies flitted from flower to flower, insects buzzed, and everywhere around crickets chirped. At this time, however, strange enough, not a patch of cultivation was to be seen; the fields were fallow—the fields, such as they were, completely covered with sensitive plants. Our spirits were light, and there was scarcely one of our small number but was in the highest state of health. Towards the middle of April the season of tornados and rain set in. From the south-east a cloud, black as "Erebus," seems from time to time to spring into existence, then assuming the form of an arch, would speedily envelope us; forked lightning would flash across, heavy thunder roll, for a little the wind blew with hurricane pace, and then such a deluge of rain would fall as if indeed the sluices of heaven had been opened. A few repetitions of these, and the rainy season was considered to have set in; and what a change was wrought during the remaining few weeks! Where shortly before nothing but "bush" existed, cultivation now appeared, luxuriant crops of Indian corn, yams, ground-nuts and castor-oil plant growing with a degree of rapidity truly astonishing. With the first regular down-pour of rain fever made its appearance among our little white colony, taking the form of ague among the older residents, but the more dangerous form of remittent among the recently arrived, being to them their seasoning, as it was called, and to several a trial from which they did not emerge with life. Of my three fellow-passengers one succumbed in June; the other two had had their fever, from which their recovery was imperfect. Among other classes of Europeans the rates of sickness and death were similar; the blanks in our numbers were sadly apparent, yet, strangely enough, instead of the survivors being depressed by the havoc taking place around us, we began to console ourselves that as each additional death took place and we still lived, that the *percentage* of mortality was being made up without our being included among the units. The consolation was a ghastly one, yet that it was experienced only shows how readily men accommodate themselves to circumstances the most adverse.

Here, as elsewhere, when matters had reached their worst, they began to mend. With the month of August a change for the better gradually began and advanced, the numbers of deaths decreased, attacks of fever were less numerous, our various disagreeables were experienced in smaller extent and degree, and with the advent of October old residents considered the healthy season to have returned, and, moreover, that for the next six or seven months the chances of life were better here than in England—whether with sufficient authority or not for the statement I am unprepared to say. Although the weather gradually cleared up and became again agreeable, our occupations were limited, and sources of amusement few. "As it is," I wrote, "although we have a good deal to complain of in the shape of wants and annoyances, I question if this station, notwithstanding the character it has got, is so much worse than the generality of places in the tropics.

A Course of Lectures

ON THE

NATURE AND TREATMENT OF DEFORMITIES OF THE HUMAN BODY,

DELIVERED IN THE MEATH HOSPITAL, DUBLIN, BY

LAMBERT H. ORMSBY,
Surgeon to the Hospital, and Demonstrator in the School of Surgery, Royal College of Surgeons in Ireland.

LECTURE III. (*continued from page* 495).

DEFORMITIES OF THE FEET.

Congenital Talipes Calcaneus.

We find depression of the os calcis common to both forms, and more or less contraction of the anterior muscles. Fig. 6 represents the congenital talipes calcaneus. The tarsal bones undergo little or no change, and the foot can be brought with great facility into its normal position by gentle manipulation.

Causes of this Deformity.—I still adhere to my opinion, which I mentioned in a preceding lecture, that I believed the cause of all the forms of congenital distortions of the feet, and of other parts of the body, to be due to position *in utero* and pressure of the uterine walls on the fœtus. Mr. Adams, however, believes the cause to be due more to spasmodic muscular action depending on some abnormal condition of the nervous system.

This congenital distortion is very rare indeed, and very seldom met with; when it occurs you find it in early life. Mr. Tamplin mentions he never met with the deformity in the adult, and Mr. Barwell mentions he never met with a case at all. This distortion may coexist with other distortions in the knee and hip-joints.

Treatment.

This may for convenience sake be divided into the operative and mechanical.

Operative treatment consists, in severe cases, in division of the contracted tendons by tenotomy, which are those of the extensor digitorum communis and extensor proprius policis, and, perhaps, the tibialis anticus; but in only the very severe cases I would advise tenotomy, and only when other means fail, which, by the way, very seldom, if ever, occurs, as there is no form of club-foot I know of so amenable to the mechanical mode of treatment as the one we are now considering; in fact, very often, where there is a slight tendency to this distortion at the time of birth, the deformity occasionally disappears entirely when the child reaches the walking period, without any treatment at all, except an odd manipulation of the nurse's hand.

Mechanical.—Gutta-percha made in the form of a splint moulded to the back of the leg and sole of the foot; while the latter is brought into the natural position the gutta-percha to be applied in its soft and flexible state, and retained in the normal position until it hardens, which renders it impossible for the foot to return to its deformed condition. We also find block-tin splints, joined at right angles; one portion passing up at back of leg, or at either side, to suit circumstances, and the other passing underneath the sole, and the foot bandaged down to it. Mr. Tufnell, of Dublin, advocates the above plan for the treatment of some of the forms of club-foot; his appliance differs slightly from the above. We may also apply the india-rubber plan, or sticking-plaster, or adopt a more expensive and complicated appliance, which is constructed with two metallic side stems, articulated at the knee and ankle, and fitted to the limb with padded metal straps; these are connected below to the sole of a lacing boot; above and below the ankle-joint two metallic rods arch round the posterior part of the leg, and are strongly riveted to the side stems, and in the posterior median line these two arches are connected by a spiral spring, or strong indiarubber cords, which constantly exert an extending power on the foot.

Non-Congenital Talipes Calcaneous.

In this form we find the sole of the foot concave, due to contraction of the plantar fascia, depression of the os calcis, due to elongation and paralysis of the muscles forming the calf of the leg; the anterior part of the foot is only slightly raised, and in some cases considerably everted, giving rise to talipes calcaneo valgus. After a certain period we find the extremity of the foot somewhat depressed, allowing the weight of the body to rest on the tips of the toes and the extremity of the heel, the rest of sole raised from the ground and greatly arched. Of course you will not mistake a well-formed plantar arch for this distortion, for we are told by some writers it is a great mark of beauty in the conformation of the foot. Lady Hester Stanhope's foot was greatly admired for its neatness and perfection of shape, which was characterised by having a very high plantar arch, and she often boasted that a mouse could run under her sole without touching it.

Causes of this deformity.

1. *Paralysis* of the sural muscles is by far the most frequent cause of this distortion. We find the muscles considerably wasted, and the calf becomes more or less obliterated, due to atrophy of the gastrocnemius and soleus muscles.

2. Induced by improper boots and bandages used for the purpose of confining the development of the foot. We are told that a very curious and ruinous custom prevails throughout China, of confining the feet of female infants in such a manner as to nearly check completely their growth, and so prevent them ever attaining their natural size. The smallness of their feet is accounted such a valuable acquisition of beauty, that the Chinese ladies never consider they could suffer enough to attain such an absurd object. As soon, therefore, as a female infant is born, the nurse binds its feet up with tight bandages, and this torture is continued, and must be endured until the feet cease to grow, no matter what pain they are called on to bear, for the sake of keeping up their national custom, which ought to have been long since given up. Thus the Chinese women are deprived almost entirely of the use of their feet, and are scarcely able to walk, which when they attempt is carried on in a most awkward and hobbling manner. The shoe of a full-grown Chinese woman will frequently not exceed six inches. The reason why I mention this foolish custom is because the skeleton of the foot greatly resembles this distortion, we have no doubt, more or less, displacement of the tarsal bones. There are in the London Royal College of Surgeons' Museum, preparations illustrating the peculiar shape the foot acquires, taken from the feet of some Chinese women.

3. May be caused by imperfect union of the tendo achillis, after division caused by improperly separating the divided ends of the tendon before they had united. This has been found to cause this deformity.

4. May be produced by some traumatic cause: the cicatrix of a wound on the dorsum of the foot, or, more likely, the consequent contraction after a severe burn or scald. This distortion, as in the congenital form, may also co-exist with other deformities in the same foot or in that of the opposite foot.

Treatment.

This greatly depends on the cause that gives rise to the deformity, and as the congenital form was easy and satisfactory to treat, this form is as difficult and as unsatisfactory. If due to paralysis, I would recommend galvanism to the muscles, rubbing and manipulation, inunctions with cod-liver oil. If the tendons were very tense and contracted anterior, I would divide them subcutaneously; but tenotomy, somehow or other, never appears to act as beneficially in this as in other forms of club-feet.

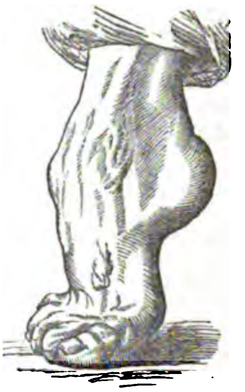
A mechanical treatment, as a matter of course, must be resorted to in the end, and any of the instruments I have before mentioned might be applicable. In conclusion, the great point is to get the case early, as the longer it is allowed to continue the more difficult will the treatment be.

There are two compound varieties springing from this distortion, viz.: 1. Talipes Calcaneo-Valgus; 2. Talipes Calcaneo-Varus.

To do more than give them a passing notice would, in my opinion, be risking an unnecessary repetition, for their meanings are quite obvious by their names, and the observations I have already made when speaking of Varus and Valgus are applicable to these varieties. They are treated on general principles by any of the recognised modes of treatment before mentioned.

Talipes Equinus (Fig. 7).

This deformity, perhaps, is one of the most frequent distortions affecting the foot; it consists in contraction of the gastrocnemius and soleus muscles, which thereby tends to elevate the heel to a considerable extent, the toes are depressed, as well as the anterior portion of the foot, and the weight of the body passes through the toes. The patient walks on the heads of the metatarsal bones, which become after a time considerably separated and spread out. Fig. 7 very fairly represents the general appearances of the deformity. It has been said by some orthopædic writers to be congenital; but I am inclined to believe it is a very rare congenital affection, although it is a very simple and frequent non-congenital deformity.



Talipes Equinus (FIG. 7).

Causes of Talipes Equinus.

Caused by—1. Muscular spasm of the posterior muscles of the leg; 2. Paralysis of the anterior muscles of the leg and foot; 3. Abscess about the ankle-joint; 4. Wounds; 5. A long-continued unchanged position; 6. Improper boots (high heels); 7. Scrofulous disease of the ankle; 8. Rheumatic affections.

Prognosis.

In cases of this deformity it greatly depends on three points:—

1st. How long the distortion has continued.
2nd. What degree or extent the deformity has arrived at.
3rd. The exact cause of the deformity.

1. There is no doubt that the longer a deformity continues untreated, the more difficult and prolonged will the ultimate cure be; so if you get a case when the deformity is only beginning, an appliance may be suggested at once, and thus prevent any further anxiety about the matter, and your prognosis may be very favourable as regards a satisfactory result. It should be, however, very guarded in cases of old-standing distortion.

2. In a slight case the treatment is very simple, and cases of this kind generally turn out well.

3. Your prognosis certainly greatly depends on the causes producing the deformity. In some cases you must be extremely guarded and reticent in your observation as regards a favourable result, and the time it will take to be under treatment.

You meet with this distortion in the adult as well as in the child. I saw a most typical case in Liverpool the other day, in a man æt. about 25. His foot had all the appearances of Fig. 7. I also saw a case, which was shown to me by Mr. O'Carroll, in a little boy æt. 3, from Athy, co. Kildare. I mention these two cases to show you that it is not confined alone to the early period of life. We modify the treatment in such cases more or less by the age of the patient.

Treatment.

This consists in the operative, combined with the mechanical. The only tendon requiring division is the tendo-achillis; and as I mentioned before, the way the operation is performed, I will pass on to the mechanical appliances recommended after tenotomy has been practised.

I apply, after the tendon is divided, the same kind of flexible metallic splint to the limb, and allow it to remain on for four or five days. I then remove it, and endeavour to flex the foot slightly. I then re-apply the splint, bent to fit the foot in its new position, and about the twelfth day I either put it up into "Scarpa's shoe," or modifications of it, or, what is very useful, Stromeyer's apparatus or footboard, or an apparatus suggested many years ago by Liston. The instruments suggested are very numerous for the after-treatment of this deformity; but I may mention they all agree in having the same principle and end in their action, though differing much in their construction. I would recommend you to choose an instrument which would meet three important requirements:—1st. That it should be simple in its construction and working; 2nd. That it be inexpensive and moderate in price; 3rd. That it be efficacious, and well calculated to carry out the required end.

We have two compound varieties of this distortion, viz.—1. Talipes Equino-Varus; 2. Talipes Equino-Valgus; but as both are only a very slight modification of what has already been said when speaking of equinus, and as the treatment is very much the same, any further remarks on the subject are quite unnecessary.

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ON A CASE OF BLUE CHROMIDROSIS (*a*).

By Arthur Wynne Foot, M.D.,
Physician to the Meath Hospital

The case was one which occurred in a young lady, æt. 17. In laying it before the Society, the author said he did not intend to enter into the chemical pathology of the disease, which had been considered at a meeting held there about four years ago, but he merely wished to explain his opinion—an opinion which was shared by many persons who had studied the subject; that the cause of this discolouration—he was speaking of genuine cases—was indigo, sometimes in its blue form, sometimes in the black or brown form, and sometimes a combination of both; that its source was indican, held in solution by the alkaline blood, whence it might be secreted by the skin, like perspiration. When this hitherto colourless indican arriving on the surface of particular parts of the skin was exposed to the great oxidising influences of air, light, and heat, it was capable of being changed into indigo of the blue, brown, or red colours. Indican had also been abundantly found in urine, especially in albuminous urine. In the case now laid before the Society the coloured exudation occurred over the upper part of the forehead, it also appeared beneath the eyes, at the side of the nose, and on the back of one hand. The blue discolouration continued to appear for a period of six months. It was now more than three years since it had been last seen. The act of stooping, or excitement, agitation, or mental emotion would very much increase the colour. It was a perfectly genuine case, and her mother and sisters had observed it coming out on hundreds of occasions, and he saw it cover her temple like a purple bloom when she stooped. She suffered very much from severe headaches during its continuance. He frequently wiped the colour off, and it stained the lining of her hat and her pillow-cover, and long after she was well he was shown a stain on the inside cover of the pillow. In the month of January, 1870, the blue colour made its first appearance, and it was preceded by constant violent headaches for three weeks. For the latter she had to go to bed and found that lying quiet in a dark room afforded her relief. Great intolerance of light and sound prevailed during the continuance of the headaches, but she was not feverish. About that time she missed one catamenial period, but it occurred a week after the proper time. The colour first appeared under the eyes, then on the left temple, then on the forehead, and finally spread over the whole of the forehead to the roots of the hair. It was hardly ever seen on the skin early in the morning, but became apparent if she laughed or talked much. When she sat down close to the fire and became heated the blue colour at once appeared. There was no lesion of the skin visible, no local heat, or hyperæsthesia, and no increase of perspiration was observed about the coloured parts, but the eyebrows sometimes swelled. She had washed her face carefully before coming to him, but after she had been talking for some time to him he could see a purple bloom was gradually making its appearance, commencing upon the left temple; he wiped her skin with a pocket-handkerchief moistened with glycerine, and a blue stain came off. She gave him the impression of one suffering from congestion of the brain from overwork. She had been applying her mind with great industry to a multitudinous variety of studies unsuitable to her age and sex. Her excitability, the great vascularity of her face, and her glistening and prominent eyes suggested that idea. A short time previously she had been walking in her sleep, and was awakened by falling over something in a room she had entered, and as she was extremely cold when discovered it was supposed that she had been a considerable time out of bed. A heavy cold was the result of this somnambulism, and she remained three days in bed; during the three days that she remained at rest in the recumbent position the colour did not come out. Having satisfied himself that it was a genuine case, he prescribed 25 grs. of bromide of potassium twice a day, and directed that as little attention as possible should be paid to the exudation. A fortnight after, when he next saw the patient, the colour was worse than before and had assumed more a blackish appearance than that of a blue. Her mother thought the medicine had had the effect of bringing out the colour more than before and was rather pleased in consequence, as she thought it better that it should be taken out than be allowed to remain inside. It had of late appeared beneath the eyes and extended across the bridge of the nose. He wiped off the colour with wool wetted with chloroform. The cleaned skin looked reddish, as if sunburnt. He ordered her to apply an ointment consisting of acetate of lead and oxide of zinc. That did not, however, appear to do any good. He ordered this ointment from the opinion that its astringent nature might have had a local action on the vessels of the part, and its greasy constituents might oppose the access of air and so prevent the oxidation of the indican, and hinder the formation of the blue colour. About that time she complained of her stomach being sick. Her appetite was bad; she hated eating, and always felt tired. The bromide of potassium was now discontinued. The left side of her face was covered with flexible collodion, and the result of that was, that the colour came out on the opposite side but not underneath the flexible collodion; he then covered the right side of her face with the flexible collodion, and it quite repressed the exudation upon the parts to which the collodion was applied. His object in the use of flexible collodion was mechanical repression of the exudation and prevention of the access of oxygen to the skin. There was no colour seen on the outer surface of the collodion. Cases have been observed in which the colour had been noticed on the *outside* of collodion applied for the purpose of detecting fraudulent staining of the face, and it had been assumed, too hastily in his opinion, that because colour was found on the out-

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(*a*) Read at the Inaugural Meeting of the Medical Society, Nov., 1873.

side that therefore it had been put there by the patient. In such cases it did not appear that flexible collodion had been used, but ordinary collodion which was endosmotic, and through which perspiration holding indican in solution could transude and oxidise on the outer surface into indigo blue. If indigo blue appeared on the outer side of *flexible* collodion such as he employed, containing castor-oil and canada balsam, it would be difficult to explain the transudation through collodion containing such colloid substances by any means but imposition. The result of the repressive treatment with flexible collodion was, that the exudation seemed to force its way out elsewhere, under the eyes, on the left cheek, on the upper lip, in the depression between the lower lip and chin, and on one occasion on the back of the right hand. The number and size of the veins about the temples and lower part of the forehead were remarkable, when she laughed or stooped, a network of veins used to come into view in the regions where the blue exudation was seen most constantly and of deepest colour. He frequently examined the places with lenses of various power, but he never had been able to make out any spots, dots, or lesions of the skin beneath the exudation. The deepest streaks of colour followed the course of the veins, and had the appearance of a very finely punctuated blue deposit, principally following the course of the veins. The appearance of the blue colour certainly had some connection with the headaches, and when excessive, it was nearly always preceded by one. The headaches often went away suddenly. She was constantly kept on arsenic, Fowler's solution between the catamenial periods. She had been getting better when three months under treatment, but after a period of ten days' freedom from the colour, over excitement—occasioned by the return of an absent friend—brought back the severe headaches and a great eruption of the blue pigment.

In the month of June, 1870, menstruation had become regular and her stomach ceased to be sick, but she never could be got to eat meat except by force. After she had been taking the arsenic for three months the bluish colour began to cease to appear, but for some time was liable to return when she became excited. He attended her two years afterwards in measles, and he then watched her skin closely, and observed no peculiarity in the colour or course of the eruption. The treatment in the first instance was directed against congestion of the brain induced by over-application of the mind. He found a deoxidising lotion—hyposulphite of soda, 1 drachm to 1 oz. of water—both cleanly and efficacious in retarding or preventing the formation of the blueness; the effect of the flexible collodion seemed to be to drive out the pigment elsewhere. To make the menstruation which was scanty and postponing regular, he used co. dec. aloes at catamenial periods, a long course of arsenic, occasionally interrupted, he believed to have done more good than anything else. In conjunction with Prof. E. Reynolds he had examined the urine for indican, but the method employed was not calculated to give decided results unless they had had large quantities on which to operate, and as this was out of the question, the results were negative. The patient got rid of the disease in about eight months, and had been more than three years free from any appearance of it, and in the enjoyment of better health than ever previously.

Dr. Foot exhibited a number of drawings illustrative of the various forms and different situations of chromidrosis, including one of the case above detailed.

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INDIAN MEDICAL NOTES.—No. XI.

(FROM OUR SPECIAL CORRESPONDENT.)

MEERUT, UPPER INDIA,
November, 1873.

RECENTLY a child suffering from remittent fever, bronchitis, and dysentery, did remarkably well by simply watching the effects of foods, and restricting the diet to chicken broth and brandy, to the exclusion of milk, sago, arrowroot, rice, champagne, and soda-water, all of which added fuel to the fire. Carbonate of ammonia, chlorate of potash, expectorants—only set up troublesome vomiting or diarrhœa. The chest and bowels were poulticed, a small dose of castor-oil cleared off irritation, and eventually, when the temperature fell, quinine did the rest. Castor-oil, opium, and chloroform, in draught, in my opinion, is the most valuable medicine for diarrhœa, dysentery, enteric fever, at the inset, not to mention various congestions of internal organs. Afterwards we have a choice of remedies, for instance, ipecacuanha in dysentery; but I do not find that either as an enema or suppository this specific answers. If one only knew a royal road to treating enteric fever during the hot weather, when every hour the patient is losing ground! Now the weather is cooler, such cases are treated in tents. One, now convalescent, had a few leeches over the tender abdomen, mercurial inunction most cautiously applied twice, liniments containing chloroform, opium, and belladonna, subsequently used, and the bowels packed in cotton-wool. Quinine and Dover's powder, five grains of each, given occasionally, and a diet including beef-tea, eggs, port-wine, champagne, jellies, assisted towards the recovery. The treatment may be wrong but the patient does not think so now that he is gaining flesh, and the thermometer remains steady night and morning. Having neither Murchison nor any writer who has specially studied this fever to refer to, the chief reliance has been placed on an admirable article by Dr. Aitken, whose "Practice of Medicine" everybody reads. Finding at the evening visit one Saturday that all patients were progressing favorably, I obtained three days leave, and after mess took the train to Agra, about 140 miles, changing carriages twice, eventually reaching destination about breakfast-time.

Along a hot dusty road, past native shops, the river Jumna is soon reached, and the wretched four-wheeler struggles over a pontoon bridge over the stream of to-day which may swell into a torrent to-morrow. Alligators and man-eating turtles here are found. Overlooking the Jumna is the Fort, a good, honest old castle, with red, frowning battlements, the regulation moat and drawbridge—in fact, Jack the Giant-killer, Blue Beard, and all the terrible nursery ogres must have been there. In other directions numerous mosques are noticed, all surmounted by ugly domes, resembling inverted humming-tops, some of marble, others of sandstone combined in red and white stripes.

Impatiently entering the Fort, scarcely heeding the ornamental designs lavishly prominent on the massive gateway, the great audience hall, or the modern barracks occupied by artillery and linesmen, the visitor hurries towards three marble domes, glittering like new fallen snow, and which, in all distant views of the Fort, resemble silvery bubbles which have rested a moment on the walls, and which the next breeze will sweep away. Such is Bayard Taylor's language, and to his book the reader is referred for a description of the Pearl Mosque, which, placed on a red sandstone platform, merely consists of an open quadrangle, the three domes crowning a corridor open towards the court, and divide into three aisles by a triple row of the most exquisitely proportioned Saracenic arches. The day, October 19th, was very hot and dusty. I had been travelling all night without sleep and felt almost blinded with neuralgia, but the beauty of this mosque built of white marble, more like mother-of-pearl, drove all aches and pain away; for a still greater pleasure was in prospect. There are many buildings, apartments, relics such as thrones of white and black marble, baths, ladies' quarters, marble pavements, walls covered with floral mosaics, all worthy of the great Akbar who flourished in the reign of Queen Bess, and whose palace and tomb are but a few miles from Agra. On certain days weighed three times against gold, silver, and copper, placed in the opposite scale in succession, he afterwards distributed the sum total amongst the crowd. Ever anxious for the welfare of the State, he only could afford to take three hours' sleep, always busy, interested in education, religion, irrigation canals, agriculture, road-making, drainage, the defence of his kingdom, the art of war; he abolished taxes, checked crime, and was ever ready to give audience to his subjects, whether of high or low degree. Resembling Alexander the Great, Frederick the Great, and others, he was rather sceptical about medicines, at the same time took a pleasure in giving medical advice, and in worming out secrets from the Faculty of the period. Such was the world-renowned Akbar, who formerly doubtless spent many a pleasant hour surrounded by his wives on these walls, gazing at the Jumna seventy feet below, on the well-wooded plains, and the populous city in the back ground. The visitor of to-day suddenly has the dream of years realised. At a bend of the river, about a mile down the stream, shining in the sun like a palace of ivory and crystal, proudly stands the Taj, enclosed on the land side by a wall of red sandstone. At each corner of a marble platform stands a slim minaret 133 feet high. The building itself, all marble, consists of a square with the corners truncated, and surmounted by five domes, the central one, expanding and rising eighty feet, is tipped with a gilt spire about 296 feet from the basement. It is impossible to give any idea on paper beyond that it is worth a voyage alone to see. Driving there that Sunday afternoon, the entrance by a superb gateway of red sandstone leads into a garden where the palm, the banyan, the bamboo, the cypress, sweet-scented roses, and flowers of every colour and of delicious perfumes richly luxuriate. When the numerous fountains play it must be delicious there, and the view of the Taj by moon-light, simply heavenly.

Not to prose too long, this superb sublime mausoleum contains the remains of a queen who died in her sixth confinement, the bereaved husband resting here too. For seventeen years 20,000 men, at an expense of three millions of money, were employed under an artist of Italian education; but the workmen were badly paid, half-starved, and died in numbers of famine-fever.

About the tombs, the tracery, the marble screens, the scroll-work, the inscriptions, it would be easy to fill a volume. In cornelian, bloodstone, agate, lapis laruli, jasper, and sometimes thirty different kinds of stone in one flower, mosaically depicted, are the lotus, the iris, and the tulip. Regularly dazzled and overcome by the microscopic beauty of this vast fabric, I happened to look up at one of the tall minarets quite accidentally to catch a young married couple kissing and hugging. Spooning is bad enough on board ship for unattached outsiders to witness; but in this sacred spot, sanctified by the dead, it was almost disgusting. However, if the chance occurred, probably others would and have committed the same offence. "There is nothing half so sweet in life as Love's young dream."

In addition to spending many hours at the Taj the intention was to have visited the other buildings in connection—to have explored Agra thoroughly, the jail, the medical school, the colleges, the lunatic asylum, and the native city, all full of interest. Besides the public gardens, and above everything, the barracks and military hospitals, where valuable information would have been acquired, were to be seen Dr. Christison and Dr. Godwin, both holding influential positions, had plenty to show; but with consistent ill-luck for three days, agonising sciatica involved imprisonment in bed, fortunately not at a horrid, dirty, expensive Indian hotel, on the contrary in a comfortable house, with everything at command; only sciatica will not be comforted in a hurry. Medicine, a hot bottle to the limb, chloral, hypodermic injection of morphia, a tight strap round the leg, fair doses of quinine and iodide of potassium included the treatment. Prescribing for anyone else, a rattling blister, a hot iron, acupuncture along the nerve would have been promptly prescribed; once a blistered surface was dressed with quinine, resulting in a terrible scar, and much abuse very naturally. Sometimes, too, belladonna or aconite locally applied set up headache, sneezing, and sore-throat. My attention goes off at a tangent to the recollection of cases where a child swallowed belladonna liniment, where a woman took iodine tincture—both recovered; to two instances where cyanide of potassium was speedily fatal—I shall never forget those blue tranquil faces, but, like a fool, kept no notes. From this digression, a style of writing tedious to read, it should be mentioned that Agra, 903 miles from Calcutta, with a population of 150,000, trading specially in cotton and salt, is a very hot yet extremely healthy station; the water hard and brackish; the annual rainfall twenty-five inches; no endemic diseases. From 1865 to 1870 the annual ratio per thousand of admissions were 1403·4, the corresponding deaths 20·50. In 1871, out of a strength of 929, there were 1345 admissions into hospital, of whom twenty-six died. In 1872 cholera specially attacked one school, to which I have alluded previously, the facts of certain pupils escaping, and of the disease not being disseminated over India when the boys reached their widely scattered homes, proving partially the theory of non-contagion.

Quite recently the general commanding, an old distinguished officer, scarcely ever out of India, fell almost a solitary victim to cholera. There have been several curious instances this year—a judge, a minister of education, and others in the prime of life and strength have been suddenly cut off. Only to-day in the papers is the obituary of Henry Charles Cutcliffe F.R.C.S., who, after a rapid illness, died of malignant sore-throat, the operation of tracheotomy of no avail. By all accounts a most rising surgeon at the age of forty-two, he was called away just when the harvest of success was commencing. At one of the Hill stations mortality in child-birth has been somewhat greater than usual, but altogether, with the exception of enteric fever, which clinging to one set of men has made my life miserable in the extreme, this station has been wonderfully healthy. Returning here from Agra the Taj metal for some distance can be seen from the railway—so fragile, so lightly built, apparently it looks the creation of a magician or the fairies, suddenly to vanish away, perhaps in a night. But since about the period when King Charles was beheaded at Whitehall this unique massive gem for 225 years has braved the scorching sun, the pelting rains, and the fierce fury of the storm. May it ever thus flourish to the end of time, truly a thing of beauty far beyond the descriptive power the most eloquent, but in the recollection of each visitor, a joy for ever!

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REPORT ON DISEASES OF THE CHEST.

By Dr. C. R. Drysdale,

Physician to the North London Consumption Hospital.

History of the Doctrines of Pulmonary Tuberculosis.

Dr. Cornil, of Paris (*Le Progrès Méd.*, Nov. 8, 1873), remarks that Laennec gave a complete description, as far as the naked eye could serve, of the lesions and of all, or almost all, the physical signs of pulmonary tuberculosis. He showed how the grey granulations, transparent at first, soon became opaque and yellowish at their centre; he fully assimilated with these the larger masses, which he named miliary tubercles, and which are either agglomerated granulations forming a nodosity larger than usual, or lobules of cheesy pneumonia, and the yellow tubercles, which are nothing more than the advanced stage of the same lesion. Besides these more or less voluminous nodules, Laennec described the gelatiniform tuberculous infiltration and grey infiltration, which correspond to our cheesy pneumonia or lobar pneumonia. Then came cavities and other older lesions.

For Laennec, all these alterations depended on the same process, on the same cause or general disposition of the economy; for him their characteristic was the cheesy condition.

These ideas of Laennec were forced upon the generations of medical men that followed him, as if they were reasoned out, and it is a fact that there was nothing to change until microscopic studies had introduced a new instrument of analysis and discovered new points of view. But the opinions of the author of mediate auscultation were so rooted in men's minds that the first observers with the microscope had no other aim but to seek out in the cheesy state the elements characteristic of tubercle.

Such was the object of Lebert, who, in parts of the lungs which were completely degenerated, always finding fragments of granular elements, small, irregular, and angular, gave these forth as the corpuscles characteristic of tubercle.

In the year 1850 Reinhardt described the internal modifications of the lung parenchyma, which he referred to pneumonia, and Virchow indicated the characters of the granulation as seen by the microscope. But it is useful to remember this; for long after this, the opinion of Lebert was still so dominant in France that the first examinations of tubercular granulations by Robin, together with Lorain and Bouchut, made so great a difference of structure from that given by Lebert, that these observers took them for fibro-plastic tissue. This is the explanation why Empis, under the inspiration of Robin, has been able to describe *granuile* as a disease constituted by the presence of granulations, and as being altogether different from the tubercle of Lebert or from tuberculosis. We must before all understand well what terms we use, thus, I must forewarn you that in the language of Empis, the word tubercle, which we consider with the great majority of authors as the synonym of granulation, means cheesy pneumonia. With the exception of this difference in terminology, Empis belongs to that series of authors who consider as two distinct diseases the tubercular granulations and pneumonia.

The actual head of this school of dualism in anatomical characters and in etiology is Virchow. The Berlin professor has confirmed the labours of Reinhardt in so far as the various appearances of cheesy pneumonia are concerned; and since 1852 he has established the structure of the granulation and the differential character which distinguishes it from pneumonia. For Virchow, the granulation developes itself solely at the expense of the connective tissue, and in the lung it is never situated in the alveoli. Virchow, who had showed that inflammatory lesions, whether simple or specific, such as those found in scrofula or in syphilis, or other tumours, may all become cheesy, later has replaced the expression of cheesy pneumonia by that of scrofulous pneumonia. What is the meaning of scrofula when applied to pneumonia? Would that mean perchance that the scrofulous or those who are affected with suppuration of the glands have a predisposition to cheesy or scrofulous pneumonia? If such were the sense of this designation it would not resist criticism, for very often I have seen the autopsy made of such subjects as have died with an acute attack of generalised granulations in all the organs, and especially in the pia mater, and thus granulations show themselves related to scrofula as pneumonia is. I have already remarked that the terms cheesy or tuberculous applied to the pneumonia of the phthisical were not rigorously good in the sense that the cheesy condition is only their termination, and that the word tuberculous, implying the presence of tubercles, was too absolute in the sense that every knot of lobular pneumonia is not always developed around a tubercle. But the word scrofulous is still worse, because phthisical patients with pneumonia are far from always being connected with scrofula, and, on the other hand, the typically scrofulous have often, as the final lesion, generalised tubercular granulations.

The anatomical dualism established by Virchow, sustained by his pupils in all lands, by his teaching and by the immense success of his book on cellular pathology, has made its way.

M. Villemin had fully adopted it in his first work issued in 1861. Later, when Villemin saw tubercle inoculated on rabbits and guinea-pigs by means of caseous pneumonia, as well as by granulations, he could no longer admit an anatomical dualism when experiment showed an indivisible pathology. Thus, in his work on tuberculosis, published in 1868, the part of pneumonia and of pulmonary inflammations in phthisis disappears almost completely. And, as on the other hand, M. Villemin no longer recognised the existence of epithelium in the pulmonary vesicles; he classed the large cells with nuclei which are comprised among the exudations filling the pulmonary vesicles around the granulations among the first period of evolution, or among the increase of tubercular granulations. Pneumonia in its different periods of congestion, red or grey hepatisation, or cheesy stage, no longer exists in phthisis, and M. Villemin hardly admits that the bronchitis of phthisical patients is a simple inflammation.

We have already explained on these points that which we cannot agree to, and demonstrated clearly the existence of pulmonary epithelium, and the work of M. Villemin is important enough in the history of tuberculosis to require criticism.

Our work on pulmonary phthisis, made together with M. Hérard in 1867, admitted as conclusive the etiological and pathogenetic unity of phthisis pulmonalis, which did not prevent us admitting and describing the various lesions, granulations, and pneumonias, and the different part these play in the various cases under our observation. We have given the pre-eminence to the granulation, which is found everywhere the same, which exists alone in acute generalised consumption. We have regarded the cheesy or interstitial pneumonias as consecutive or concomitant lesions. We have hardly been able, even in a few cases of caseous pneumonia, to admit the absence of granulations. In such facts we had to do with chronic cheesy pneumonias when the fatty degeneration of the elements was so advanced that we hesitated whether the degenerated elements might belong to pneumonia or to granulations first of all. It is certain that this distinction is very difficult when we have to do with old masses, and we then preferred to remain in doubt rather than to affirm that we had to do only with a process of pneumonia. We have even risked this hypothesis, that some granulations might have existed at the commencement in the part of the lungs now occupied by cavities. In the numerous autopsies of tuberculous patients completed by microscopic examination which I have had occasion to make since that time, I declare to you not to have met with one fact of tuberculosis where the absence of granulations has been clearly demonstrated to me. You will see, gentlemen, that such is also the conclusion formulated in the theses of two very competent observers who have devoted themselves to the study of the lungs microscopically, with all the materials, and with all the previous knowledge requisite—MM. Grancher, director of the Laboratory of Histology at Clamart, and by M. Thaon, whose work has been written under the eye and in the laboratory of M. Ranvier, in the Collége de France.

The pupils of Virchow have accentuated more and more the separation of tubercular from cheesy pneumonia, and they have pursued this division not only in the domain of pathological anatomy, but in etiology, in symptoms, diagnosis, prognosis, and treatment.

With regard to pathological anatomy, which we are now chiefly occupied with, this dualism is chiefly the result of incomplete knowledge and insufficient methods.

I myself worked in Virchow's laboratory in 1862; at that time it sufficed that the morbid products were in the midst of the infundibula and surrounded by the alveolar walls to make them called pneumonia. They were looked on as pneumonia, although the elements were small, agglomerated, and glued together by a very coherent substance uniting them, and although their *ensemble* and grouping, and the alteration of their cellular constituents made of them perfect granulations, developed in an infundibulum. This error was discovered and soon rectified in the laboratory of Berlin; but at first the tubercular granulation therein was a myth in the lung, and it was only found at the surface of the pleura or around the bronchi or vessels, where there exists a quantity of connective tissue sufficient to develope it.

Virchow subsequently described peribronchitis as having nothing of affinity with the tubercles. The little indurated knots which are there met with around the bronchi, and the interstitial inflammation, with thickening of their external coats which accompany them in their whole course were separated from tuberculosis to enter into the class of broncho-pneumonias. It was under the influence of these ideas that Rindfleisch wrote the chapter of his book consecrated to bronchitis and bronco-pneumonia. The granulations of tubercle in the lungs became thus rarer and rarer. I have told you what I thought of peribronchitis; I have shown you that along the vascular canals or other canals surrounded by connective tissue, and in particular along the vessels of the pia mater, where this is easily observed, there exists, besides granulations visible at various distances, a zone of connective tissue in proliferation, or inflamed; I have shown you that this is the same everywhere, and that the granulations are always like other neoplasms, surrounded by a zone of inflammation.

It is now easy for you to understand how generations of anatomo-pathologists reared in the same school have become accustomed to never finding tubercular granulations in the lung. In the other organs they were easily found amid the inflammatory zone, but in the lung they only saw the pneumonia.

MEDICAL EDUCATION.

By William Donovan, L.R.C.P., L.R.C.S. Ed.

The subject of medical education has of late years attracted a good deal of attention both in medical and lay circles, and is still, I am afraid, in a very unsatisfactory state, out of which it will require both energy and perseverance on the parts not only of the medical and surgical corporations and universities, but of the profession at large, to place it on a wholesome footing. Medical education may be divided into three distinct stages. The first begins when the embryo medicus leaves his mother's apron-strings, and is, as it were, launched on the streamlet of life, or, in plain language, sent to school. During this period, which is, I may say, the most important of his life, the character and tone of his future mind is either made or marred. Should he by kind and judicious care and guidance acquire a thinking turn and have his studies directed towards his future profession, well and good. If not, as is too often the case, the poor boy comes up for examination just crammed with as much general information as will enable him to scrape through what has been *called* a *test* of his fitness to study medicine, and is in reality nothing of the kind. The consequence is, that with the aid of grinders (who are altogether unnecessary for a man who is *fit* to study) he is launched on the world with what has been (in some instances) not unfitly called a licence to kill, without one atom of real practical knowledge or a taste for acquiring it. The remedy for this is altogether in the hands of the corporation themselves. If they make the matriculation curriculum sufficiently extensive to give those who say to themselves in choosing a profession "If I go to medicine I won't be obliged to grind or work up for entrance; if I can manage to pass I will be done with school for ever, &c," a real foretaste of sound medical knowledge, in the shape of a thoroughly searching examination, embracing natural history, natural philosophy, chemistry, physiology, modern languages, Greek, Latin, algebra, English, &c., would there be such a great number of men now rushing through five-pound portals into a profession for which they are totally unfitted, and the duties and responsibilities of which their unexpanded minds are unable to grasp, to the desertion of plough and spade where Nature intended they should remain. In these days of levelling down, in which Mr. Gladstone with his *Bright* and *Lowe* ideas is sweeping away the time-honoured landmarks of society, it becomes the duty not only of the licensing bodies, but of the profession at large, to take care that they admit to their halls those only who have at least received the education of gentlemen. The second period begins with the student's entrance to college; here again reform is necessary; the present method of teaching by lectures is almost worthless as a means of imparting a sound professional knowledge; the students time is occupied for at least four hours a day listening to professors who not only weary themselves but their auditors by the length and erudition of their discourses, of which the student cannot possibly recollect the fiftieth part.

If lecturers would simply confine themselves to teaching their classes by a series of bi-weekly examinations, giving credit for the lecture to those students only who entitled themselves to it by their answering, how very different would be the result. The time required for medical study by the council of medical education (four years) is altogether insufficient, and should be extended to six, the last two of which should be spent as apprentice to a medical practitioner in public practice. The young graduate or licentiate qualified under those terms would go forth an honour to himself, to his profession, and a boon to society at large. The third and last item I wish to bring forward is the method of examination at present employed by the qualifying bodies; this I am happy to say requires less reform than either of the others. The only suggestions I have to offer on the subject are that all the licensing bodies should confer the same diploma, and that it should be that of M.D., and as in America and on the Continent entitle the holder to practise medicine, surgery, pharmacy, and midwifery. Some may object to this on the grounds that there would be no distinction between the ordinary practitioner and the men who now write F.R.C.P., F.R.C.S., F.R.S., &c., after their names. This objection I would meet by allowing the profession to confer on its distinguished members honorary titles, such as F.R.S., &c., by election, or *honoris causa*. Every man seeking to enter the profession should do so by the same door, and let that door be opened to those only who by patience, perseverance, and mental capacity, acquire the right of knocking at it. I take the liberty of laying the above suggestions before the profession in the humble hope that they may be of use in stirring up the corporations to a sense of their grave responsibility.

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Introductory Address

DELIVERED AT THE

OPENING MEETING OF THE

SURGICAL SOCIETY OF IRELAND.

By John Denham, F.R.C.S.I.,

President of the Royal College of Surgeons in Ireland.

Gentlemen, Fellow Members of the Surgical Society, —Permit me to express to you how highly I feel honoured in being called upon as I am by the rules of your Society to occupy this chair to-night. When I look back to the list of your former Presidents, and call to mind the long array of talent, high professional attainments, and moral worth that characterised my predecessors to the latest name upon the roll, I am forced to acknowledge my inferiority, and say, "Proximus huic sed longo intervallo."

The Surgical Society of Ireland, now a time-honoured institution, needs no praise from me; its praise is in all the land. Inaugurated and fostered by the Fellows and Licentiates of our College, like the grain of mustard-seed, it has become a great tree, giving shelter to and calling forth the sentiments and opinions of the humblest as well as the highest and most talented members of our profession.

I trust—indeed, I feel assured—that the time is fast pproaching when all our societies, medical and surgical, biological and obstetrical, shall come to look upon each other, not as distinct and separate rivals in professional practice, but as members of the same body, divisions of the same grand army, fellow-workers together for the same glorious object, the honour of our profession and the well-being of our common humanity, contending not, as the briar and the thistle, which can wound the deepest, but, like the vine and the olive, vying with each other which can yield most fruit—which conduce most to the health and happiness of those around them.

The marvellous advances and discoveries made in many branches of art and science connected with our profession have brought about a revolution, not only in medicine and surgery, but also in agriculture and many branches of industry throughout the civilised world. The rapid strides made in physiology, in chemistry, and microscopic investigation can only be appreciated by those who had, shall I say, the good fortune or the misfortune to be personally conversant with the theories prevailing some forty years ago and the practice based upon those theories.

I am not, however, prepared to assert or admit that all the changes made are real improvements, unmixed good. On the contrary, I feel assured we shall by-and-by come back, in some things at least, to our former practice, let us say, in the matter of depletion. Take, for example, a case of sudden, severe, and acute inflammation in a strong, healthy young man, or a plethoric patient suddenly attacked with a rush of blood to the head—are we never to draw blood in such cases? Are the leech, the cupping glass, and the lancet to be for ever proscribed? Some time ago I got an unexpected and urgent message to visit a case a few miles from town. On arriving at the house, where I expected to find a lady in labour, I was brought to the bedside of a gentleman in a state of profound coma, with flushed face and swollen veins of the head. I had not a lancet about me, but I called for a riband and a basin, and with the aid of a penknife soon abstracted twenty ounces of blood from his arm. Before the operation was completed the patient sat up in bed, looked at me, and asked who I was and what I was about. We had never met before.

No theory, gentlemen, no amount of reasoning could convince me that I had done wrong in bleeding in a case like this, where an operation was followed by such immediate, such happy effects, ending, as it did, in the gentleman's recovery.

Shortly before my Mastership in the Rotunda Hospital had expired, I directed that a robust young woman, in violent convulsions during her first labour, should be bled; but neither the assistant-physician on duty nor any of the pupils present had ever seen, nor could they perform, the operation, and I was therefore obliged once again to act the part of the barber-surgeon.

On the other hand, I believe the time is not far distant when we shall see the necessity of a more sparing and discriminating use of stimulants in the treatment of fevers and other diseases. Much opprobrium has been heaped upon our profession by our ordering wine and brandy, particularly to delicate and nervous ladies, who too often give the medical attendant the credit of having first created and fostered in them a taste that has led to their degradation and ruin. This may have been the case in some instances, but my firm belief, founded upon a long experience, is that in very many instances the habit and the taste had been formed before the medical attendant had ever seen the patient. The practice of leaving a poor woman to nature some sixty or eighty hours in the second stage of labour, as I have witnessed in my earlier years, would now be considered not only unnatural, but hazardous; or that of inserting some six or eight dozen peas in a poor delicate boy's back day after day, for months, as a remedial agent in Pott's curvature, has, I trust and believe, disappeared, never to return.

The discovery of the stethoscope has thrown a flood of light and knowledge on the diseases of the heart and lungs difficult to estimate at the present day, and yet I have heard, when a student, one of the most eminent surgeons that ever adorned our profession or lectured within these walls, say to his class that the stethoscope, cylindrical in form, as it was when first brought out, might be very useful for carrying a roll of adhesive plaster, but for any practical purpose it was unnecessary and useless.

When we refer to the many and valuable treatises written on the chest since the time of Laennec we are filled with wonder and admiration at the complete and exhaustive nature of the work he accomplished, and we cannot doubt that a mind so patient in research and so acute in observation would have arrived at somewhat different conclusions as to the nature and development of tubercle had he not fallen a victim prematurely to the very disease that has made his name immortal in the annals of medicine.

But whether we believe, with Laennec, that phthisis is purely a hereditary disease, and that tubercle is a special and peculiar product, or agree with Reinhardt, that there is no difference between tubercle and common inflammatory products, we cannot but be struck with the difference in the treatment of phthisis forty years ago, followed out, as it was, with remorseless exactitude, and that prevailing in the present day.

The unhappy patient was then consigned for weeks, and months almost, to solitary confinement, shut up in a close room at a high temperature, into which a breath of pure fresh air was never allowed to enter, his chest and back alternately kept raw with a blister, or studded over with angry pustules brought out by tartar emetic ointment or some other irritating substance, depressing medicines and a scanty diet filling up the cup of hapless, hopeless suffering.

In the present day a generous diet, cod-liver oil or cream, pure air, and exercise are the agents most relied upon, and if not more successful, they are certainly much more agreeable.

On the present occasion, however, it will naturally be expected that I should allude to the changes and improvements that have taken place in surgery rather than to those in medicine; but where shall I draw the line of separation? Where does medicine terminate?—where surgery begin? For my part, I know not.

As Celsus well expresses it—

> "Illud ante omnia scire convenit
> Quod omnes medicinæ partes ita innixæ
> Sunt ut ex toto separare non possunt
> Sed ab eo nomen trahunt e quo
> Plurimum petunt."

If we desire or expect to attain to eminence in any department we must be intimately and deeply conversant with all zymotic diseases in their varied and deadly forms, which belong alike to both, and, alas! baffle the skill alike of the most accomplished physician and renowned surgeon.

The changes and improvements in surgery have gone on with such giant strides that I know not where to begin to enumerate them. Wherever the treatment of aneurism by compression is mentioned, the School of Irish Surgery must ever shine forth conspicuously. Ovariotomy, the removal of tumours from the cavity and the walls of the uterus, the excision of joints, the treatment of vesical calculus, may be mentioned as some of the mighty changes and improvements that have taken place in surgery, while, at the same time, the endoscope, the laryngoscope, and the ophthalmoscope have thrown such a flood of light and knowledge upon the profession, that we may safely predict a much larger measure of success to the junior practitioners of the present day and to their immediate successors than has fallen to the lot of those who have preceded them.

When in London last August, during the meeting of the British Medical Association, I had the privilege of hearing a very able address on surgery from Mr. Wood, one of the surgeons to King's College Hospital, in which he took exception to the theory and mode of dressing wounds adopted, and, I believe, first promulgated by Professor Lister, of Glasgow, at the meeting of the same Society held in Dublin in the year 1867.

Professor Lister states that the result of his experience has been such as to establish conclusively the great principle, that all the local inflammatory mischief and general febrile disturbance which follow severe injuries are due to the irritating and poisoning influence of decomposing blood or sloughs. For these evils, he adds, are entirely avoided by the antiseptic treatment. He contends that the main obstacles to the treating of wounds are caused by impurities conveyed in the atmosphere; and he teaches, accordingly, that complications which delay or prevent the treating of a wound may be avoided, if not entirely prevented, by excluding or neutralising such impurities. To neutralize them by charging the air with some antiseptic vapour, Professor Lister contends to be both possible in theory and highly successful in practice.

Mr. Wood, in his lecture, told us, that after careful trial of this method he was forced to the conclusion, that so long as no epidemic influence existed in the hospital productive of erysipelas or pyæmia the trial succeeded admirably; but that when such epidemic influence manifested itself, the erysipelatous blush appeared in cases treated in all kinds of ways, and almost as frequently on his antiseptic side of the hospital as on his colleague's, Sir William Fergusson's non-antiseptic side. Mr. Wood further stated his belief that the agencies, whatever they are, in pyæmia, operate in the general system, or if through the atmosphere, in other channels besides the wounded part, and in this I fully concur. I can bear testimony, nevertheless, in my own department, to the beneficial effects of carbolic acid as a remedial agent in the very worst forms of ulceration of the uterus, even in cases of malignant disease.

The subject of anæsthesia will, I trust, be brought largely under the notice of our Society this winter, and it is one the importance of which we cannot too highly estimate. Any one who has ever witnessed a death from chloroform or any other anæsthetic agent will gladly aid, if in his power, the discovery of an agent that will free the operator from the dread apprehension, that in endeavouring to relieve from momentary pain he may hurry his poor patient into eternity.

There are many other subjects of deep practical importance to which I should gladly allude, but the clock upon the wall, a due regard to the time and patience of my enlightened audience, and the abundant evidence I see around me of matter far more valuable and important than anything I can offer—one and all intimate to me, in language not to be mistaken, that it is quite time I should bring my desultory remarks to a close. Permit me to make a passing observation upon a subject which, although not strictly professional, or rather in no way practical, yet, to my mind, intimately concerns the advancement and prosperity of the medical community.

When present at the annual dinner of the British Medical Association, which I was invited to attend as a representative of the Royal College of Surgeons in Ireland, I had the privilege and the pleasure of hearing one of the greatest orators and statesmen now living, the Prime Minister of England, speak. In the course of his remarks, which, I must say, were highly complimentary to our profession, he was good enough to say that the influence of the medical profession was largely on the increase. Now, gentlemen, the lesson I would draw from that statement, and the lesson that I would wish you to draw from it also, is, that either we are ignorant of our powers, or we are indifferent to the interests of our profession. Why should thousands upon thousands of the public money be expended upon law appointments, many of them mere sinecures, while we have scarcely an appointment in the whole range of the profession worth the acceptance of any man of talent or position? Why is it that we have no ex-chancellors or retiring judgeships among us? why have we no professorial chairs in anatomy, physiology, chemistry, pathology, or surgery, with sufficient incomes attached to them capable of inducing men of scientific tastes and philosophic minds to devote a lifetime to such important pursuits?

The answer, to my mind, is that we are apathetic and indifferent, not only to our own interests, but to the welfare of society at large, for I unhesitatingly assert that whatever benefits the medical profession, whatever tends to enlighten and elevate it, tends at the same time in a tenfold degree to benefit every class in society and ameliorate the sufferings and assuage the sorrows of our race.

Why should we not have a larger representation in the House of Commons? Why should not the College of Physicians and the College of Surgeons each have a representative in that august assembly? Surely, if not in numbers, yet in intelligence, in social influence, and moral worth, we may safely compare with any constituency in the United Kingdom.

Gentlemen, this numerous and influential meeting gives promise of a successful session. Permit me to hope that all our discussions and deliberations shall be carried on, not in the vain puerile hope of obtaining a temporary or trivial advantage over some worthy brother, but with the earnest desire, the sincere hope of eliciting truth and discovering what will most tend to the advancement of surgical science.

It affords me very great pleasure to see so many of the old familiar faces around me, the tried friends of the Surgical Society, but we have to mourn the absence of some who were ever at their post, and of others, again, who, engaged in other fields of investigation, were only occasional visitors. Some of those, I regret to say, are on beds of sickness, and some have "gone to that bourne from which no traveller returns."

When the hand of death comes in and rudely snatches away any member of the profession, whether he be a member of our Society or not, I think it is a fit and proper thing to take a passing notice of the occurrence, for we are brethren, and should mourn on every such occasion as if a friend had fallen.

In the death of Professor Wm. Barker we have sustained a heavy loss, although his mantle has fallen upon one well worthy of the honour, and in every way well calculated to advance the interest of this College and promote the science of chemistry. Yet, who that knew Dr. W. Barker, with his refined and cultivated tastes, his philosophic mind, his warm, friendly greeting always the same, can ever cease to regret his removal from the important post he so well occupied, and the circle of admiring friends who loved him as a brother. One more notice and I have done. Need I say I am about to refer to my early fellow-student, my long-esteemed and tried friend, Professor Robert Smith. Fortunately, he needs no eulogium from me; his name and his fame are household words wherever surgery is known. Highly educated, endowed with talents of no ordinary stamp, blest with the rare gifts of perseverance, energy, and industry, he devoted his entire life to the advancement of his profession and the good of mankind, free from petty jealousy on the one hand and sordid avarice on the other, he stands forth, a noble specimen of the accomplished surgeon. It seems but yesterday when he entranced the members of the British Medical Association, August, 1867, in this city, with one of the most eloquent addresses ever delivered to that Association. He stands out before my mind's eye at this moment as clearly as he did on that memorable occasion; his eagle eye lit up with enthusiasm, and his eloquent tongue pouring forth a flood of light and knowledge seldom equalled, never surpassed. That eye is now quenched in darkness; that tongue now lies silent in the grave. But the immortal spark which he kept so well balanced when his poor frame was racked with pain and suffering, like the bodies said to float calm and peaceful amid-seas, deep in their ocean grave, while the surface of the mighty waters are tempest-tossed, that vital spark, I doubt not, has entered the haven of eternal rest where pain and sorrow never enter.

The Council of this College, I am happy to say, have it under consideration how they can best show and perpetuate the high sense they entertain for his profound talents and the benefits he has conferred upon the profession and the public at large. This step, I feel assured, will meet with the approbation of every member of the profession; but we must never forget that he himself has raised a monument by his labours and his writings more enduring than brass—one that shall only perish amid the wreck of matter and the crush of worlds.

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Transactions of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, November 25th, 1873.

Dr. C. J. B. Williams, F.R.S., President, in the Chair.

A CASE OF RENAL CALCULI.

By Samuel Gee, M.D.,

Assistant-Physician to St. Bartholomew's Hospital, and to the Hospital for Sick Children.

This was a case of calculous disease of both kidneys, in a man who had suffered from gout. In the pelvis of the right kidney there were found—(1) a great stone, weighing 36¼ oz.; (2) eight smaller stones, each larger than a cherry-stone, weighing from 19 grs. to 50 grs.; (3) about a thousand flattened stones, like melon-seeds in shape; (4) a large quantity of gravel. In the pelvis of the left kidney was found a stone weighing 9¾ oz. The chemical composition of the greater part of the large stones, and of the smaller stones and the grit, was phosphate of magnesia and ammonia, nearly pure. The large stone had a nucleus of oxalate of lime, phosphate of magnesia, carbonate of lime, and uric acid.

CASE OF FATTY DEGENERATION OF THE CONTRACTILE TISSUE OF THE UTERUS, WITH SOME REMARKS ON THE NATURE OF THE CAULIFLOWER EXCRESCENCE OF THE OS UTERI.

By T. Snow Beck, M.D. Lond., F.R.S.

(*Communicated by* Sir William Jenner, Bart., M.D., D.C.L., F.R.S.

The following case was first seen in October, 1871. A spinster, aged fifty-nine years, without any appreciable alterations in her previous good health, and in whom the catamenia had ceased for nine years, was suddenly seized with a gush of blood from the vagina, with a considerable thick, slightly yellow-coloured discharge. This discharge, always worse at night, gradually increased, and became very copious. At first it was thin, serous, and slightly yellow-coloured; afterwards became whitish, slightly yellow or greenish, without any offensive odour until it had existed for about three years. During the fourth year, and especially towards the end, it became very offensive. This discharge was accompanied, at uncertain intervals, with an escape of blood, sometimes as slight as only to colour the discharge red, at other times accompanied by the formation of small coagula. Three or four times a considerable amount of blood was lost, and towards the last severe hæmorrhage occurred. But from the first to the last there was neither ache nor pain present. The appetite became impaired, and ultimately extinguished; the tongue red, coated, and tremulous; the bowels always constipated, pain at the epigastrium after eating, much flatulency, frequent sickness, distressing hot flushes, occasional giddiness, and sleepless nights. There was comparatively little loss of flesh, and nothing in the general appearance to indicate the presence of serious disease.

After the affection had existed for three years, the lips of the uterus were found swollen, the external orifice open to admit the end of the finger, and several small fleshy prominences a little within it, which freely poured out blood, of an arterial character, on the slight pressure of the finger during examination. A month later the soft growth protruded through the external orifice; and three months later the upper part of the vagina was filled with a soft pulpy mass, much resembling, to the touch, the fœtal portion of the placenta. The woman became weaker and weaker, and died, four years after the first indication of the disease, by a sudden gush of blood from the vagina.

In the examination of the body after death, the uterus was found somewhat enlarged, and the cavities filled with a soft shaggy tissue, which hung down, for about an inch and a half, into the upper part of the vagina, and filled this portion of the canal. With the exception of a thin shell at the fundus, the whole of the contractile or muscular tissue of the uterus was converted into the soft shaggy tissue, which ceased abruptly at the external orifice where the vagina begins. With the aid of the microscope, the contractile fibre-cells at the fundus were seen slightly altered; lower down they contained, in their substance, a varying amount of fat-globules; still lower down, all form of the contractile fibre-cell was lost, and, instead, collections of large-sized fat globules mixed with diffluent tissue were seen; and at the lowest portion it consisted of structureless diffluent tissue mixed with numerous and various-sized fat globules.

The symptoms in this case closely resembled those given by Sir Charles M. Clarke as indcating the presence of cauliflower excrescence of the os uteri, yet differed from them in some material points. Cauliflower excrescence was described as being attached to the surface of the os uteri—never extending into the cavity of the uterus—being sometimes so large as to fill the vagina and project through the labia, when it was of a bright flesh colour. It might be completely cured by excision, or even by the assiduous use of local astringents, and had proved fatal at the early age of twenty; whilst in the case recorded the disease was essentially one involving the cavity of the uterus, was most probably incurable, and probably only met with after the middle period of life.

The preparation of cauliflower excrescence of the os uteri preserved in the Museum of the Royal College of Physicians, presented by Sir Charles M. Clarke in 1829, was examined. This preparation was found to be one of those villous growths which spring from the surface of mucous membranes, well known under the name of "papilloma." Cauliflower excrescence of the os uteri, as shown in this preparation, was essentially distinct from the fatty degeneration of the contractile tissue in the previous case, and also distinct from any forms of malignant disease; cauliflower excrescence consisting, in the words of Professor Rindfleisch, "of a number of arborescent groups of villi, and of nothing else"; and "having nothing whatever to do with cancer" (*a*).

A case of cauliflower excrescence of the os uteri recorded by Sir James Y. Simpson was referred to; also seven cases reported under the name of cauliflower excrescence by Dr. J. Braxton Hicks (*b*). But those cases recorded by Dr. Hicks did not present any of the characteristic symptoms of cauliflower excrescence, and were examples, not unfrequently met with, of "encephalomatous" and other malignant disease of the lower portion of the uterus, attended with the usual severe pains and offensive discharge of these diseases.

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MEDICAL SOCIETY OF LONDON.

NOVEMBER 24TH, 1873.

The President, Dr. S. O. HABERSHON, in the Chair.

Dr. SANSOM showed an Aspirator, and related a case of

MITRAL STENOSIS—PERICARDIAL ADHESIONS—CARDIAC HYPERTROPHY AND DILATATION—PRESYSTOLIC BRUIT—AUTOPSY.

A little boy of 9 came under Dr. Sansom's care at the North-Eastern Hospital for children, on October 5th, 1872. He had been suffering from rheumatic fever for a fortnight, and had had a previous attack ten months before. A presystolic bruit was distinguished at the apex of the heart. Pericarditis, with friction sound, became manifest, but in a month's time this had passed away, leaving the presystolic sound as before. The heart showed a cantering rhythm, but no marked thrill. Urgent signs passed away, and the boy continued fairly well till February, 1873; then, after a fall down stairs, distress returned, and he was admitted again into the hospital. There were now signs of extreme cardiac hypertrophy, the original murmur persisting. There was much pallor of surface, but no cirrhosis; ophthalmoscopic examination showed the retinal arteries to be fine and the veins disproportionately large; there was but little œdema, and no albuminuria. Death took place on November 9th, 1873. *Post-mortem* examination showed only a moderate degree of visceral congestion. The heart was greatly hypertrophied, and the pericardium everywhere adherent. The endocardium of the left side was much thickened; the left auricle and ventricle both very large; the mitral valve funnel-shaped. The aortic valves were much thickened, but did not interfere with the blood-flow. The right side was normal.

Dr. Sansom, in exhibiting the heart as a specimen, said it furthered the view of the auricular origin of the presystolic murmur. He considered this term a good one, inasmuch as it accurately described the tone of the bruit, and also indicated a fixed pathological condition. Nevertheless, it was not so *clinically* suggestive as it might be. For clinical demonstration it might be convenient to translate our terms for valvular heart murmurs into plain English. Systolic—First-sound murmurs; Diastolic—Second-sound murmurs; Presystolic—Before-first-sound murmurs. The extreme pericardial adhesion imported many pathological phenomena and conditions unusual in cases of mitral stenosis.

Dr. SANSOM read some

CASES ILLUSTRATING THE USE OF THE PNEUMATIC ASPIRATOR IN THE TREATMENT OF EFFUSIONS.

These cases occurred in the North-Eastern Hospital for Children under the care of Dr. Cayley and himself. Cases 1 and 2 were of simple pleurisy. In case 1, after an illness of ten days, forty-six ounces of clear fluid were removed by the aspirator; no ill symptom became manifest, and the child was discharged well eleven days after. In case 2, after an illness of nine days, the chest being full of fluid, aspiration was intended, but as rapid absorption was taking place, the operation was deferred, and the chest, seven days after, was restored to its normal condition. The following cases were of empyema: In case 3, after an illness of two months, between fifteen and sixteen ounces of pus were withdrawn from the left chest. Operation repeated eight days after; about twelve ounces removed. On three several times after, fourteen, two, and five ounces were taken away, the last time by simple puncture, without aspiration. After some time of continuous discharge, the boy apparently recovered, but subsequently manifested enlargement of liver and spleen, with albuminuria. In case 4, after fifteen days' illness, fifteen ounces of pus drawn by aspiration from left chest; ten days afterwards thirteen and a half ounces removed; good recovery. Case 5, empyema consecutive on scarlet fever ten weeks previously. At first one ounce, subsequently twelve ounces, of sanguinolent pus removed; good recovery. Case 6, after eight months of ailing, eight ounces of fœtid pus removed by aspirator; twelve days after-

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(*a*) Manual of Pathological Histology. p. 454.

(*b*) Guy's Hospital Reports, vol. vii., p. 245.

wards eight ounces again withdrawn. Great improvement ensued; but after a fortnight pointing occurred at the base, and after simple incision an ounce of fœtid pus escaped. Discharge continued for six weeks, when the wound closed, and the child made a good recovery. Case 7 was one of congenital hydrocephalus in an infant of three months. One ounce of clear fluid was removed from the brain by aspiration; great improvement, with entire removal of coma and convulsion occurred, until the eleventh day, when the infant died from diarrhœa. The autopsy showed eight ounces of fluid remaining in brain cavity, but no trace of the operation save a mark on the dura mater when the trochar entered.

Dr. Sansom considered that aspiration was valuable in simple pleurisy; after complete distension of the pleural cavity there were no signs for several days of absorption. In empyema, he considered the experience of it very favourable, and in hydrocephalus very hopeful.

The reading of Dr. Sansom's cases was followed by a discussion, in which Dr. John Harley, Dr. Fothergill, Dr. Broadbent, Dr. Rogers, and other gentlemen took part.

Mr. **Jabez Hogg** related the following cases :—

ARRESTED DEVELOPMENT OF THE LEFT EYE-BALL.

Harriet Warbourn, 14 days old, the child of healthy parents, was brought to me at the Royal Westminster Ophthalmic Hospital on the 14th April, 1872. The mother noticed, a few days after the birth of her infant, a swelling over the left eye, which somewhat alarmed her. The medical man in attendance being somewhat doubtful of its nature, directed the nurse to bring the child to the hospital. The swelling was then about the size of a walnut; the nurse thought it had slightly increased during the last few days, and attempts made to separate the lids were attended with considerable difficulty. It was ultimately discovered that the eye-ball was undeveloped, a rudimentary stump occupied the cavity. There could be no doubt about the fluid character of the cyst, and I at once proceeded to give exit to it with a grooved needle. A drachm or more of fluid escaped, and a wet pad and bandage were applied with as much pressure as I could command. On the third day after the operation the child was again brought to the hospital, and in my absence, the cyst, which had refilled, was once more tapped, a compress applied, and secured by strapping. At the end of another week the mother appeared with her infant, and, to my surprise, the cyst had not only refilled, but was much larger than it was when first seen, and I therefore determined to treat it by a seton. A couple of silken threads were used, and a pad and bandage temporarily applied. The latter I directed the mother to remove on her return home, and to apply a warm bread-and-water poultice. For the next few days there was a good deal of constitutional disturbance and swelling of the neighbouring parts. The warm applications were kept up, an anodyne administered, the swelling gradually subsided, and in about a week I was able to withdraw the seton and trust to pressure alone, as sufficient inflammatory action had been set up to obliterate the cyst. A good recovery was made, and a few months ago Mr. Mayall kindly photographed the child for me. There is now an excellent moveable stump, and this, in time, will admit of the application of an artificial eye.

CONGENITAL OBLITERATION OF PUNCTUM CANALICULUS AND LACHRYMAL DUCT ON LEFT SIDE.

Robert Skinner, aged 3 years, admitted to the Royal Westminster Ophthalmic Hospital, January 2nd, 1873. It appeared by the mother's statement that soon after birth she noticed an accumulation of tears in the corner of the left eye. Some months afterwards this appeared to increase; the "watery eye" was a constant source of annoyance; but as she thought it proceeded from a cold in the birth, as mothers usually do, nothing was done. It, however, increased so much that she consulted Dr. Hassell, who noticed a purulent discharge in the corner of the eye, and a complete occlusion of the punctum; he therefore directed the child to be brought to me. When I saw the boy, the disease had assumed an aggravated form; the muco-purulent discharge was associated with a granular condition of the palpebral surface of the lower lid, and the nostril was quite dry on the same side; no punctum could be seen, and it was apparent that the lachrymal duct was likewise closed, this, in all probability being the result of recent inflammatory action. The operation for opening an artificial channel for the relief of the malady was at once proceeded with. The boy being placed under the influence of methylene I made an incision in the direction of the canaliculus, and finding the knife obstructed by the lachrymal bone—that it did not pass into the natural opening, I explored the tubercle with a probe, and discovered that I had an obliterated duct to deal with. A sharp pointed probe held in the vertical direction, and immediately over the lachrymal tubercle, which always serves as a guide for the knife in the operation for fistula lachrymalis, quickly penetrated the closed duct, and at the same time the probe was pushed on through the opening then made. A small bleeding followed the operation, but this was arrested by the application of cold water. The further treatment of the case consisted of repeated dilutions by graduated probes every alternate day, and an artificial duct was thus established in little more than three weeks, and which perfectly carried off the tears. The granular lids proved to be far more troublesome, and a cure was scarcely effected at the end of three months.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 10, 1873.

ANTHROPOLOGY.

The subject of anthropology seems to be of such extent that one is almost bewildered by any effort to define it. Naturally, then, we are not without a large number of people among us who devote themselves to the study of this so-called science, which seems in not a few cases to be understood as a kind of link between other sciences. We had an Ethnological Society, as well as an Anthropological Society in the metropolis, and now have had sections at the British Association. But even these were not sufficient to satisfy the followers of this branch of knowledge, and the London Anthropological Society has lately been started under favourable auspices. A volume lies before us entitled "Anthropologia," in which are included the proceedings of this new society. These we have looked through with interest, and regret to find that the anthropologists appear to be as defective in temper and a sense of right as the mortals they intend to improve.

This remark we make in consequence of the story told of the new society, which, presuming it to be true—and we have no reason to think it otherwise, but put in the proviso because we have not heard the other side—displays such sharp practice on the part of the professedly scientific societies that precede this, that we are not astonished at a large number turning away to found a new association.

The story is told by the president, Dr. R. S. Charnock, in his opening address, which is otherwise a noteworthy performance. It is briefly to this effect; the old Anthropological Society, founded in 1863, just ten years ago, by the late Dr. Hunt, was successful in promoting its object—the encouragement of all researches tending to establish a *de facto* science of man. A journal and a review were published, and works from foreign languages were translated at the expense of the society. The Ethnological Society, then "on its last legs," made overtures, and in 1871 the two were amalgamated under the name "Anthropological Institute of Great Britain and Ireland," suggested by Professor Huxley.

It appears that the anthropologists were richer than the ethnologists, and the latter, by pulling together, managed at last to exclude the working bees of the former from their own hive until, on the 21st of January last, at the annual meeting "called together by an informal document, the members, library, and museum of the institute virtually passed into the hands of the late Ethnological Society."

Such is the statement made in the address of Dr. Charnock, who speaks of the step as "contrary to justice and equity, opposed to fair play, in violation of the spirit of the regulations and the practice of scientific societies." Protests availing nothing, those who felt outraged retired from the institute, and formed themselves into the new "London Anthropological Society," and the volume before us at any rate vindicates for them a right to exist, for it contains some very important papers. A very large proportion of the officers of the society are members of the medical profession, and subjects of peculiar interest to us are therefore sure to crop up in the proceedings. We shall mention some of the papers in "Anthropologia" No. 1.

Captain Burton, who seems enthusiastic at the establishment of the new society, sends a paper from Brazil, which will be first looked at by a host of his admirers.

Mr. Staniland Wake writes on "Marriage by Capture," and offers explanations of some of the ceremonies that have thus been classed, which we have always thought probable enough, and which Sir John Lubbock may be expected to reply to, as in some points they are in direct opposition to his views.

Mr. Wake also gives a paper on the social condition of women as affected by civilisation. He admits that woman's present position is due to religion, though we regret that he uses expressions that will pain some religious people. The paper opens with the word "legend" applied to the biblical narrative of the creation of woman. The writer might go a step further and study what woman owes to Christianity.

Two papers from the pen of Dr. Thomas Inman will attract attention—they are on "Certain Ancient Temples in Malta," and the "Influence of Man upon the Lower Animals." Other medical contributors are Dr. Holden on "Giants' Graves in Ireland," and Prof. Leitner, M.D. on "Kafirs." There is an account of some human remains discovered near Rome, which though not written by a medical man, will interest our readers.

So far it will be seen that the range of the new society is as extensive as the former, and we have always felt a desire to ascertain the boundaries of anthropology. This brings us to a paper on the "Ultimate Object of Anthropological Study," by Joseph Kaines, T.L.A.S., published at p. 30, which we have read with much interest. It exhibits the writer as an enthusiast for the study he vindicates, though we can hardly say that he defines it. To our view he seems not in the least to wish to circumscribe it, but almost makes it co-extensive with human knowledge. The difficulty with us is not to see what *is*, but rather what is *not* included in the term anthropology, which we here learn "has for its end the good of the human beings of the present and the human beings of the future," and which is further defined as "philanthropy founded on science." If this be so why not call it philanthropy at once? It seems to us that would be a misnomer if applied to a tithe of what claims to be anthropology, but perhaps the author only desires to include as much as possible in his favourite study in order to impress us with its work. There is, however, in this some danger of readers losing by what appears vagueness the clearness which no doubt the writer feels in his own mind. We are not inclined to cavil with him, or we should push home this argument in return for the scorn he heaps upon specialism, which he declares roundly is "always hurtful," and nowhere more hurtful than in anthropology; but let us ask, Where would men of his taste obtain their pabulum but for specialism? It may be true that nothing is "too small for a big book to be written about it," but if the book be the result of long patient study of Nature, does it not furnish the storehouse to which all resort for information when it is wanted—even those who profess to despise the specialist for the narrowness of his object? We admire breadth of study, but we are told "anthropology includes archæology, history, science, politics, and religion." Any of these would suffice to occupy a life-time. Again, we are told it is "a science of things in general concerning mankind." What is this but to tell us it comprises most of the sciences? And who does not know that each science is more than a life-long study? Is the physiologist to be despised as a specialist? We trow not. General views are useful, and where there is sufficient imagination to group them may be applied with great results, but they must be derived from workers who have been content to confine their efforts to a smaller sphere, but are not therefore to be despised. The specialists have, after all, done most of the work. It is only they who in their own sphere are really profound.

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Notes on Current Topics.

Therapeutic Antagonism.

MM. GUBLER AND LABEE have issued a series of papers on this subject which have been epitomised in the *Lyons Médical* (Oct. 12) and several other journals. The recent contributions to the subject in this country lead us to cite the conclusions of these authors.

The antagonism between *opium* and *belladonna* opens the series. This is only partial; the auxiliary actions are more extensive. As antidotes, the emetics and secretion excitants are more sure, and as to the opium intoxication, Gubler recommends sulphate of quinia as the veritable antidote to opium. The opposition between the two is so great that *opium* combined with *sulphate of quinine* is without effect in acute articular rheumatism. This seems to us a very important point in face of the fact that both remedies are so oftem employed in this disease.

Strychnine and Opium.—The action of opium or its salts is very slow in cases of strychnine poisoning; everywhere the antagonism is feeble.

Strychnine and the Poisonous Solanacæ. — Nothing certain.

Strychnine and Anæsthetics.—The excitant period of etherisation is too pronounced, that of chloroformisation is a little less, nevertheless, too much so; chloral is preferable. Orè, of Bordeaux, injects it into the veins; but, contrary to the opinion of Liebreich, strychnine is not an antidote to chloral.

Strychnine and Calabar Bean; Strychnine and Curare.—The first seems to have the same physiological action as the second. According to Bernard, strychnine increases the reflex action of the cord, curare paralyses the motor nerves. The antagonism, thus, is only apparent. According to Martin-Magron, Buisson, Brown-Séquard, the two poisons have similar properties—an excitant action on the cord, a paralytic action on the extremities of the motor nerves. The difference consists in the fact that curare acts first on the motor nerves so that its influence upon the cord cannot be manifested, while strychnine acts upon the cord before it paralyses the extremities of the motor nerves. Dr. Fraser's researches are to be remembered in reference to this.

Strychnine and Aconitine.—Although the action of aconitine seems to approach that of curare, clinical experimentation is more favourable to aconitine in the treatment of strychnism.

Atropia and Prussic Acid.—The antagonism is doubtful; besides, prussic acid has an action upon the red globules of the blood, of which it seems a most active poison.

Atropine and Physostigma.—Here the antagonism is only partial. A non-toxic dose of each, administered simultaneously, is likely to kill outright.

The Cause of the Coagulation of Albumen.

According to some experiments of MM. E. Mathieu and V. Urbain submitted to the Academy of Sciences, Paris, albumen, deprived of its gas is incoagulable even at 100° C., but it is precipitated by alcohol, acids, and metallic salts like normal albumen.

The restoration to transformed albumen of its oxygen and nitrogen will not restore to it its coagulability; but it recovers this property on the restitution of the carbonic acid gas which it has lost. Carbonic acid gas is therefore asserted to be the cause of the coagulation of albumen under heat.

Adulterated Cigars.

According to a Vienna contemporary, German cigars are even worse than those sold in this country. All sorts of solid substances may be found rolled up in the leaf of the fragrant weed. The writer states that within his own observations the following have been found:—Bristles, hairs, wood, bits of linen and of leather, needles, shirt-buttons, and teeth. These substances glowing in the smoker's cigar must astonish him. Through the middle of one a goose's feather was drawn from point to end. In another was a cord, and a third, a match. These are all adulterations which, apart from their aroma, at the most, could only occasion nausea or vomiting. But far worse and more dangerous are those which conceal exploding materials. These are the so-called "explosive cigars" manufactured as "jokes" and not infrequently the cause of severe accidents. Cases have been reported where sight has been totally destroyed. We advise smokers to take cake care what they buy—particularly in Germany.

Leaden Pipes.

Our French contemporaries have lately been much occupied with the effect of leaden pipes on water. This is in consequence of a discussion that has taken place in the Paris Academy of Sciences upon a paper by M. Fordos. This observer stated, on the 17th ult., that when lead, either in the form of shot or granulated, is shaken in a bottle with ordinary river-water or distilled water, a certain action takes place, resulting in the formation of an insoluble deposit of carbonate of lead, combined in the former case with carbonate of lime. He had previously indicated that the production of this deposit, when bottles are cleaned by means of water and lead, must cause the retention in the bottles of small quantities of that metal, which, being afterwards dissolved by wine or other fluids, may give rise to lead-poisoning. He considers the formation of carbonate of lead to be due to the direct action of carbonic acid in the case of distilled water, and in that of the river-water to the decomposition of the so-called bicarbonate of lime dissolved in it, the excess of carbonic acid in the bicarbonate combining with oxide of lead to form carbonate of lead, which unites with the carbonate of lime thus set free to form the insoluble deposit observed by him. M. Fordos also finds that leaden water-pipes which have been in use are coated internally with a deposit consisting of carbonate of lime mixed with carbonate of lead, which he believes to be produced in the manner above described. This coat will protect the lead from any further action of the water, which will pass through the pipes quite pure. These observations of M. Fordos seem to show that some action is produced upon lead even by water containing calcareous salts. According to the experiments of the great chemists who took part in the discussion, distilled water and pure rain-water have a solvent action on lead, the water itself becoming speedily impregnated with appreciable quantities of the metal, whilst none could be detected in ordinary river or well water, even after long standing. M. Dumas attributed the apparent inactivity of the latter to the calcareous salts which they contain, and this view is, to a certain extent, confirmed by M. Fordos.

This discussion has not passed unnoticed by our English contemporaries, and several newspapers have alluded to it. Among these, the *Globe*, which frequently comments upon scientific and sanitary questions, has published articles and letters. One of its correspondents, Mr. Young, enters rather fully into the history of the subject; but after all, it is clearly a problem for chemistry.

The apparent increase of lunacy in Ireland gives rise to important moral and national considerations, on which the inspectors comment in their last report. There were last year more than 7,200 lunatics not in any confinement n Ireland, and the inspectors point out that "in the natural course of human existence the malady they labour under may be propagated to a coming generation and so transmitted to a remoter posterity. They also note the fact that the tide of emigration which has carried off two millions of healthy native inhabitants of the country within the last two years has left behind the lunatic population which proportionately belonged to that number of inhabitants, and has thus seriously increased not only the ratio of the lunatic population, but the danger of hereditary transmission of the disease.

Servants' Sickness.

We suppose that in these days of dear food and fuel not a few of our readers would be glad to retrench, but are prevented by the extravagance of their servants. A correspondent of a paper mostly supported we believe by ladies —the *Queen*, offers servants some good advice as to their food, telling them that in consequence of consuming an excessive quantity of animal food, or "butcher's meat," they bring their blood into a bad state and injure their constitutions. This is the cause of so many servants becoming weak in their legs, which infirmity they are too ready to attribute to hard work, and finally they break down altogether. Servants who have a reasonable amount of work, with moderate fare, are generally in better health than the "pampered menials" who live sumptuously and have little to do. Even the less fortunate members of the working classes, who really work hard, and taste meat perhaps not more than once a week, are usually stronger and in better health than the domestic servant who has three meals per day with stout or ale *ad libitum*. In hospitals there is a disorder called the "Servants' Sickness," which is caused by excessive indulgence in animal food by servants who have previously lived almost starvingly in poor homes. The objection amongst the ignorant classes to vegetable diet is wide-spread; they have an equal dislike to farinaceous food and to "vegetables," commonly so-called; they despise a dish, of which vegetables form a part; they will condescend to eat pudding as an extra—a luxury—but they take care to satisfy the appetite with meat before pudding time. If they are ordered a curried dish, they regard the rice as a garnish, and cannot be persuaded to partake of it as a part of the meal.

The picture thus presented is no doubt one constantly met with among gluttonous and beer-drinking servants who are not overworked, and just as brewers men are notoriously bad subjects when attacked by disease, so are such "pampered menials." In that sense the term "Servants' Sickness" may be admissible, though it is hardly to be said that this constitutes a disease. Excess in eating and drinking is too common in many classes, and the results are always such.

Erectile Tumours treated by Croton Oil.

According to *Le Progrès Méd.*, 28th November, several physicians, among others M. Lafargue, have employed croton-oil in the treatment of erectile tumours, and we have already referred to a case by Dr. de Smet reported in the *Presse Méd. Belge*. In response to the inquiries of several correspondents we add the following particulars of Dr. de Smet's interesting case: A patient, aged five, presented below the right lower eyelid an erectile stain of little extent surrounded by a zone the size of from 15 to 58 millimètres, in which were numerous small superficial vessels. The stain and the zone united are rather larger than a piece of 50 centimes. The centre is slightly salient. After some fruitless attempts (vaccination and repeated instillation of perchloride of iron) Dr. de Smet had recourse to croton-oil, and he thus describes the method used: Some fifteen needles were fixed in a piece of cork and the points were free for about 2 millimètres. These points were thus disposed so as to represent as well as possible the shape of the spot and the direction of its principal vessels. This being done the cork was dipped in croton-oil and then accurately applied over the spot and quickly pressed upon it. The inoculation, painful for the moment, only left after it a slight sensation of heat and pricking. A little cotton-wool was used for dressing. Next day the parts were swollen, and there was slight vesication, but no pain. On the second day a crust surrounded with little vesicles and a certain number of the vessels had disappeared, others were stopped up by clots. Another inoculation of croton-oil. In four days there was no trace of the nævus, nor any scar left.

The recently published Report of the inspectors of lunatic asylums in Ireland shows that notwithstanding the continued drain of the population by emigration, so far from the number of insane in Ireland being on the decline, as might naturally be expected, it would seem, on the contrary, to be distinctly increasing. The inspectors consider this unpleasant state of things to be more apparent than real. They think that a certain part of the increase can be accounted for by the greater longevity which arises from improved treatment of mental diseases and to the quietude of life enjoyed in asylums. They also point to the tendency which exists now-a-days to send patients to district asylums if there be any reason whatever for doing so, no matter how hopeless or indefinite the symptoms of the disease may be, the bed-ridden, aged, and infirm alike, and even children, when they are troublesome, noisy, or difficult of control, or idiotic are drafted off to district asylums as dangerous. What is worse, it frequently appears that persons in a state of extreme physical exhaustion, or actually dying, are committed on the strength of magisterial warrants.

Arsenic contained in the Sub-nitrate of Bismuth.

Dr. Hebert relates in the *Mouvement Médical* a case where a child treated for diarrhœa by small doses of subnitrate of bismuth was found to get worse instead of better, and it was found in testing the bismuth that arsenic was present.

Medical Statistics of the Franco-German War.

This subject is still occupying foreign statisticians. It appears from an estimate in the *Mouvement Médical*, 22nd November, that in the first part of the war, from July to September, the loss of the Germans was 74,786 men, killed, wounded, and disappeared; in the second part of the war from 3rd September, 1870, to 30th May, 1871, 54,484. In sum, 129,270. Of this number 5,153 were officers; 11,095 sub-officers; 1,202 drummers or musicians; and 96,425 soldiers. 44,996 officers, soldiers, &c., were killed.

The increase in the number of lunatics in Irish lunatic asylums, and the great advance in the cost of provisions has caused an increase of the expenditure of the system of more than £12,000 in this one year. The annual outlay is fast approaching £200,000 a year. The actual maintenance of the asylums cost £175,000, but to this must be added over £20,000 paid by the various grand juries for the first cost of new buildings, making altogether a gross outlay of £195,000.

Accelerated Pulse in Consumption.

Dr. Edward Williams, of Colchester, has published a small pamphlet with the above title, in which he brings forward some views at variance with those commonly entertained on the subject, and which we commend to those who have many consumptives under their care. The fact of the rapid pulse is familiar enough, and various attempts have been made to explain it.

In the first chapter Dr. Williams gives several reasons why chemistry is unable to account for the rapid pulse and dyspnœa of consumption. He attaches much weight to the fact that in children with the foramen ovale open the circulation is not quickened, although the arterial and venous blood mix more or less.

Another point he brings out is the pressure on the lower parts of the lungs exercised by consolidated apices. This, he thinks, impedes the exit of the blood from the right auricle. Hence we find energetic action of the right heart combined with increased voluntary respiratory action. To this, also, he traces the deranged cerebral venous circulation sometimes met with in phthisis. In his cases of consumption, dyspnœa was complained of in about a fourth, but was present in half his cases of aortic narrowing. He therefore regards quick pulse as indicative of pressure on the pulmonary circulation, and not dependent on obstruction of the aortic orifice. The remarks are very interesting, and the brief pamphlet might well have been enlarged, to give exact particulars of the cases only incidentally alluded to; we do not mean detailed histories, but statistics of the pulse, and so forth.

Marienbad.

An interesting account of this spa has been published by Messrs. Trübner and Co. It is from the pen of Dr. A. V. Jagielski, whose work on Koumiss has been noticed in the past in these columns. Dr. Jagielski is an enthusiastic admirer of Marienbad, and thoroughly believes in the virtues of its waters, mud baths, and other resources. We are glad that the waters are imported into this country, as all can thus satisfy themselves of their value. They contain sulphate of soda as the basis in combination with carbonate of soda, a little iron, and other solids. They are, therefore, classed as saline alkaline. Two sized bottles are imported. The smaller are of glass, the larger stone. The former are preferable, being almost always sufficient. A tumbler or two taken every morning fasting, produces moderate evacuations—soft or fluid. As the effect passes, the dose may be increased up to a bottle a day, or a second dose can be taken at night. Patients of corpulent habit, with hæmorrhoids, and other signs of abdominal congestion are most benefited. Those who can afford, may make a visit to Marienbad in the summer, but the waters can be taken at home in all seasons. The poet Goëthe, in his old age, took about 400 bottles a year.

Pathological Charts.

We have received the first number of Messrs. Maclachlan and Stewart's Pathological Charts, which, we feel sure, will be of service in recording the results of disease. This number is devoted to the brain, and is a sheet with twenty-six figures from "Quain's Anatomy" and Prof. Turner's Paper on the Convolutions.

It is intended that the sites and limits of apoplexies, apoplectic cysts, softenings, abscesses, tumours, and other abnormal conditions, should be indicated by different colours. Each diagram, when coloured, can be cut out of the sheet and pasted beside the verbal description in the pathological record. The price of the sheet is only sixpence, and will be found very useful.

Typhoid in Northamptonshire.

An outbreak in the village of Maidford has affected about twenty families. The severity is more noticeable on calling to mind that at the last census the village only contained 363 inhabitants, and it consists of only eighty-three houses. The epidemic has been investigated by Mr. Haviland, the medical officer of health, who has reported upon it to the rural authority.

"Maidford is a village situated partly on the Northampton sand, with concomitant ironstone, and partly on that Upper Lias clay which is exposed by the denudation of the upper stratum. A water-course running along the lower part of the south-easterly side of the parish, this sand and ironstone stratum is easily percolated by water, the well-supply of which is derived from its point of contact with the clay. To the north-west of Maidford there is, on elevated ground, a capping of oolite limestone. The village, however, with the exception of one or two cottages, does not lie on this formation. These three consecutive strata incline towards the south-east, and the springs indicated naturally follow this dip as well as the adventitious soakage from the drains and cess-pits, which, in many instances, empty their contents into a brook on the south-easterly end of the village, where there is grazing-land occupied by one of the three dairymen of Maidford. The village is quadrangular in form, and it is notable that the south-easterly street, forming the most depressed side of the quadrangle, has suffered most severely. In fact, during the early part of the epidemic the cases were almost entirely confined to this quarter, where it is still lingering. The wells at the back of this street are all more or less polluted with sewage. Within the four streets is a square area where wells, cess-pits, manure-heaps, pig-styes, &c., were all promiscuously huddled. The surface-drains are roughly built of square slabs of rammel or limestone, uncemented and perfectly pervious wherever a joint exists. This drain runs down the south-easterly street and receives others which cross the quadrangle after receiving every kind of filth from a butcher's slaughter-house, and the blood, offal, and other garbage which make up the waste food of his inevitable pigs. The town-well is polluted, and no wonder, since within a few feet of it is to be found a stale old cesspool. Mr. Haviland examined more than a dozen wells, and found with a solitary exception all polluted with sewage. He expressed his strong belief that the present epidemic could not be traced to the dairyman's milk, as stated by the rector of Maidford in the *Times* of the 8th inst. In the first place, the consumption of milk by the villagers previous to the outbreak was exceedingly limited, and the disease was by no means confined to those who partook of the produce of this particular dairy. There have been throughout two other sources of milk supply. The dairyman's own family was not attacked until more than a month after the first case had appeared. His well is undoubtedly polluted, but certainly not to a greater degree than those of his immediate neighbours. Mr. Haviland believed that the cause was a general one, and certainly resident in the water, the poison of which would rather suffer dilution than otherwise by admixture with milk. He deprecated the action taken by the rector in writing to the public papers before the facts of the case were known, and before he had had time to form his opinion on the data collected."

When this report was read the rector in question defended his action in the matter.

It appears to us, however, that with an energetic medical officer such as Mr. Haviland the county gains nothing by letters to the papers. Mr. Haviland is well able to advise, and it would be much simpler to give him any information about an outbreak, which he would at once have investigated.

Charity Electioneering.

A MEETING of gentlemen having for their object a reform in the present mode of election to charitable institutions in the metropolis was held last week at the Westminster Palace Hotel. The following noblemen and gentlemen signified their approval of the movement and their intention of joining the committee—The Marquis of Westminster, the Earl of Shaftesbury, the Earl of Derby, the Marquis of Salisbury, Sir Sydney Waterlow, Bart., Lord Eliot, Mr. J. Walter, M.P., Mr. W. H. Smith, M.P., &c. Sir Rutherford Alcock took the chair. He thought a *primâ facie* case had been made out; that there was a great waste of energy, time, and charitable feeling in connection with abuses to which the present system lent itself—not the least abuse being that those candidates who had the best friends, and not the most deserving of help, succeeded in obtaining the majority of votes. Sir Charles Trevelyan, in moving the appointment of a committee, observed that upon a most moderate calculation the aggregate income of the metropolitan charities amounted to not less than £250,000 a year. When to this sum was added the vast amounts expended, and the time spent in the business of charitable elections, it was difficult to estimate to what the real annual expenditure attained. Although for many years past murmurs and jokes had been circulated in connection with the charitable institutions of the kingdom, they had not assumed a tangible form until Mr. Carr had taken the matter in hand, and at his own expense sent circulars to certain hospitals to sound the views of the subscribers with respect to the mode of electing to them. He believed as to the managers that, if not a majority, at least a great minority were in favour of an alteration. The paid officials were in favour of the existing system, and there was a third class—the persons who manipulated these elections, and who for the most part were professional and, he feared, dishonest brokers. These, he feared also, were principally ladies who went about touting, getting votes, and money to buy votes, and money for the subsistence of applicants. This parasitic growth was very powerful, and the bulk of the opposition came from that source; but the system was so complex that it could not be described in a single speech. The meeting was also addressed by Mr. Jabez Hogg, Dr. Webster, the Rev. W. G. Humphrey, and the Rev. Robert J. Simpson, who moved a resolution to the effect:—

"That while this committee do not approve of the voting system as applied to our public charitable institutions, they do not intend under present circumstances to aim at disturbing its fair and legitimate action; but, in view of the waste of energy and money which its abuses entail, and of even the frauds which are sometimes practised in connection with it, this committee resolves to use its best efforts for the reform of the system in regard to the following points:—That in electing candidates to charitable institutions it is desirable, in order to prevent *trafficking in votes*, that voting papers should be forwarded to each subscriber a short time before the elections, and that all such voting papers should be returned direct to the managers of the charities. That, as far as possible, canvassing for votes should be discouraged; but that the full description of each case, and the names of the subscribers nominating the case, be inserted in the voting paper. It is moreover expedient that the names of the candidates so nominated should be classified, after investigation, according to the best judgment of the committee on their relative claims. That the public polling day, involving the attendance of the candidates and their relatives and friends, should be discontinued; and that the result of each election, having been duly arrived at by proper scrutiny, be declared by publication in one or more of the principal journals and by special circular addressed to each candidate, or to the nearest relative of each candidate."

Our Water and Gas Supplies.

THE somewhat serious outbreak of typhoid at Cambridge, and which in one instance has been fatal to a promising student of Caius, in which college no less than seven cases occurred, was at first believed to be due to milk impregnation. But this on closer examination has proved not to be in fault, and the outbreak, it appears, was due to an escape of sewer air from imperfect drains, and also from a number of old gully-holes which still exist to allow of excreta percolating into water supplied to the houses of the town and college. In some places the gas and water pipes are laid in close proximity, and a leakage from a cracked gas pipe and the complete saturation of the earth produces a serious contamination of the water, and this, although a cause of fever, has been too often overlooked. Watch the breaking up of the roadway in which the gas pipes have for some time quietly rested, and observe the yards of black and foul-smelling earth, and we shall find a good reason for watching with jealous care the operations of the Gas as well as the Water Works Act of 1870, and the powers thereby obtained for the construction of new works, and breaking up our streets to lay down miles more of imperfectly closed pipes. Gas Companies put themselves to as little trouble and expense in supplying a pure article as possible; their main object apparently is, to make as large a profit as can be squeezed out of the public, by means of regulations, doubtless quite satisfactory to the companies; but there is nothing to show any corresponding benefit to the consumer. The Water Companies in like manner complain of the smallness of their profits, while they seem to disregard so small a matter as the danger to the public health, in supplying water free from contamination. It is a great hardship to notice that while Gas and Water Companies are strong to carry their legal rights to the extreme verge of endurance, little protection is afforded for a purer and better supply to the consumer, and neither is he entitled to any reduction when it can be fairly shown it ought to be made. The alarmingly noxious quality of the gas supplied to the public has been fully exemplified during the past fortnight, by the suffocation of three persons in the prime of life by simply inhaling it in closed rooms.

The President of the Obstetrical, Dr. Tilt, invited the members of the Society and their friends to a *conver-*

sazione on Friday evening last. An innovation of a pleasing character was attempted, which proved to be a success; a party of glee-singers contributed some excellent harmony on the occasion. "A feast of reason and a flow of soul" drew together a large number of the *élite* of the Profession and members of the Society.

The Gold Coast.

We publish to-day a second article by Dr. Gordon, C.B., who has had practical experience of the Gold Coast. Dr. Gordon last week delivered a lecture on the Ashantees and Fantees before the Portsmouth Literary and Scientific Society, of which he was President when stationed at Portsmouth. We see from the local paper that he was received with great enthusiasm, and from the report his lecture must have been full of interest. We take an extract:—

> "The Ashantees have been described as among the most improved of the Pagan races of Africa. Among them are to be seen—especially among the higher orders—not only the finest figures, but, in many instances, regular Grecian features, with brilliant eyes set rather obliquely in the head. The women, in feature and figure, resemble rather the Indian than the African. The numbers of the tribes are difficult to be got at; but according to seemingly reliable authorities 100,000 troops can be brought against an opponent, or, in the event of their own country being invaded, double that number. Powerful as the present Ashantees now are, their history as a nation only dates from a little over two centuries back. In former times, what is now their country was called "Trangara," and they themselves inhabited the Kong Mountains. Feuds had arisen between them and the Mahommedans. Wars occurred. They were worsted, but defeated as they were, they were able to take possession, from a weaker tribe, of the territory between those mountains and the river Prah, which they have since held and flourished in.
>
> "They are described as warlike and ferocious, with a love of shedding blood and inflicting violent and sanguinary deaths amounting to a passion. Human sacrifices are made to an extent, with a frequency, and accompanied by an atrocity of circumstances hardly credible. Indeed, it is stated that in addition to all other victims sacrificed, one of the conditions upon which the king held his throne was, that its steps should never be dry from human blood. Notwithstanding this singular cruelty of disposition, they are a people of superior intelligence, and farther advanced in civilization than any of the nations of West Africa. Morality is at a low ebb with them. Polygamy is allowed to any extent, except as regards the king, and he is by law restricted. He is not permitted to have more than 3,333 wives—or whatever the creatures may be called, for no man can really have but one *wife* in the true and only sense of that sacred word."

The Height of Impudence.

The *Medical and Surgical Reporter* says: "One of the most impudent institutions in the world is the Bennett Eclectic Medical College of Chicago. It sails under the name and colours of Professor J. Hughes Bennett, of Edinburgh, whom it claims as the prince of Eclectics. Its sixth annual commencement, before us, for sublime mendacity distances even the renowned "American University of (Camden near) Philadelphia."

Small-pox.

There has been one case of small-pox lately in the Cookstown Union district, and nine in Dungannon, all adults. In one family in the Dungannon district there were three members affected at the same time, not a single case proving fatal.

Public Analysis in England and Ireland.

We observe that Dr. Letheby, Public Analyst for the City of London, has been appointed Joint Public Analyst for Windsor: 21s. per analysis for first 100, 10s. 6d. for second 100, and 6s. per analysis beyond.

We also observe that Dr. Cameron, Public Analyst for the City of Dublin, has been graciously appointed to discharge similar duties for a provincial town in Ireland, on the proviso that he is to charge *nothing* for analysis.

We shall be interested to receive an explanation.

The State of Coroner's Law in Ireland.

An inquest was held at Castledawson a week ago on the body of a boy who was killed by the blow of a stone, thrown by a lad of ten years of age. The boys had been throwing stones at each other when deceased was struck over the right eye, and died from the injury on the following day. On being applied to by the coroner, the sub-inspector of constabulary refused to produce the prisoner; but the inquest was proceeded with, and the jury found a verdict, that the boy met his death from the blow in question. In reply to the coroner, the sub-inspector said that he would put his warrant of committal in the waste paper basket if in the case it was issued. On the following day the coroner attended at the Magherafelt Petty Sessions. The sub-inspector having put forward the accused for trial, the coroner produced his warrant of committal, and called on the sub-inspector to execute it at his peril. The magistrates refused to interfere or take up the case, and told the sub-inspector that the coroner's warrant was sufficient for him to act on. Bail was accordingly taken by the coroner, and he discharged the prisoner.

The Conjoint Examination Schemes.

The *Lancet* says that the Committee of Reference is completing the Conjoint Scheme of Medical Education and Examination for England. It is said by those who ought to know something about the matter to be a good scheme, and one approaching perfection. It will be ready for submission to the medical authorities in a few weeks. It is not unlikely to be compulsorily applied for four years, in consideration of students who have commenced their studies before its completion. Nevertheless, it is hoped that most of those who qualify at the English boards will prefer to take the conjoint qualification.

We understand that the Committee of Reference for the Irish Scheme is busy in the arrangement of the details of examination, and will very shortly be able to give publicity to their system in a complete form. It is not the intention of the Irish licensing bodies—as we believe—either to defer the operation of their reform for four years, as the *Lancet* suggests, or to leave the Scotch Bodies, or the Queen's University the chance of underselling them in money or education. It is hoped that if England and Ireland are able to lay before the Medical Council at an early meeting a comprehensive and practicable proposition, it may be possible to obtain from Parliament next year a *fiat* which will spoil the speculation of the Scotch bodies, and force them to accept reform.

A circular has been issued by the Home Secretary disapproving of the employment of police officers as inspectors of nuisances, and requiring that such extraneous duty be discontinued from the 31st inst.

We understand that typhoid fever has for some time past been prevalent in some of the colleges of Cambridge, and the epidemic is rapidly increasing. Caius College is stated to be entirely deserted, while the students are leaving King's, Queen's, and Trinity Hall in large numbers.

Last week a new wing to the Chesterfield Hospital was formally opened. At the meeting some very liberal donations were announced, and amongst them the satisfactory item of £600 as a contribution from the working classes of the neighbourhood. There still exists some slight deficiency in the funds, but where so much liberality has been shown there will be little difficulty in wiping off the debt. The working classes have promised another £400 towards it.

After an interval of two years the examinations for diplomas in State Medicine are about to be held. In addition to the University professors, Dr. Mapother, Professor of Physiology in the College of Surgeons, has been appointed Examiner in Hygiene and in Pathology for the medical degrees, in place of Professor Law. This honour has been accorded to Dr. Mapother entirely without solicitation on his part, and is justified by the high character which Dr. Mapother has achieved for himself for acquaintance with these subjects.

The Dublin Obstetrical Society will meet on Saturday next, at 8 o'clock, at the College of Physicians, when the following communications are set down for reading :—

Dr. J. A. Byrne, "On two Cases of Death occurring suddenly after Delivery."

Dr. McClintock, "On the Preventive Treatment of Post-partum Hæmorrhage."

Dr. F. T. Porter, "On a Case of Hysterical Convulsions."

There will be a joint meeting of the Geological and Zoological Societies of Ireland on this evening (the 10th), in the lecture theatre of the Royal Dublin Society. Chair to be taken at a quarter past eight o'clock. The following papers are set down for reading :—

1. Professor McAlister, "On the Muscular Structure of the Apparatus by which the Tongue is Protruded in the Ant-Eater." (*Manis Multiscutatus.*)
2. Edward T. Hardman, Esq., "Note on a Small Raised Esturine Beach in Tramore Bay, showing traces of several Oscillatory Movements during the Recent Period."

The statistics of the Irish lunatic asylums are, as evidences of that curative efficiency, and the low rate of mortality, very satisfactory. We find from the Inspector's report that out of 9,157 patients under cure more than 1000 were discharged well, and 215 were partially cured. This represents a percentage of 14½ of recoveries complete or partial in the year. The deaths amounted to not quite 7 per cent.

Dr. Pye, of Ardagh, near Clifden, has been elected to the Professorship of Materia Medica in the Queen's College, Galway, vice Dr. Simon McCoy resigned. Dr. Pye is a Gold Medalist of the Queen's University, and a Demonstrator of Anatomy in the Galway College.

We regret to learn that the patient on whom the operation of ovariotomy was performed in the Meath Hospital by Mr. Porter has died.

The office of Visiting Physician to the Dundrum Criminal Lunatic Asylum near Dublin has become vacant by the resignation of Dr. Law. The salary is £175 a year, and the names of many candidates for the vacant office are mentioned—amongst whom are, we believe, Dr. Thomas More Madden, Dr. Macnamara, Dr. Usher, the medical officer of the district in which the asylum is situated under the Local Government Board, Dr. Wharton, and Dr. Darby, of Bray.

Correspondence.

POISONED BY HOMŒOPATHS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Hard words break no bones. I won't use the *tu quoque* argument, and retort by bringing a similar accusation against the allopaths. All that I ask is a few lines space to point out the impossibility of any fair discussion of this question in the ranks of the profession while the expression of a belief in the action of infinitesimal doses, or of a belief in the rule of *similia similibus curantur*, as a therapeutic guide, is sufficient to exclude any otherwise qualified physician or surgeon from the medical societies of the majority. It is also equally impossible to fairly discuss the question in the majority of the journals, as they (with one or two exceptions) refuse to admit the evidence of the only men who have any extensive experience to offer.

A discussion on a scientific subject becomes a farce when all the evidence on one side is carefully excluded. I do not wish to deny that there may be some men who call themselves *homœopaths* who may use powerful and even poisonous doses of drugs at times, and I could equally prove that there are some *allopaths* in high places who *sub rosâ* use infinitesimals. But this has nothing to do with the question of the value of the homœopathic rule of therapeutics, or of infinitesimal or minute doses of medicinal drugs when applied in accordance with that law.

I have tried to explain the rule of similars in my "Applied Homœopathy" by claiming for drugs so administered a power of specifically stimulating the tract on which the drug naturally acts; and if this power be conceded to medicinal drugs the reason why small doses of drugs should be curative becomes apparent; but I am forbidden from discussing such points, or illustrating them by facts before the medical societies, because after the most careful experiments I have come to my conclusion.

Now, sir, I submit that this conduct on the part of the profession is reprehensible and unscientific. Reprehensible because it is founded on the attribution of immorality in others, without evidence, and in pure prejudice. Unscientific because it refuses to investigate facts in the only way in which they can be fairly investigated—viz., by experiments conducted by men who have studied the subject practically.

It requires special knowledge to enable a man successfully to work a steam-engine, an Armstrong gun, or an electric telegraph; much more does it require special knowledge to apply medicinal drugs in accordance with the exact rules of similarity, and the experiments of those who have acquired this special knowledge are the only facts by which its truth can be tested.

Sooner or later this test must be applied openly within the profession, as it is now being applied freely among the public. Its place in the realm of medicine will, in my humble opinion, be very prominent, though it will never be universal, since there must always be a certain class of ailments and conditions requiring other means, allopathic, hydropathic, electric, hygienic, &c.

It is for the cause of catholicity in medicine that I send you these few lines, and not in the sole interest of one only of its branches. This catholicity can never be attained while an important medical system is excluded from fair discussion.

Yours, &c.,
William Bayes, Ext. L.R.C.P. Lond., M.R.C.S.E.
58 Brook Street, Grosvenor Square, W.

SEWAGE PURIFICATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I am obliged to you for quoting my letter in the *Globe* of November 27th. At the same time I would ask you on what ground you accuse me of being wanting in "any apparent desire to turn the matter to personal profit." You also accuse me of overlooking many of the points elucidated in your valuable reports on "the Sewage Question," an account of which you say is easily accessible in the form of a volume published by Baillière and Co. May I remind you that the Patent Office is equally accessible, and that you have overlooked the fact that I have ensured a suitable return in the shape of "personal profit," without which little that is worth doing is ever accomplished in these days. You also ignore my article in the *Chemical News* of October 31st, in which I do not hide the fact that my processes are patented. In the *Globe* also of this day, (December 6th), you will find a still more candid admission of the fact.

In reference, however, to your more important charge, viz., that I overlook facts already elucidated on the subject of sewage purification, I would venture to ask you to be more specific, bearing in mind that my whole action is based on the assumption that the "water-carriage" system, if an evil, is a necessary one.

I am Sir, yours faithfully,
Sidney W. Rich.

1A Chenies Street, Tottenham Court Road,
London, Dec. 6th, 1873.

[When we said "it is refreshing to see anyone coming forward without any apparent desire to turn it to personal profit" we intended the remark to be complimentary. Mr. Rich is perhaps right in supposing "little that is worth doing is accomplished without" such desire, but can scarcely look upon our inadvertence as to his interest as an accusation.

With reference to what he terms our "more important charge," we did not "accuse" him of overlooking anything. The remark was quite impersonal.—Ed. M. P. & C.]

DR. CHAPMAN AND THE METROPOLITAN FREE HOSPITAL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Will you favour me by permitting me to state in your influential columns that I was not one of those gentlemen who signed the resolution recommending Dr. Chapman to resign, on account of his now well-known article in the *Pall Mall Gazette*.

The members of the staff who are solely responsible are the following:—Mr. Edward Chance, Mr. Sheffield, Mr. Goodsall, and Dr. McNalty; and it is to these that I must refer you for a reply to the charge made against the staff.

I remain, Sir, yours faithfully,
C. R. Drysdale, M.D., M.R.C.P.L., F.R.C.S.E.,
Senior Physician to the Metropolitan Free Hospital.

99 Southampton Row, W.C.,
December 2, 1873.

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NOTICES TO CORRESPONDENTS.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

Dr. J. W. Lane.—Your communication "On the Treatment of Erysipelas by *Tinct. verat. viride. ca. conc.*" shall appear if possible in our next.

Pharmacist.—You will find the whole evidence, together with a very temperate article on the recent case before the Westminster Police Court, in the *Pharmaceutical Journal* of last Saturday.

S. F. T.—We understand that a commission has already been given to paint two full-length portraits of Sir Wm. Fergusson. One is for the Royal College of Surgeons of England, the other the College in Edinburgh.

Widows of Medical Men.—The Society for Relief of Widows of Medical Men desire to remind its members that a Court of Directors will be held on the 14th proximo, at which candidates for admission to the benefits of the Society can be proposed.

F. W. C. R.—Messrs. Wyman and Co., of Calcutta is the only name which occurs to us.

Dr. W. T. G.—We are unable to re-open the question. Some time ago we gave almost unlimited space to its discussion, both sides going very heartily into the merits and demerits of the subject. Occasionally personalities were indulged in, and much extraneous matter introduced; these reasons and the want of space necessitated our closing the discussion.

A London Student is referred to the *Students' Journal* of last week. The Lectures on Anatomy now appearing in the Students' Column of the Medical Press will also be of great assistance to him in his studies.

Indian Medical Service.—The next competitive examination for eighteen appointments as surgeons in Her Majesty's Indian Service will be held in London in February next.

Mr. L. C. Venables.—Mr. Charles Lunn's papers "On the Philosophy of Voice" appeared in our columns on July 23, August 27, and October 15 of the present volume.

A Medical Dinner under the 'Lantern.'—Our facetious contemporary, the *West Country Lantern*, gives the following amusing description: The annual dinner of the Plymouth Medical Society was held at the "Duke of Corwall," on Tuesday, when about twenty doctors sat down to a sumptuous dinner of "cook's physic," wisely leaving "doctor's physic" to be taken and paid for by their patients. The good appetites of all present surprised the waiters, who thought the atmosphere of sick rooms, the smell of drugs, and frequent broken rest, tended to produce anorexia, dyspepsia, *et hoc genus omne*, and hinted that a course of Turney's or Steele's quinine wine had been taken previous to the occasion. Here they were wrong, as it is the abundant fresh air and outdoor exercise that keep our doctors from patronising their own shop, and makes them such good customers of the baker, butcher, &c. From the good spirits shown, it was inferred that the patients were all doing well, but from no lay guest being present, the highly appropriate toast of "the health of the sick" was not given—an omission we hope will be remedied next time. Most singular to remark, *none* of the "family heralds" of the party were wanted, a singular instance of the regard shown by "the sex" in delaying their "urgent requirements" for the convenience and enjoyment of their medical attendants. We hope they all slept well the following night, undisturbed either by the night-bell or the night-mare.

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BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

A critical notice of Dr. Walter Smith's book "On Electricity" is in hand, but is unavoidably held over until next week.

Manual of Comparative Anatomy and Physiology. By S. Messenger Bradley, F.R.C.S. Manchester: Cornish.

Veterinary Medicines, their Actions and Uses. 4th Edition. By Finlay Dun. Edinburgh: Edmiston and Douglas.

Schiller's Don Carlos. Translated by Dr. Andrew Wood. Edinburgh: W. P. Nimmo.

Report of the Metropolitan Board of Works 1869 to 1873.

The Obstetrical Journal. Nature. Science Gossip. Practitioner. The Monthly Microscopical Journal. British Journal of Dental Science. La France Médicale. The Clinic, &c.

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VACANCIES.

German Hospital, Dalston. Honorary Medical Officer. (See Advt.)

St. George's Dispensary, Hanover Square, W. Physician. Honorary. (See Advt.)

Chelsea. Union, Infirmary, and Workhouse Medical Officer. Salary £250 per annum, with residence, rations, &c. Candidates must address the Clerk to the Guardians.

Birmingham. Eye Hospital. House-Surgeon. Salary £100 per annum, with board and residence. Address Chairman of the Medical Committee.

Manchester Royal Eye Hospital. Three Assistant-Surgeons. Honorary.

Conway Union. Medical Officers for the Creuddyn District. £75 per annum. Llandudno District £30 per annum, and the Colwyn District £45 per annum. Applications to the Clerk of the Board at Conway.

Surrey Dispensary, Great Dover Street. Dispenser. Salary £80. Assistant Dispenser. Salary £52.

Tewkesbury Union. Medical Officer. Salary £55, with fees extra. Applications to be made to the Clerk of the Board.

Hartley Witney Union. Medical Officer. Salary £80 per annum, with fees extra. Applications to Mr. Brooks, Odiham, Hants.

Chilton District. Medical Officer of Health. Salary £230 per annum. Applications to Mr. Perrin, Temple Clould, near Bristol.

Chester General Infirmary. House-Surgeon. Salary £80, with board and residence. Testimonials, &c., to the Chairman of the Board.

North Staffordshire Infirmary, Hartshill. Dispenser. Salary £90 per annum. Non-resident.

Nottingham General Hospital. Physician. Honorary.

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APPOINTMENTS.

Brittan, F., M.D., Consulting Physician to the Royal Infirmary, Bristol, on resigning as Physician.

Cayley, W., M.D., F.R.C.P.L., has been reappointed Dean of the Middlesex Hospital Medical College, vice Murray, deceased.

Clancy, W. W., L.K.Q.C.P.I., L.F.P. & S. Glas., Apothecary for the Newmarket Dispensary, Kanturk Union.

Cowan, Dr. J. A., House-Surgeon to the Cumberland Infirmary, Carlisle.

Dodsworth, G. H., M.R.C.S.E., Assistant Medical Officer at the Bucks County Lunatic Asylum, Stoke, near Aylesbury.

Evans, G. H., F.R.C.S., Acting Surgeon to the Children's Hospital, Birmingham.

Fraser, F. S., M.B., C.M., House-Surgeon and Apothecary to the Northern Infirmary, Inverness.

Hobley, S. H., L.R.C.P.L., L.R.C.P.Ed., M.R.C.S.E., Medical Officer to the Southampton Dispensary and Humane Society.

Macloghlin, J., M.R.C.S., Resident Medical Officer of the Royal Albert Edward Infirmary and Dispensary for Wigan and District.

Murrell, Dr. C. F., House-Surgeon to the Great Yarmouth Hospital.

Newton, J., M.R.C.S.E., Medical Officer for the South Municipal District of the West Derby Union.

Pearse, J., M.R.C.S.E., House-Surgeon and Secretary to the new North Cambridgeshire Cottage Hospital, Wisbech.

Robertson, W., M.D., Medical Officer for the Whittingham District of the Rothbury Union, Northumberland.

Thomas, J. L., M.D., F.R.C.S.Ed., a Medical Officer to the Southampton Dispensary and Humane Society.

Welsh, W. K. B., M.R.C.S.E., L.R.C.P.Ed., Resident House-Surgeon to the Brixton, Streatham, and Herne Hill Dispensary.

Marriages.

Burroughs—Warren.—On the 1st inst., at All Saints', Finchley Road, E. Burroughs, L.K.Q.C.P., of Prees, Shropshire, to Frances Mary Anne Bramley, only daughter of the late H. Warren, Esq., of St. John's Wood.

Millerchip—Brownlie.—On the 26th ult., at St. Cathern's Church, Crook, Durham, Thomas Millerchip, L.R.C.P.Ed., L.F.P. & S.Glas., to Sommerville Buchanan, only daughter of the late Richard Brownlie, Esq., of Hamilton, Lanarkshire, N.B.

Thornton—Paterson.—On the 2nd inst., at St. Stephen's, Kensington, John Knowsley Thornton, M.B., C.M., to Eleanor Philippa Paterson, daughter of the late Captain George Dacres Paterson, 98th Regt.

Skene—Robbins.—On the 27th ult., at St. John's, Buckhurst Hill, William Skene, M.D., &c., to Eleanor, third daughter of C. T. Robbins, Esq., of King's Place House, Buckhurst Hill, Essex.

Whitefoord—Cole.—On the 4th inst., at Stapenhill Church, Burton-on-Trent, Adam John Whitefoord, L.R.C.P.Ed., M.R.C.S.Lond., &c., to Ellen Mary, only daughter of the late Henry Cole, Esq.

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Deaths.

Craig.—On the 23rd of November, Robert Craig, L.F.P. & S. Glas., of Cramlington, Northumberland, aged 66.

Cross.—On the 25th of Oct., Wm. Cross, M.R.C.S.E., Medical Officer at the Sand Heads, Calcutta.

Glover.—On the 29th of Nov., J. T. Glover, M.D., Surgeon-Major Bengal Service, retired, of Upper Rathmines, co. Dublin, aged 55.

Hayland.—On the 22nd of Nov., Wm. Hayland, Surgeon, of Bampton, Retford, aged 79.

Pinchard.—On the 24th of Nov., B. C. Pinchard, M.D., of Cottenham, aged 72.

Wood.—On the 27th Nov., at Clarence Street, Edinburgh, John G. Wood, M.D., Deputy Inspector-General, on half-pay.

Advertisements.

TO PARENTS of STUDENTS in MEDICINE.—The Surgeon to a Dublin Special Hospital, is prepared to receive a Student to reside in his family, for whose entire education he will arrange if desired.—Apply to G. F. B., Office of the Medical Press, 28 Ely Place, Dublin.

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ST. GEORGE (HANOVER SQUARE) PROVIDENT DISPENSARY, 59 Mount Street, Grosvenor Square, W.—The office of PHYSICIAN having become vacant, gentlemen desirous of offering themselves as Candidates for the above appointment, being Members or Fellows of the Royal College of Physicians of London, are requested to send in their applications, accompanied with testimonials, to the Secretary on or before the 29th day of December, and to attend the meeting of the Managing Committee on Tuesday, the 30th December, at 4 P.M.

J. St. L. ALCOCK (Coll.), Hon. Sec.
G. H. LEAH, Secretary.

ROYAL COLLEGE of PHYSICIANS of LONDON.—The next PROFESSIONAL EXAMINATION for the MEMBERSHIP will commence on Thursday, January 22.

Candidates are required to give fourteen days' notice in writing to the Registrar of the College, with whom all Certificates and Testimonials required by the Bye-laws are to be left at the same time.

Pall Mall East. HENRY A. PITMAN, M.D., Registrar.

SOCIETY for the RELIEF of WIDOWS and ORPHANS of MEDICAL MEN, Founded 1788, Incorporated by Royal Charter 1864.—The Members are reminded that a QUARTERLY Court of Directors will be held on the 14th JANUARY next, at which Candidates for admission into the Society can be proposed. It is desirable that the forms of proposal be filled up and forwarded to the Secretary at least a week before the meeting. The forms of proposal may be obtained of the Secretary. The benefits of the Society are restricted to the families of deceased Members of not less than two years' standing.

The Secretary attends at the Office every Wednesday and Friday, rom 4 to 5.

J. B. BLACKETT, Secretary.
53 Berners Street, W., Dec. 5th, 1873.

INDIAN MEDICAL SERVICE.

NOTICE is HEREBY GIVEN that an Examination for Eighteen Appointments as SURGEONS in Her Majesty's Indian Medical Service will be held in London in February, 1874.

Copies of the Regulations for the Examination, together with information regarding pay and retiring allowances of Indian Medical Officers, may be obtained on written application to the Military Secretary, India Office, S.W.

India Office, T. T. PEARS, Major-General,
27th November, 1873. Military Secretary.

GERMAN HOSPITAL, DALSTON.—At the next Annual General Court of Governors of the above Institution, which will be held at the London Tavern, Bishopgate Street, on Monday, the 26th of January, 1874, an HONORARY MEDICAL OFFICER to the Eastern Dispensary in connection with the German Hospital will be elected, whose duty it will be to see Out-patients on two days in the week.

The Rules of the Hospital require the following qualifications of the applicants:—They must be natives of Germany, or prove themselves to be fully conversant with the German language and the peculiarities of the German Medical Science; they must produce a diploma from a foreign or British University, and be Members either of the College of Physicians or the College of Surgeons, and be fully qualified to practise in Great Britain.

Candidates are requested to send in their applications, accompanied by their diplomas and testimonials, to the undersigned, on or before Monday, the 29th inst.

A. WALBAUM, D.D., Honorary Secretary.

NAVAL MEDICAL DEPARTMENT, ADMIRALTY,
9 New Street, Spring Gardens, S.W.,
November 24th, 1873.

NOTICE of EXAMINATION of CANDIDATES for the NAVAL MEDICAL SERVICE.—Notice is hereby given, that a Competitive Examination of Candidates for admission into the Medical Service of the Royal Navy will take place at the University of London, Burlington Gardens, on Monday, 16th February, 1874, and following days, at 10 o'clock.

Candidates must present themselves at this Department on Thursday, 12th February, 1874, bringing with them the various certificates of qualifications specified in the Regulations of the 24th June, 1871, when, should they be found in all respects eligible, they will be permitted to appear for examination.

The necessary forms to be filled up by Candidates will be supplied on application to this Department.

A. ARMSTRONG, Director-General.

SURGICAL SOCIETY of IRELAND.—The NEXT MEETING of the SOCIETY will take place on FRIDAY EVENING next, the 12th inst.

The Chair will be taken at half-past Eight o'clock precisely.

B. WILLS RICHARDSON, F.R.C.S.I., } Hon. Secs.
JOLIFFE TUFNEL, F.R.C.S.I., }
Royal College of Surgeons, Dublin,
10th day of Dec., 1873.

VACCINATION.—GUARANTEED PURE VACCINE LYMPH from healthy children, as supplied to the Profession during the last twelve years by W. FAULKNER, M.R.C.S., 40 Endell Street, Long Acre, and Union Villa, Carleton Road, Tufnell Park. Per return of post on receipt of stamps or P. O. order, 2s. 6d. for 3 Tubes or 12 Points.

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The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 17, 1873.

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CLINICAL REMARKS ON EXOPHTHALMOS AND MALIGNANT DISEASE OF THE EYE-BALL.

By Jabez Hogg,

Surgeon to the Royal Westminster Ophthalmic Hospital, President of the Medical Microscopical Society, &c.

Exophthalmos, formerly classed among diseases of the eye, is now admitted to be a symptom of disease proceeding from a variety of causes, the more frequent of which are simple and multilocular cysts, arising from inflammatory action set up in the ocular capsule and connective tissue, general anæmia, with enlarged thyroid gland, exostosis, ophthalmitis, varicose veins, erysipelatous inflammation of the several tissues, and malignant disease of the dura mater, encephaloid disease of the brain and eye.

Of the simpler forms of disease mentioned, and in which exophthalmos is a marked symptom, it is not always an easy matter to say whether it arises from, or is associated with, an encysted tumour, an exostosis of the orbit, or an inflamed and enlarged lachrymal gland. In the course of either disease, especially in the early stage, protrusion of the eyeball is a well marked symptom. The eye in these several diseases is either directed forwards or pushed to one side, but the movements of the eyeball are only very slightly restricted, and there is neither pain nor loss of vision. If the size of the tumour increases the eyeball assumes a more fixed position, and double vision is a result; otherwise, there is no great amount of inconvenience experienced. In the case of an encysted tumour of the right eye, which occurred in a gentleman residing in Central India, the swelling commenced in the ocular capsule, and increased very slowly; for a long time it scarcely attracted his attention, but as the cyst enlarged the eyeball became fixed in an upward and outward direction. Vision so far remained unimpaired, and subsequent diplopia arose from inability to move the eye inwards and simultaneous with its fellow. The exophthalmos prevented closure of the lids; irritation of the cornea followed, and was accompanied by a distressing epiphora, which gave considerable annoyance (*a*).

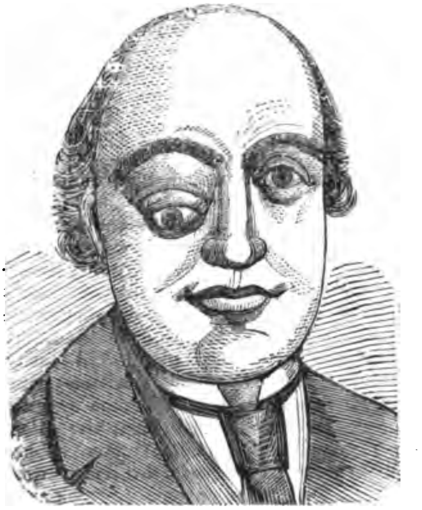
Exophthalmos, as a symptom of anæmia, is more commonly met with in women, and is then frequently associated with an enlarged thyroid gland. The subjects of the affection are usually pale and bloodless, and both eyes are affected. The protrusion produces only a small amount of inconvenience, although the eyeballs seem to stare out in a wild and most unnatural way, exposing the greater portion of the sclerotic; vision is said to be affected, but the ophthalmoscope fails to detect any morbid change in the fundus. Palpitation of the heart, with a jerking or irregular pulse, is sometimes a troublesome symptom. From this circumstance it is supposed that the disease has its origin in a diseased condition of this organ. Stokes regarded exophthalmic goître as a special cardiac neurosis, Begbie as dependent upon general anæmia, Laycock as an affection of the cilio-spinal tract of the spinal cord, whilst the committee appointed by the French Academy of Medicine looked upon it as a neurosis analogous to the hysterical condition, having its seat in the vaso-motor nerves and ganglia. More recently Recklinghausen has suggested that the starting point may be found in lesions of the cervical sympathetic. Graves and Virchow, however, agree that there is no definite kind of goître associated with exophthalmos; and this seems to be substantially correct, for the swelling partakes more of the nature of a bronchocele than a goître; and in by far the larger number of cases in which an examination was made after death no organic change or valvular disease of any kind has been discovered. The protrusion of the eyeball then, it is suggested, is due to some hyperæmic swelling of the connective and fatty tissues of the orbit rather than to heart disease or pressure of goître, on the vessels of the neck. It does appear, however, that an insufficient or an unhealthy supply of blood to the brain will lead to a condition of the kind, and if this be so it explains the value of chalybeates with the preparations of iron in such affections as anæmic exophthalmos.

An exostosis of the orbit gradually increasing will

(*a*) The paticulars of this case will be found in the Pathological Society's Transactions for 1870, p. 347.

produce exophthalmos, a pushing out of the eyeball either to one side or the other. I have seen bony growths of a large size, and which have been years growing, and quite unaccompanied by pain. Tumours of the kind may occasionally lead to a mistaken diagnosis, while exophthalmos arising from inflammation of the lachrymal gland, as well as from erysipelatous inflammation of the cellular tissues, and ending in diffuse abscess, are both attended by considerable pain and other evidences of constitutional disturbance.

Among the more prominent symptoms of malignant disease of the eyeball and parts within the cranium is exophthalmos; this is accompanied by deranged circulation within the eye and loss of nervous power, which quickly ends in atrophy of the optic nerve. Malignant disease frequently runs a rapid course, and defies all treatment. Extirpation has been often tried, and as often failed to arrest the disease; we can scarcely expect to prolong life by the use of the knife. Hunter, in 1767, was the first surgeon who tried extirpation of the eyeball in a case of the kind. Many, since his day, have attempted to arrest the disease; but it is now a generally received opinion among ophthalmic surgeons that even when the malady appears to be "neatly isolated," extirpation is not likely to mitigate the evil or ward off the fatal issue. Indeed, malignant disease cannot be cut out from any part of the body, for if in an accessible or external part and consequently more favourable for removal, its return, either in the same spot, or what is not uncommon, in some more distant part, is quite certain to follow.



A remarkable case of malignant disease of the brain and eye came under my care at the Royal Westminster Ophthalmic Hospital. John Church, æt. 40, had previously enjoyed good health, suffered towards the end of the summer from repeated attacks of diarrhœa, and for which he had been under treatment at a neighbouring hospital. His wife a few weeks before died from an attack of English cholera; he had attended her night and day for more than a week, and this had prostrated him in body and mind. Nevertheless, he persisted in attending her funeral. In a day or two after this he found the sight of the right eye nearly lost, and for this he applied to the hospital. The eyeball was somewhat tense and rather prominent, but not very painful. The face was sallow and very pale, and there was a look of great distress. The pupils dilated on the application of atropine, and the ophthalmoscope revealed a few hæmorrhagic spots, with a choked disk, in the right eye, while the left was nearly normal. He could not count fingers with the right, but read No. 6 test-types with the left. Two days afterwards the exophthalmos was more marked, and there was some increase of pain on pressure. The eyeball was pushed outwards and downwards in the direction of the cheek. The cornea was nearly three quarters of an inch in advance of its fellow, and sight completely gone. The fundus was a confused blank. The accompanying drawing, made at the time, fairly represents the protruding eye.

In the course of the week exophthalmos of the left eye occurred. The sclerotic assumed a leaden hue, the cornea expanded, the conjunctival vessels were much distended, and epiphora troublesome; a pain of an acute lancinating character darting from the eyeball to the brain was productive of much distress. Sight was totally lost on the third day from the commencement of the protrusion. Inability to swallow necessitated the use of nourishing enemata, but the symptoms rapidly increased, and the eyeballs were forced out on to the cheek. Opiates, wine, and nourishment were freely given, but, nevertheless, in less than a month he died from exhaustion.

I obtained permission to examine the head, but was unable to be present at the autopsy, and the following particulars were furnished by the house-surgeon:—"Although I used every precaution in opening the head, the bones broke down on the slightest pressure, and the ordinary bony structures of the orbit were changed into an encephaloid mass, which I failed to remove whole, as the disease more or less involved nearly all the bones. The ethmoid, the crista galli, the sphenoid, and other bones passing backwards to the basilar and occipital foramen and making its way to the pharynx. The latter was considerably affected and changed in appearance; portions of the bones mentioned were partially absorbed, in short, the brain substance, the eyes and bones, were involved in a confused mass, and this I found impossible to remove without using the scalpel."

The encephaloid mass was mixed with a quantity of serous fluid; small portions placed under the microscope were seen to be chiefly made up of a whitish milky fluid, fatty matters, blood corpuscles, and numerous small and large (mother) cells. Neither the spinal cord nor internal organs were examined.

1 Bedford Square, London.

◆

SPECIFIC INFLAMMATION OF THE UTERUS (a).

By Evory Kennedy, M.D., F.K.Q.C.P.,
President of the Dublin Obstetrical Society.

Some years since I published a treatise upon "Benign Inflammation and Ulceration of the Uterus," illustrated by drawings. It was my intention to have followed this by a paper on the "Specific," and another upon "Malignant Inflammations" of these organs, illustrated by drawings, the results of my own observation throughout a prolonged practice.

The first portion of these subjects I now bring under your notice, and, perhaps the second on some future occasion.

It served our purpose better, in treating of these affections, to sub-divide their consideration under the three heads—benign, specific, and malignant—than to adopt the benign, semi-malignant, and malignant divisions coming now into general use—for this reason, that it enables us to bring into more prominent relief the objects I have in view.

For instance, we shall find, as we proceed in our investigations, that of the cases presenting at first view apparently the same appearance and characters, one is simply and easily treated, recovering rapidly; another resists our efforts, until we discover the occult distinctive character influencing the diseased action, and this detected, and the prophylactic treatment necessary applied, the healing action commences and continues to our satisfaction.

When we use the term specific we bring prominently before our mind the two facts—first, that a specific disease is a disease *per se*, and consequently requires a *special* investigation; secondly, that it also requires a special treatment, based upon the knowledge thus acquired.

(a) Abstract of an Address delivered before the Society at its openin meeting.

Paget has shown us that, however defined, apparently, the line may be, as to structural peculiarities, in tumours indicating their benignity and malignancy, there are other considerations influencing their fatality which must enter into our philosophy in dealing with them; and every man must admit the accuracy of his observation on the value he attaches to the *condition* of the patient, the same diseases appearing innocent or fatal as they occurred in different persons and under different conditions.

It seems a simple matter to introduce a speculum, detect an ulcer accompanied with more or less metritis or congestion of the uterus; to apply caustics, scarify, and administer tonics—and no doubt a certain proportion of the cases presenting themselves may be cured or benefited by this routine treatment—but what of the cases that baffle us?

When we find an eminent Viennese physician (Pollak) thus generalise upon these ulcerations, in cases of chronic metritis and mucous discharges from the vagina, varying between slight excoriation of the epithelium to deeply invading sores, which, he says, owe their origin to the *mechanical* irritation caused by the contact of morbid secretions with the mucous surfaces, in consequence of which the epithelium, after being kept constantly wet with discharge, is destroyed—we must avoid the too common habit of looking upon all cases of uterine inflammation and lesions as alike, and treating them by fixed rules, without regard to the specific character with which each case may be invested.

There is usually a *je ne sais quoi* about these cases that leads the practitioner to submit them to treatment almost contrary to his own judgment and expectation of beneficial result.

Such a case was Mrs. H., who was assisted into my consulting room in an apparently deplorable state. She was attenuated, bowed together with pain, wasted, and bloodless from repeated uterine hæmorrhages. The neck of the uterus was a mass of ulceration, with hardness of the base and texture of the organ. A tumour could be felt offering a hard resistance over the pubes, and the organ appeared enlarged to four times its natural bulk. She suffered from occasional retention of urine, and the pain produced by walking or the motion of a carriage was agonizing. There was a copious fœtid discharge, with excessive menstrual periods, passing into hæmorrhage, which had reduced her to the lowest stage of debility. The countenance expressive of pain and bloodless, but not exhibiting the leaden or dirty discolouration so often observed in carcinoma. The size of the tumour also was beyond what one would expect in this. Her age was about forty, and she had had two children, the youngest twelve.

My first impression was, I confess, rather confirmatory of this diagnosis. But, when I had thoroughly investigated the case, a gleam of hope shone upon it, and I clung to the much-increased size of the uterus, the analysis of the urine, the gouty diathesis, and her own and her family history, as offering her an escape. The ulcerated surface was cauterized freely and repeatedly with chlorate of zinc, followed by nitrate of silver; repeated sloughs were thrown off. Her strength was maintained with nutritive food; a fair allowance of wine administered. The opiates, by which alone she had procured sleep, were desisted from, and hyoscyamus, colchicum, bark, iron, and Vichy water relied upon. Her general health speedily improved, the ulcer contracted rapidly, and in the course of three months healed.

The sequel of this case, however, bears a moral. She had scarcely been restored to what was to her, comparatively speaking, crude health, when the gout, which had, throughout her uterine attack, been nearly suppressed, or rather confined to the uterus, again threatened her, but with more determination than formerly. Not merely her fingers and wrists, but her knees and her ankles and feet were successively and severely attacked, assuming the mixed gouty rheumatic character. Yet the uterine inflammation and ulcer never returned; the uterus had diminished to little more than twice its natural size, and she was totally free from uterine distress.

A pendant for this case is that of a staid elderly gentleman, married to a young wife, and father of two healthy children, who consulted me for a urethral discharge accompanied with an angry looking ulcer at the underfold of the prepuce. He had had occasional attacks of gout, and was a convivial person. His wife was under treatment for slight leucorrhœa, with a benign abrasion on the anterior lips of the os.

I stopped the husband's wine, gave him a weak zinc injection, and insisted upon frequent cold ablutions. Caustic and the zinc lotion were applied to the ulcer, whilst I put him on a course of Vichy water. Man and wife were both perfectly well in three weeks; never had the slightest inconvenience afterwards, and have since had three healthy children.

Well marked rheumatism in these structures is not so easily diagnosed as in other parts of the body.

When we meet with a woman of markedly rheumatic habit suffering from pain in the uterine region—the pain more distressing in bed, shooting from the sacrum through to the pubes, with no organic alteration beyond slight congestion—not assuming a periodicity, as in neuralgia, coming for a time, then disappearing without cause or treatment—the uterus not tender to the touch, unless when the pain is actually present, and often more acute over one or other ovary or ligament, more especially if rheumatism, either acute or chronic, with or without fever, be present in other organs—then we are justified in diagnosing the case as one of rheumatism in these structures, and treating it accordingly.

There is no tendency in these cases to pass into ulceration; therefore, if an ulcer on the os or neck occur, it is but an accidental accompaniment.

The treatment is obvious enough, but the disease, although sometimes easily cured, occasionally resists treatment, and continues to occur at intervals for years. Colchicum, quinine, the use of the warm hip-bath, counter-irritation, and the external use of belladonna and chloroform, affording relief; to these may be added occasional opiates—as Dover's powders, and the mineral waters and baths. In very obstinate cases even change to a warmer climate becomes necessary.

The congeners of rheumatism, with which it is most likely to be confounded, are neuralgia of the uterus and appendages, and what was known as irritable uterus.

The former affection is most frequently met with as a symptom of dysmenorrhœa, but is occasionally observed independent of this. One of the purest cases of the kind I recollect, was that of a lady under my care for a chronic ulcer in the uterus, of long standing. She had a periodic hysteralgia of the most agonizing description, recurring with extreme regularity each day, exactly as we observe in fever ague. It lasted for three hours, increasing in intensity for an hour and a half, and then subsiding equally gradually.

Her case was extremely obstinate, resisted quinine and iron, and eventually yielded to arsenical treatment.

The neuralgic accompaniments of lesions of the female organs are more generally observed to occur in the cutaneous nerves of the iliac, abdominal, and thoracic regions; and, although they usually yield to the cure of the lesion, of which they are symptomatic, assisted by quinine, iron, arsenic, and the cautery, yet they sometimes resist all treatment, and, in order to break the habit of the pain, sub-cutaneous injection of morphia becomes necessary. This, however, is only palliative, and I have often been impressed with the idea that the remedy, if long continued, is often worse than the disease.

The irritable uterus is, in my mind, a symptom more than a disease, and is to be found as an accompaniment of the different forms of acute and subacute metritis, including the peri-para and endo metritis. I have generally found it best treated by dealing with disease, of which it is symptomatic; and the repeated application of two or three leeches direct to the os.

In treating vaginitis and endo-metritis, there is a resolution or result of the inflammatory action of these canals that we must never lose sight of, and this whether the inflammation be of a benign or a specific character. I allude to adhesion of the walls, and consequent closure or narrowing of the canals. The latter result, as well to the married as to the single female, is important; but to the former, occlusion of the vagina or uterus, is such a serious source of inconvenience as well as disease, as generally to require one of the most dangerous and critical operations in surgery for its relief. I have already drawn the attention of the profession to the means of performing this operation in several published cases. These cases most frequently result as the consequence of *post-partum* inflammation; and, as they are usually the consequence of neglect, require our closest attention to prevent them, and constitute an opprobium to our art when they occur. Bowles' case offers a remarkable instance of this assertion,(*a*) as well as of nature's attempt to remedy the neglect.

CASE XIII.—*Occlusion of Vagina with Retention—Operation.—Ultimate Rectal Menstruation.*—In March, ——Bowles was admitted, suffering from the results of a tedious labour, sixteen months previously. The delay in her labour was ascribed to a band that crossed the vagina, stopping the descent of the head, but which was reported then to have given way.

She was treated for vaginal inflammation and fever after delivery, and recovered slowly, but has never menstruated since.

For the eight months before her admission, she had been seized about the 3rd of each month (her usual period for menstruating), with pains resembling labour pains. On examination the vagina was found completely obliterated; nothing remaining above the vestibule. A painful fungus growth existed at the meatus. The abdomen was swollen, and a distinct circumscribed tumour was felt between the pubes and the umbilicus. The monthly recurrence of pain had been more severe latterly, and accompanied with a strong forcing sensation in the rectum. A tumour, not unlike the distended gravid uterus, was to be felt through the recto-vaginal septum. This sensation continuing, decided expulsive pains ensued, during each of which the united band connecting the labia was sensibly protruded, being swollen, tense, and shining, with a point of a deep livid hue, standing prominent, fluctuation being perceptible. I made a free opening with a bistoury, and a large quantity of fœtid menstruous fluid escaped, and continued to do so for two days, when it appeared mixed with pus. On pressing the tumour in the rectum the fluid was made to flow more freely. She had some inflammatory symptoms of the peritoneum, requiring leeching, mercury, and opium, from which she rallied; and on the 4th of April, the report was that menses and pus were flowing from the artificial opening, which had been treated with tents, and a bougie, which she was trained to use regularly. On October 29th she returned, the opening having been permitted to close; and, after a severe paroxysm of pain, menstrual fluid had escaped through the rectum. On November 24th, I opened up the vagina with the knife, and established a communication with the upper chamber, admitting of the two fingers passing freely into it. A communication, about the size of a silver penny, between this chamber and the rectum was found, through which the menstrual fluid had escaped, as we saw into the latter cavity. This vaginal passage was kept open by the introduction of tents, bougies, and candles, until the healing was complete; and she was retained in hospital until the recurrence of the next monthly period, which was free from pain, the discharge coming freely *per vaginum*, and little *per rectum*.

The specific inflammation to which these structures are obnoxious, *par excellence*, is syphilis. Its typical form, the syphilide, or true Hunterian chancre, that which stamps its individuality, occurs from inoculation of the skin, or mucous membrane, by chancre matter, and by chancre matter only, and that only at certain stages of its development. This typical disease, or primary sore, imbibed or absorbed from *without*, but from which is subsequently absorbed *within* a poison producing a Protean train of symptoms, the result of self-poisoning, known as secondary and tertiary symptoms, and syphilitic intoxication.

You must not expect, however, so well-marked a chancre in the uterus, although you will occasionally meet with it on the female external parts, spreading into the vagina. This example, taken from a woman at an interval of three weeks from impure connexion, affords the best instance I have of a primary syphilide. We must recollect that the mucous and muco-cutaneous membranes do not undergo to the same extent the plastic infiltration that we observe in the skin. This example is more frequently met with, and corresponds with what is known as the mucous patches.

It is quite extraordinary how little inconvenience these ulcers cause to the patients at the earlier stage of their development; unless, indeed, they are seated in the external organs, or low in the vagina. Nay, I have seen them extend to the phagedenic, and even sloughing stages, with comparative little local inconvenience, and scarcely attracting the patient's attention until secondary symptoms induced her to take advice.

This explains, perhaps, one reason why we so rarely can find the characters that mark the true Hunterian chancre in the uterus, as we rarely see it until the stage has passed over in which these characters are the best marked. This is so much the case that some of our most esteemed syphilologists even doubt the existence of a true primary chancre occurring on the os uteri. I need scarcely insist upon the importance of being able to pronounce the true nature of these ulcers. Ricord's test of inoculation, although of great value, is only available at certain stages of development of the ulcer, and ceases to be available when granulations occur, discharging pus. I here exhibit No. 20, a drawing, showing two ulcers—one on the os uteri, and another on the wall of the vagina—and although the patient shortly became covered with a papular rash, and exhibited all the signs of syphilitic intoxication, both these sores resisted inoculation, tried certainly only on one occasion.

Mercury, administered carefully and with discrimination, is essential for the prevention of the legion of secondary and tertiary symptoms which constitute the gravamen of the disease.

No doubt in most cases the true chancre, and in almost all cases the mucous ulcers, can be cicatrized by the use of nitrate of mercury, or nitric acid, followed by caustics and black wash, although certain chancres may resist for a long time. But then comes the consideration, whether we risk a possible injury by *commission*, by administering mercury, or the injury of *omission*, by its abstention. The train of symptoms and experience can alone guide us in this selection. Where the ulcer assumes a gangrenous, or phagedenic character, of course mercury must be withheld; but where the physician is unmistakably convinced, as well from the appearances as the history of the case, that he is dealing with a true syphilide, and looks forward to the almost certainty of the syphilitic diathesis, with its grim array of Protean diseases looming in the distance, delay in the administration of the specific, alone capable of preventing or arresting this array, is unjustifiable, not to say inexcusable.

The primary chancre occasionally presents itself to our notice as the result of direct contagion in the nipple, from applying a child to the breast suffering from a chancre or mucous patch in the mouth, the result of contagion on its part through the mother, or otherwise. Such a case I here exhibit.

This woman unfortunately applied a friend's child to her breast, her friend suffering at the moment from sore nipples after her confinement. Within a week after the first application of the infant, a zone of inflammation surrounded both nipples, which passed rapidly into ulcera-

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(*a*) See *Dublin Medical Journal.*

tion of an angry character. Several mucous ulcerations were detected on the inner surface of the lips and palate of the infant of her friend, and chancres were detected surrounding both the mother's nipples. Large purpuric spots were just becoming perceptible on the neck and back. Ulcerations were found in the wall of her vagina spreading from the edge of the vulva, which, she stated, had caused her considerable inconvenience for a week before her confinement, three weeks' since. It then transpired that her husband had been under medical treatment, and was taking mercury.

Here then we had primary sores in three individuals; contracted in the mother of the child originally by coitus; then by the infant, apparently by sucking its mother (but if so, how did the primary contagion reach the mother's nipple ?), and eventually extending to the female friend by the suckling of the child. The chain is complete if we beg the question, that the mother, suffering from the vaginal irritation in her confinement, conveyed the contagion to her nipples, in drawing them out to enable the child to grasp them, and the consecutive order of the seizure in each with the time that elapsed, a month from the first contagion, allowed just time for the contagious poisoning of the wife, the child, and the friend to develop. Another explanation might have been, the imbibition of the chancre matter into the mouth tissues of the infant, in transition through the vagina; or, possibly, by the finger of the midwife inserted in establishing its respiration.

At first sight it might appear that this case furnished an answer to Prieur, Ricord, and Friday, as to the impossibility of the transition of syphilis from the mother to the fœtus in the last months of pregnancy; but it does not, as their objection applies to constitutional syphilis, which did not, nor could it, from its history, have done so, as the contagion was only contracted by the mother ten days before the birth of the child, and it had mucous patches perceptible on its mouth within a week after its birth, and no other symptom of syphilitic poisoning whatever.

Curran's case, to which I now draw your attention, takes up the syphilitic intoxication at a further stage of its progress. This woman was delivered, on the 6th of February, of her sixth child; her previous children having been healthy. Until eight weeks before her delivery, she describes herself as in good health. Her symptoms commenced with pain and scalding in micturition, followed by ulceration of the vulva and labia, copper blotches—ulcers in tonsils and surrounding the nipples; took mercury to salivation three weeks after attack.

Her child was born alive, but attacked with excoriation and ulceration, extending from the verge of the anus to the buttock, on the fourth day after its birth. Here the symptoms in the parent took the ordinary consecutive course of syphilitic intoxication. But what are we to state as to the date of the child's poisoning ? Was it poisoned *in transitu* or by hereditary taint ? Did the four days suffice to contaminate and develope the poison ? The child was born apparently free from disease. We are somewhat in a dilemma in whichever way we attempt to explain it. If the child was contaminated by the inter-current circulation "in uterus," it must have been within the last two months of gestation. Then, what of the improbability of such contamination at this period, as maintained by the high authority of Ricord and others ?

The evidence is in favour of poisoning through the natural circulation; and the rapid engorgement of the muco-cutaneous structures after birth, in this and other similar cases, would tend to prove that exposure to the atmosphere exercised some influence in determining and developing these lesions in the nose, lips, mouth, and anus, so generally and speedily observed after birth in tainted children.

Shellaghan's case is so far interesting as showing a still further development of the ulceration, as affecting the mammæ. This woman was delivered of a dead and putrid child, with extensive separation of its cuticle, on the 7th of January, and on the 4th of June, her breasts presented the appearance of a tuberculated ulceration with coppery crusts, spreading from the nipples, in a zone, and engaging at least a third of both mammæ, the nipples so involved in the ulcerated mass as to be scarcely distinguishable from the rest of the diseased structure. A circumstance worth considering in this case is, that the child having been dead, and, of course, no suckling attempted, yet the disease commenced with an excoriation of the left nipple, followed by the right, which would appear to evince a law of selection in the organs attacked, by this strange poison depending upon the receptivity being developed at the moment, and their functions in the animal economy being prepared for action although not called into operation.

Before passing from this branch of our subject, it may be interesting to exhibit these two drawings. It is one of a child four years and nine months old, with a group of about thirty warty excrescences or vascular vermicæ springing, as you see, from the vulva; no ulceration and little inflammation is perceptible. This poor child had been subject to an attempt at intercourse two months previously, made by a plasterer engaged in her father's employment, who was supposed to be suffering from syphilis at the time. No other symptoms evinced themselves in this case, which was treated by removing the warts with scissors, followed by nitrate of mercury applied to the wounds and an alterative mercurial course.

(*To be continued.*)

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BLOODLESS SURGERY OF THE EXTREMITIES.

By J. E. Kelly, L.R.C.S.D.,

Surgeon to Jervis St. Hospital and Lecturer on Anatomy and Physiology in the Ledwich School of Medicine, &c.

Within the past fortnight I have applied Esmarch's method to four surgical cases. This coincidence induces me to detail some facts directly bearing upon the question of "Bloodless Surgery," together with a few points worthy of consideration.

Whether we concede to Esmarch the honour of an invention, or merely the adaptation of a rarely applied and undeveloped principle, is of little moment to those who derive most benefit from an expedient which we must regard as constituting one of the most striking advances in modern surgery. Simplicity and easy application are perhaps the strongest recommendations of a method, the novelty of which will be my excuse for briefly describing it. A strong elastic bandage is applied in the ordinary manner to the extremity, firmly and slowly: a piece of india-rubber tubing of the diameter of the thumb is wound very tightly round the limb immediately above the margin of the bandage, which is then removed. The preparations are complete, and the limb is perfectly bloodless until the tubing is removed. The facility of operating under these circumstances can hardly be realised. The structures have a semi-transparency resembling that resulting from preservation in turpentine or glycerine, and as may be expected, they are picked out and distinguished with remarkable facility. The operations upon which Esmarch's method confers the greatest advantage are those in which much blood is ordinarily lost, or those performed under circumstances which prevent the operator from providing efficient aid. Amongst the former, resections and explorations, either for foreign bodies or where preliminary investigations are judicious, may be specially noticed. These preliminary measures, so conservative in their aim and results, have often been frustrated by the danger or dread of the consequent hæmorrhage. Now we are enabled to pursue them bloodlessly. In provincial and in military practice a surgeon must frequently operate without skilled assistants or perhaps without any. Here again the advantages of the method are indisputable.

Against the obvious advantages of the expedient we must in justice weigh some well-founded objections. While advocating, and in some instances practising bloodless surgery, I regard it as being unnecessary in many cases, and in others as only to be used with great caution. In cases where collections of septic matter exist Esmarch warns us against the danger of favouring by pressure its entrance into the circulation. The absence of bleeding points during the operation may cause us to neglect to secure some vessels which will subsequently be troublesome. This occurred to a suggestive extent in the second of the accompanying cases, but the hæmorrhage was quickly checked by the application of ice. As observed in the amputations performed in Guy's and other hospitals, the edges of the incisions may slough. I noticed this in my first case only, and my observations on it and the succeeding cases induce me to regard the sloughing as proportionate to, and dependent on the duration of the pressure by the elastic bandage, and not to the bloodless condition of the tissues. In the first of the series, being anxious to do full justice to the method, I applied the bandage in the ward before the removal of the patient to the operation theatre with the view of making the limb perfectly exsanguineous. When the patient was chloroformed the caoutchouc tubing was applied, and the bandage, after being on for about ten minutes, was removed. The results were perfect; so bloodless were the parts that in my subsequent operations I allowed the bandage to remain on but for a few minutes, and in my last, immediately after the limb was entirely enveloped, I applied the tubing and removed the bandage. This operation was completely bloodless, and along the line of the incision not a trace of sloughing could be observed; in some parts even there was an effort at union by adhesion, but the condition of the deeper structures would not admit of such a rapid closure. I am inclined to regard sloughing as unimportant in these cases, which are really benefited by the method. In amputations and other operations, which can be completed in a few minutes, I cannot recognise the necessity of departing from the old and efficient method of controlling hæmorrhage by direct arterial compression. Hence, I question the importance of a contingency which can be avoided. In military and provincial practice, where, as already remarked, the surgeon must amputate without sufficient skilled assistants, he is free to select between the immediate danger of hæmorrhage and the remote disadvantage of sloughing of the flaps; observations are as yet deficient as to the constitutional effects of the expedient. The quantity of blood lost during operation is frequently a most desirable antiphlogistic. By Esmarch's method, for good or for evil, this is prevented, and severe inflammation may follow the operation; however, in such cases the surgeon can conveniently resort to phlebotomy, or other antiphlogistic treatment, as suggested by his judgment. Again, in disease or predisposition to congestion in any of the important viscera, as the lungs or brain, we may well hesitate before we throw the entire amount of blood contained in a limb, either temporarily or permanently, into the general circulation. We must also remember the possibility that this quantity of blood may embarrass the pulmonary circulation and aid in developing the fatal effects of the anæsthetic. These are points which can only be settled by experience, and they appear to me to be worthy of the consideration of the profession :—

Case I.—*Necrosis of the Entire Tibia.*

Thos. ——, æt. 17, disease of eight months' duration. Commenced with violent pain about the tuberosity of the tibia. His leg became flexed, and an abscess formed which pointed and burst about the tenth day. A series of these occurred along the front of the leg. Admitted November 10th with symptoms indicating necrosis of the entire shaft of the bone. Operation on November 15th: Commenced by an incision reaching nearly from the knee to the ankle. The new osseous case was three-quarters of an inch thick and was opened with a chisel, at the expense of much labour, to the same extent as the primary incision. The bloodlessness of the operation may be estimated by the fact that when the sequestra were removed the cavity did not contain a drop of blood. The case is progressing most favourably and the cavity is lined by healthy granulations. The edges of the incision sloughed in their entire extent, but only to a limited degree.

Case II.—*Necrosis of Lower End of Tibia.*

Joseph ——, æt. 15, disease of two years' duration. Commenced by a pain in the ankle, and an abscess formed above the articulation. The bone became expanded at its lower third, and a succession of abscesses formed on the anterior and inner surface of the leg. Admitted October 29th, with symptoms of necrosis of the lower end of the tibia. After some general treatment the operation was performed on November 13th. A portion of expanded bone was chiselled out, and a few small sequestra were removed from the centre of the mass. This case also progresses favourably. Some smart hæmorrhage occurred about two hours after operation, but it was easily suppressed by the application of ice.

Case III.—*Necrosis of the Shaft of the Humerus.*

Margaret ——, æt. 15, disease of eight months' duration. Gives the history of rheumatic fever, for which she received hospital treatment; abscesses formed at various points along the arm; admitted November 20th, and operation on the 25th November. A long incision on the outer side of the arm, and the new osseous case, which was badly developed, was cleared of the sequestra. The special interest in this operation is owing to the application of the tubing above the arm, or round the clavicle and the neck of the scapula. Notwithstanding the protection which the vessels receive from the bones in the neighbourhood of the last stage of the subclavian artery, this operation was as bloodless as any of the preceding cases.

Case IV.—*Anchylosis of Elbow Joint; Resection.*

Anne ——, æt. 23, disease of four years' duration, resulting from an injury to the joint. Admitted November 28th. Operation, sub-periosteal (November 29th), performed by means of an external incision. The osseous mass was cut through with a forceps, the end of the bone turned out and sawn off. The case progresses most favourably. The wound was dressed before the tubing was removed, and during, or after the operation, or at any time; a single drop of blood was not visible.

JOHN HOWARD A STATISTICIAN.

Dr. William A. Guy, F.R.S., of King's College, believing that John Howard should be considered as much of a statistician as a philanthropist, has induced the Council of the Statistical Society to adopt his views and establish a Howard Medal. This medal is to be given every year to the author of the best essay on some social subject, giving a preference to those in which Howard himself was most interested. The subject of the essay for the session 1873-74 (centenaries of 1773-74, in which Howard commenced his great work and achieved his Parliamentary triumph) is—"The state of prisons, and the condition and treatment of prisoners in the prisons of England and Wales during the last half of the 18th century, as set forth in Howard's 'State of Prisons' and his work on 'Lazarettos.'"

Hospital Reports.

LONDON HOSPITAL.

On Simple Atrophy of the Optic Nerve, with Pains in the Legs—Rudimentary Ataxy (?)

(Under the care of Dr. Hughlings Jackson.)

There is one patient who has atrophy of the optic nerves of the kind which occurs in locomotor ataxy. Now this man has no difficulty in walking, except a slight occasional irregularity, which he speaks of as having existed for many years, and which is not demonstrable; but he has pains in his legs, which he describes very vividly; they are like those which torture patients who have veritable locomotor ataxy. Dr. Hughlings Jackson some years ago, pointed out that there are cases of simple optic atrophy with no other nervous symptoms than pains in the legs, like those of ataxic patients. There is in these cases incipient, or perhaps often only rudimentary, locomotor ataxy. It is worth mention that a patient may deny that he has pains in his legs, who will acknowledge rheumatism, and describe his so-called rheumatism as consisting of stabbing, boring, &c., pains.

METROPOLITAN FREE HOSPITAL.

(Cases under the care of Dr. C. R. Drysdale.)

Tumours in the Abdomen.

Minnie Lichane, æt. 21, single, a Polish Jewess, admitted into Jewish ward, March 25th, 1873, under care of Dr. Drysdale. Patient complains of pain in left side, and pit of stomach. Dates beginning of her illness four months ago, when she fell down stairs and hurt her left side. Two months after this she was constantly sick, and one day when at work, as a tailoress, she suddenly vomited a large quantity of blood. Has a slight cough, with mucus expectoration, streaked with blood. On examination of chest there is a slightly prolonged expiratory sound, otherwise appears healthy. Heart appears natural. On examination of abdomen a tumour is found immediately below the sternum; it is not well-defined; soft to the touch; resonant on percussion; she says it causes pain on pressure; skin is natural; bowels are open; urine passed freely and is natural; pulse 80, small and weak; tongue clean, but rather dry; menstruation usually regular. Has always enjoyed good health; never had any previous illness. To take—M. Pro tussi, half diet, brandy ℥ij.

March 28th.—Has been very hysterical; complains of pain at pit of stomach; cough troublesome, but expresses herself feeling better.

April 1st.—Is very hysterical, at times making a great noise; takes food very well; bowels open; pulse 80; abdominal tumour appears the same; menstrual period, and which also was a fortnight since.

8th.—Was placed under the influence of chloroform, and on examination the tumour was found to have quite disappeared.

Diagnosis.—Phantom tumour with hysteria.

9th.—Discharged.

Mary Westover, æt. 66, married, admitted into Gurney ward, October 15th, 1873, under care of Dr. Drysdale. Patient comes to hospital for relief on account of swelling of abdomen. She states that her abdomen began to get large between five and six years ago, but it has most rapidly increased in size since last Christmas. She thinks the swelling began at the upper part of abdomen, and in the middle, has suffered but little pain, and it does not affect her breathing. The greatest inconvenience is her size in getting about.

Has never had any severe illness, but has not considered herself very strong. Had one child forty years ago, ceased to menstruate at forty-eight years old, naturally. Has lost flesh lately but looks pretty well now. Three or four months since, the left leg was much swollen, but it soon got well. Has had medical aid, but derived no benefit.

On examination of abdomen it is found greatly distended in a somewhat pyriform shape; the superficial veins are very distinctly marked out especially so on right side. There is distinct fluctuation felt all over abdomen, and in all directions, except in the flanks, dulness to percussion from about three inches below sternum over the whole of abdomen and in the flanks when she lies on either side or back. The umbilicus appears displaced to left of mesial line, and is slightly prominent on palpation; tumour is slightly compressible, but two spots where it is less so, one about the size of a five-shilling piece mid-way between the umbilicus and left trochacti, the other between the umbilicus and middle of left Poupart's ligament. She measures around the abdomen at level of crests of ilia forty-two inches; from sternum to pubes twenty-five inches; around tumour forty inches; from spinal column to umbilicus on the left twenty inches; same on right twenty-two inches.

The legs are very cold, but there is no swelling; passes water freely, which is natural; bowels are open usually every day; appetite is pretty good; pulse 80; tongue clean and moist; heart and lungs appear natural. To have half diet—pulv. scammy. comp., grs. x., m. et. n.

21st.—Since taking powders she has had several liquid motions each day. The tumour is the same in all respects.

On examinination of vagina there is something most unusual felt. The cavity of the vagina is diminished. The finger passes up behind the os pubis, but there does not appear to be any cul-de-sac. There is no os uteri to be felt. Adhesions are found between opposite walls of vagina. A tumour of a very hard consistence is felt protruding into vagina from posterior aspect and filling it up, it is quite immoveable in pelvis, the finger cannot be passed up any distance on left side, on right side finger can be passed up in front of tumour which feels as far as the finger reaches very hard and fixed.

Mr. Goodsall adds:—The walls of the rectum and vagina are freely moveable over tumour. The tumour is solid and firm on its left side, but on its right side of a softer consistence and irregular; vagina passes upwards and forwards directed somewhat to the right, the rectum is pushed over to right side.

The case was found to be one of ovarian cysts. On using the trocar to draw off the contents of the abdominal tumour, two large cysts were found to constitute the bulk of the abdominal tumour.

MERCERS' HOSPITAL, DUBLIN.

(Cases under the care of Mr. O'Grady, Ch. M., M.B., Univ. Dub., Fellow and Member of Surgical Court of Examiners, Royal College of Surgeons.)

(1). *Amputation of the Thigh.* (2). *Amputation of the Leg below the Knee.* (3). *Removal of a large Tumour weighing 2½ lbs., from the Parotid Region.* (4). *Amputation of Thigh above Middle.* (5.) *For Strangulated Inguinal Hernia.* (6). *Amputation of Breast, with Removal of Axillary Glands.* (7). *Partial Amputation of Hand for Gun-shot Injury.* (8). *For complicated double Hare-lip.* (9). *For Strangulated Femoral Hernia.*

During the past quarter the following operation cases fell under treatment in the second surgical service of this institution:—

On August 27th, Mr. O'Grady operated on a precocious girl 14 years old, for disease of left knee consequent on an ancient injury—in view of, if possible, saving the limb by excision of the damaged joint—the H incision was adopted, but the femur on being exposed, proved to be diseased too high up to admit of the limb being preserved; the periosteum was extensively detached, so that the bone had to be divided more than two inches above the condyles and the operation converted into an amputation. To all appearance the case progressed well, the stump being nearly healed in three weeks, the then uncicatrised spots remaining since as sinuses leading to a portion of diseased bone of limited extent; the general health of the girl now is excellent, and the stump promises to turn out a good serviceable one.

On the 27th of the same month, a spare lad of seventeen, had his leg amputated by the long anterior flap at the "place of election," below the knee, for extensive long-standing strumous disease of the bones of the foot and leg. The patient was a phthisical delicate creature, and required great care. The stump did well, and he left the hospital early in October, able to make good use of an artificial limb, and having become strong and comparatively fleshy.

On September 27th, a case of much interest was operated on, viz., a large tumour of the right parotid region. The patient, a healthy woman, advanced in life, stated that it had been growing for fifteen years, and had gradually reached its present magnitude, its rate of growth however, of late, being accelerated. The morbid mass was at least as big as a large cocoa-nut (after removal it weighed upwards of 2 lbs. 8 oz.). The integument was divided by a horizontal incision, and easily separated from the surface of the tumour, the deeper portion of which sent out prolongations requiring much care and caution to isolate without injury to surrounding parts. The patient, already feeble, was somewhat depressed by the operation, but rallied well, and the wound healed rapidly, so that she was able to return to her home in some three weeks with the wound healed and in excellent health.

On October 2nd, Mr. O'Grady amputated, high up, the right thigh of a young woman for extensive elephantoid disease, which had existed for eighteen years. In consequence of the extent and location of the disease, lateral flaps of very irregular shape were selected, so as to leave as much of the limb as possible. The after treatment of the case was attended with much anxiety on account of hæmorrhagic and other complications, and the patient did not leave hospital for two months, being, however, then in a state of better health than she had enjoyed for years, and the stump having been well and firmly healed for some time. During the reparative process it was a matter of much difficulty to keep the lateral flaps suitably apposed.

On the night of October 16th, a labourer, aged 22 years, was operated on for strangulated scrotal hernia of the right side. He described the prolapse as being a congenital one, always easily reducible, and kept up by a truss, which, however, had of late got out of order. The hernia last came down the day before admission. Pain and vomiting had immediately set in. Other means failing to obtain a reduction of the gut, the operation had to be proceeded with the sac; contained at least eight or ten inches of a dark plum-coloured gut; some peritonitis, which, however, was mild and transient, occurred *on the left side* but did not retard the convalescence of the patient, who rapidly recovered, the wound having quite healed early in November, the rupture being apparently radically cured.

On October 13th, a thin, spare woman, aged 45, was operated on for scirrhus of the breast, some of the axillary glands also requiring removal. From a long superior incision, two short ones were started downwards, one at either side of the region of the nipple, and by their convergence below embracing it, and leaving for removal with the breast a triangular patch of integument, the condition of which was doubtful. After the separation of the breast the axillary enlargements were removed, the flaps were readily brought together, and retained *in situ* by a few points of catgut suture and careful strapping and bandaging. The parts united kindly; and when the patient was sent home, on the 18th November, the wound had been already thoroughly healed for several days.

In the same ward is a child, a delicate, pale little creature of 32 months old, the victim of double hare-lip, with great deformity, the palate being badly cleft, and the intermaxillary mass protruding at the tip of the nose. This case was operated on on November 4th, the displaced bones being shelled out of the soft parts, and the bit of integument-covering the prominence being trimmed in view of forming the septum. After paring the edges of the labial fissure, the cheeks had to be separated from the subjacent structures to an unusual extent, to enable the lips of the wound to be brought together. The upper needle was made to include the pared tip of the newly-made septum. A fine silk suture through the red border of the lip was removed after two days, the lower needle after four, and the upper after five days. The adhesive plaister dressing did not require removal till after eight days, when the lip was found to be all well and safely united, save the point of the septum, which will be subsequently dealt with.

A young man, æt. 20, was admitted into the male accident ward on the evening of November 7th, with a terribly mutilated hand, the result of a gun bursting some hours previously. Part of the left thumb and the entire index had been blown away, as also the soft parts of the first inter-osseous space, the integument on both dorsal and palmar aspects of remainder of hand being ripped up and extensively split. The second and third (index and middle) metacarpal bones lay quite exposed, being also extensively comminuted; they were removed together with the middle finger, which was, so to speak, enucleated from what was left of its integument in view of utilising same to assist in closing the large gap; the remaining carpal and metacarpal structures were extensively smashed, the articulations being opened and the bones broken, but considering the patient's age, health, and temperate habits, it was determined to try and save what was left of the hand; the parts were brought most carefully into as good shape as possible, and retained so, *without sutures*, by pads and plaister-straps, the case was cautiously dressed throughout, and did well. There seems now a fair prospect that a good, useful, and not altogether unsightly limb will be the result. The thumb stump has also done well.

In the same ward is a delicate and weakly man operated on on Nov. 28th, for strangulated femoral hernia, *which, on the present occasion, had been down for three days.* The operation was had recourse to with as little delay as possible; the sac, unusually dense and thick, had to be opened, some gut returned on dividing the stricture (at Gubernot's ligament), but a quantity of altered and degenerated omentum was irreducible, and it was determined to remove it. The progress of this case since operation has been most satisfactory, local reparation having been so very rapid that the man demanded, and was allowed, to sit up inside of a fortnight, and will, in a few days, be able to return home. The wound is at present almost quite cicatrised.

Albuminuria as a Symptom of Meningitis.

Professor Rosenstein has noticed the coincidence of albuminuria with meningitis. The analysis of their urine demonstrates in nearly all patients, whether old or young, attacked with meningitis, the presence of albumen in the early days of the cerebral affection; and in a considerable number of these cases is found at the same time, among the products of the renal secretion, epithelial cells, blood-globules, and fibrinous casts, exactly the same as in Bright's disease. The lesions discovered by post-mortem examination of the kidneys are likewise similar to those of albuminous nephritis. The kidneys are increased in size, the hypertrophy being chiefly in the cortical substance; the renal tissue is markedly injected, the glomerulæ gorged with blood, and there are extravasations of blood into the urinary tubules. Professor Rosenstein attributes these lesions to troubles in the circulation, due to functional alteration of the vaso-motor nerve filaments. This fact is likely to be of considerable value in diagnosis.—*Lyon Méd.*

STUDENTS' COLUMN.

LECTURES ON HUMAN ANATOMY.

By Walter Rivington, M.S. Lond., F.R.C.S. Eng.,
Surgeon to the London Hospital and Lecturer on Anatomy at the London Hospital Medical College.

Lecture IX.

Deformities of the Pelvis illustrated by specimens in the London Hospital Museum.

An anatomical description of the Pelvis would scarcely be complete without taking notice of its many varieties of malformation. It has been estimated by Dr. Robert Lee that about one-sixth of the cases of difficult labour occurring in London result from some imperfection or deformity in the Pelvis, either a want of due development or an absolute distortion from disease. It is one of the penalties of civilisation, not only to augment the number of diseases, but to cause natural processes which ought to be performed easily and safely to be attended both with difficulty and danger.

Women who belong to savage communities appear to bear children with far less inconvenience or interruption to their ordinary occupations. A remarkable exemplification of this is exhibited by the Esquimaux. In a letter to Professor Struthers, Dr. Pirie, of Liff, observes: "Till within a few hours of labour the woman goes about her usual duties, and shortly before it is expected she retires alone to a skin hut built for the purpose, which is so small as to confine her almost entirely to the recumbent posture. While there no one is allowed to enter her hut, and should she require any food, it is placed at the door by her friends. No one is present while labour is going on, and this is usually finished in about half an hour. In one case which I have heard from authentic sources, the female was seized with labour pains while on board a whaling vessel. She immediately left the ship and retired behind a hillock of ice, returning again with her child on her back in less than half an hour (*a*)." Although the facility of labour in uncivilised communities may be partly ascribed to the relatively smaller size of the fœtal head, depending on want of development of the brain, yet I believe that it will be found that among the members of these communities, malformed, ill-developed, distorted Pelves are comparatively rare. Shut up in great cities, surrounded by squalor and filth, ill-clad and ill-fed, or, at the opposite pole of society, the victims of fashion and luxury, or of over-education, nursed and pampered in "gilded saloons," the women of civilised communities are doomed to exhibit every variety of distorted frames. Contractions of the brim, cavity, and outlet of the Pelvis from disease, tumours, and fractures, arrest of development in different degrees and kinds, give rise to the necessity for a distinct class of practitioners to preside over the stages of a process which naturally should be as uncomplicated as the performance of the other bodily functions. Hence the abundance of "interesting specimens" which fill our museums and occupy our lecture tables.

The Deformities of the Pelvis include all deviations from the natural standard, whether confined to a single part of the cavity, or affecting the whole of it. As examples of partial deformities, we may adduce the flatness of the Sacrum described by Dr. Churchill, which diminishes the available space for the passage and movements of the fœtal head, and thus causes obstruction as well as the too great approximation of the Spines of the Ischia, which may occur without any other marked change in the rest of the Pelvis. The Pubic Arch may be greatly narrowed by the approximation of the tuberosities of the Ischia, or the antero-posterior diameter of the outlet may be contracted by ankylosis of the Coccyx to the Sacrum in a faulty position. It usually assumes a horizontal direction, its apex being directed forwards, and its surface upwards and downwards, being set at right angles to the Sacrum. It may retain its original direction, as may be seen in the specimen marked Ga 68, or Fb 28. In the former and more severe description of ankylosis, instrumental aid will be required for delivery, and the Coccyx is extremely liable to be broken. Cases are recorded in which it has snapped off—in Dr. Merriman's case it broke in three successive labours—without any injurious result. The simplest kinds of general deformities are those which arise from some defect or excess in the developmental processes. Thus the Pelvis may retain the shape and proportions which distinguished it in early life or before the age of puberty. In this deformity, or Infantile Pelvis as it is termed, the antero-posterior diameters exceed the transverse, the subpubic arch is small, the tuberosities of the Ischia approach too near to each other, ossification is incomplete, and the cavity lacks both depth and capacity. Or the female Pelvis may assume the characters proper to the male, and thus give rise to the Masculine type of Pelvis. It is exhibited by women who are constantly engaged in the laborious pursuits proper to the opposite sex. Its chief characters are an increase of the antero-posterior diameter at the expense of the transverse—a narrow Sacrum, a deep symphysis Pubis, a narrow, deep, and funnel-shaped cavity, and an approximation of the spines of the Ischia. All the ridges and processes are pronounced, and the osseous system generally partakes of masculine characters. The person is coarse, the skin thick, the voice harsh, and hair is seen on the lips and chin.

The Pelvis again may be uniformly contracted, all the diameters being diminished in the same proportion. This Pelvis has received the grandiloquent name of the Pelvis Æquabiliter Justo Minor. "Three distinct varieties are met with; first, where the subject is ricketty and affected with distortion of the spinal column or limbs, the pelvis being unaffected except as regards diminution of size; secondly, the true dwarf has generally a pelvis small even in proportion to the rest of the skeleton; and, thirdly, there are numerous cases of ever-varying degrees of symmetrical contraction, which appear to be wholly disconnected with any deformity or constitutional vice whatever. The last category of cases must be looked upon simply as parallel to those freaks of development which produce small heads, small hands, or small feet; probably such deviations are all hereditary. Whenever the ossific union between the different portions of the innominatum at the acetabulum is completed prematurely, the equable contraction of the Pelvis is an inevitable result" (*b*). There is a specimen in our Museum exhibiting this deformity in connection with double Hip Joint Disease.

The opposite condition of uniform enlargement of the Pelvis is termed the Pelvis Æquabiliter Justo Major.

"As regards the relation of increased capacity of the Pelvis to the general conformation and stature of the individual, it may be stated as a general rule, that tall women are by no means likely to be subjects of such increment; it has further been observed, that women of low stature, and with large heads, have the most capacious pelves. Some persons profess to discover a relation between the length of the phalanges of the fingers, and the capacity of the pelvis, maintaining that women with curb fingers have small pelves and *vice versâ*." (*c*)

Here is the Pelvis of a Dutch woman, which presents a remarkable exemplification of uniform increase in size. The fœtal head, you observe, runs through it almost like water through a canal (*d*). Dr. Ramsbotham was in the habit of using it in his lectures, and of observing that a woman with such a Pelvis might almost bear a child without being aware of it. Cases now and then occur in which children are born so rapidly, under such peculiar circumstances of time and place, that their lives are sacrificed, and the mothers are suspected of infanticide. Children have been found dead in the water-closet, and it has been a question whether the death of the child has been due to accident or design (*e*). It is as well, therefore, to bear in mind this

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(*a*) "Description of an Esquimaux Female Pelvis," in Professor Struthers's "Anatomical and Physiological Observations." Part I., p. 107.

(*b*) "Manual of Obstetrics," p. 418. Dr. Tyler Smith.

(*c*) Tyler Smith, *op. cit.*, p. 422.

(*d*) The student of ecclesiastical history will recognise this expression as borrowed from the views of the Valentinians and Paulicians, in regard to the birth of Christ. Both of these sects—the Valentinians in the fourth, and the Paulicians in the ninth century—whilst not denying that Christ was born of Mary, held that he brought his body, composed of animal and spiritual substance, from heaven, and passed through the body of Mary just as water through a canal, without deriving anything from her. See Mosheim's Ecclesiastical History. The student of the human mind will find the accounts of the various sects which have sprung up since the Introduction of Christianity of the deepest interest.

(*e*) Dr. Guy in his Forensic Medicine, p. 113, says: "Many cases o sudden parturition in such situations are on record. 'Jorg relates th peculiarity of formation, and to remember that it is quite possible for a woman to be delivered so quickly as to endanger the life of the child, and thus to become the subject of an unfounded suspicion.

Systematic writers would arrange the principal distortions of the Pelvis according to the part affected, whether the brim, the cavity, the outlet, or the structure of the Pelvis generally. But my object being merely to lay before you such specimens as our Museum affords of the typical deformities, I will not attempt any rigid classification. It will be sufficient to introduce to you four deformities, at once the most typical and the most common, the Ovate or Elliptical, the Reniform, the Triradiate Angular or Rostrated, and the Oblique. The terms "Ovate," "Elliptical," and "Reniform" are generally used as synonymous, but I have taken the liberty of separating the two former, and applying them for the designation of a deformity usually characterised as a "contraction of the brim." Some term is wanted for this purpose, and as I do not see how the same deformity can be properly called "ovate" or "elliptical," as well as "reniform," I employ the words in accordance with what seems a greater propriety of description. The "oblique" distortion arises from an arrest of the developmental process on one side of the Pelvis, the other three are the result of disease. Rachitis (*f*) or Rickets, and Mollities Ossium, are the two diseases which occasion malformations of the Pelvis. In both, the chief condition is a deficiency or removal of the earthy material whereby the bones are softened, yield under pressure, and become distorted. In rickets, however, the alteration of structure is often confined to particular parts of the bone, and leaves others unaffected. In Mollities Ossium, the structure of the whole bone is attacked and an equable softening occurs. Rachitis or Rickets is a disease of childhood, and acts on bones incompletely developed. Mollities Ossium is a disease of adult life, and acts on bones which have acquired their proper proportions and development. Rickets is not a very dangerous complaint. The subjects of it generally live to show by their curved spines and crooked limbs the effects of want of pure air and appropriate food. Malacosteon or Mollities Ossium, prostrates its victims early, "runs a rapid course, manifests no tendency to repair, defies all attempts at treatment, and sooner or later has a fatal result." Rickets in most cases comes on before the child has begun to walk, so that the most likely mechanism of distortion in these instances is a force acting through the spinal column upon a Pelvis, which, in comparison with the adult model, has a greater inclination and a conjugate diameter exceeding the transverse. In Malacosteon, on the other hand, the patient may walk or stand during the process of softening, and the weight of the whole trunk is thus transmitted to the heads of the thigh bones (*g*). Dr. Murphy has very ably directed attention to another factor in the causation of the deformities arising from Rickets and Mollities Ossium, the action of the Muscles attached to the Pelvis. This action will evidently have a different effect in the infant and child from what it has in the adult. In the one case the body is bent more forwards and moves less upon the Pelvis, in the other the Pelvis not only bears the super-incumbent weight of the trunk, but is a centre from which the strong groups of muscles act on the trunk above, in order to maintain the erect attitude, and on the thigh bones below, both for the purpose of steadying the Pelvis and trunk, and also for the purpose of performing the movements necessary to progression. In endeavouring, therefore, to explain the mode of production of any given deformity, attention must be paid to all the conditions under which it was produced; the stage of development of the bones, the shape and position, the attitudes proper to the age at which it commenced, and the action of the muscles brought into play.

In some of the distortions of the Pelvis, the exact conditions under which they have been produced have not been satisfactorily ascertained, and hence it is that our knowledge of the subject is still incomplete, and much remains to be gleaned by the industrious worker in this interesting field.

The differences which have been briefly indicated between Rickets and Mollities Ossium, and between the conditions of the body at the respective ages at which each occurs, give rise to different kinds of distortion. To Rickets belong the Ovate and Reniform Deformities, to Malacosteon the Triradiate or Angular. But the Triradiate Pelvis enjoys a double parentage, for Rickets also claims it for its own. Cases of Triradiate Pelvis have been recorded by Naegelé, Otto, and others, in which the connection with Rickets was incontrovertible.

Before entering upon the consideration of the main features of each deformity, I may impress upon you the fact that the whole interest of the subject centres in its application to practical midwifery. The great question which will always present itself in relation to a particular case of deformity occurring in the living subject will be, In what manner can the patient be delivered? Can the child pass entire with or without instrumental aid, or must the child be sacrificed for the safety of the mother, or will the Cæsarean section alone be adequate for the purpose? Such questions will necessarily present themselves to your minds in a serious case of deformity, and hence it is a natural and practical division of Pelves to arrange them according to the mode in which delivery may be effected. From this point of view, Dr. Ramsbotham, whose account I will adopt, divides them into four gradations, classifying them "according to their form at the brim, since that is the part most severely distorted. The first embraces the standard Pelvis, five inches and a quarter in the lateral diameter, by four in the conjugate, and all above that measurement, through which a mature fœtus will escape with facility. The second class includes those lower than the standard, but sufficiently large to permit the child's passing alive, being either expelled by the unaided efforts of Nature, or extracted by instruments which are perfectly compatible as well with its preservation as with the safety and integrity of the woman's structures. A live birth at full time may be accomplished through a Pelvis which possesses a clear available space of three inches in the conjugate by four in the lateral diameter. Some practitioners have thought that a Pelvis measuring only two inches and three-quarters in the conjugate diameter would allow of the head passing whole, provided there were sufficient room laterally. My own conviction derived from clinical observation is, that the dimensions I have mentioned are the smallest which will grant a passage to a full-grown, well-formed living fœtus. In the third class is comprehended every Pelvis of such a size as would admit of a well-educated practitioner extracting a fœtus through it after the bulk has been diminished by cutting instruments to the smallest possible extent. Although most obstetricians agree that three inches by four is about the least space through which a full-sized fœtal head will pass entire, there is an extraordinary difference of opinion in regard to this other question, some thinking that a little more than an inch in the conjugate diameter will suffice; others, that very considerably more is required. This discrepancy may, perhaps, in some measure, be accounted for by the superior tact which long and constant practice in obstetrical operations gives; for it is reasonable to suppose that a person unaccustomed to these duties will not succeed so well as one to whom they occur frequently. It is left to me, therefore, to form a scale of my own as to the lowest limit through which a child may be drawn after mutilation; and I am quite convinced that unless there be at the brim one inch and three-eighths in the conjugate, by three and a-half in the iliac, or one inch and a-half in the conjugate, by three in the iliac, it would be useless to attempt delivery *per vias*

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case of a pregnant woman who, on account of a desire to evacuate the bowels, went to the night-stool and brought forth, sitting on this, without pain or bearing down, a large boy, who first struck the edge of the night-stool with his head, and then fell on the ground.' There was an extravasation of blood on the left parietal bone. Mr. Tatham also mentions the case of a married lady delivered of twins on the night-stool. It was not her first labour, but probably her second. Both children died. Such cases of sudden parturition are rare in women who have not previously borne children. It must be admitted then as possible that a fœtus found in a privy may have been suddenly discharged and suffocated. Sometimes the child so expelled falls into water instead of into night soil. A child may also receive injuries from a fall when the mother is suddenly delivered standing. Fractures of the bones of the skull may be thus occasioned, and the death of the child may result. Such fractures, however, are generally slight. Comminuted or multiple fractures would indicate intentional violence."

(*f*) Rachitis is derived from ραχις, the Greek word for Spine. The termination "itis" is generally used to signify "inflammation," and some pathologists consider Rickets to be of an inflammatory nature. The word Rickets would appear to be a corruption of Rachitis, although some would derive it from the German "recken," to stretch, because in rickets the prominences of bone are stretched and swell out.

We will not undertake to decide which is the more correct derivation, remembering how Butler tells us that

"Multitudes of reverend men and critics,
Have got a kind of intellectual *rickets*;
And by the immoderate excess of study,
Have found the sickly head to outgrow the body."

(*g*) Dr. Leishman's System of Midwifery," p. 497, 498.

naturales; but as it will very rarely be found that the lateral diameter at the brim does not exceed three inches, so the conjugate diameter is that to which our attention should be more particularly directed. In the last class of gradation are to be included all Pelves below the minimum space just mentioned, through which it is impossible for the most skilful and experienced operator to extract a fœtus, even after the brain has been evacuated, and the body diminished to the utmost extent that art can accomplish. In cases of such extreme deformity, no means remain of rescuing the woman from death through exhaustion but to open the abdomen, cut into the uterine cavity, and extract the fœtus by the artificial aperture—an operation horrible to contemplate, and which, in the British Islands, has, with five exceptions, proved universally fatal to the mother" (*h*).

According to Dr. Ramsbotham, then, the matter stands on this wise:

Class 1.	Pelves 4 in. antero-posteriorly, by 5¼ in. transversely and upwards.	Natural labour.
Class 2.	Pelves below the standard, and as low as 3 inches antero-posteriorly, by 4 in. transversely.	Child born alive by means of turning or long forceps, &c.
Class 3.	Pelves below Class 2, and as low as 1⅜ inches antero-posteriorly, by 3½ in. transversely, or 1½ in. antero-posteriorly, by 3 in. transversely.	Craniotomy, Cephalotripsy &c., &c.
Class 4.	All below the last.	Cæsarean section (*i*).

(*h*) "Obstetric Medicine and Surgery," pp. 23, 25. The operation of Cæsarean section in the hands of English obstetricians is almost as fatal now as when Dr. Ramsbotham wrote the passage in the text. Of 106 cases occurring in Great Britain and Ireland, 88 were fatal to the mother, but 60 of the children were saved. In America, out of 60 cases, 32 were successful to the mother, and 27 of the children were saved. See papers by Dr. Harris, in the *American Journal of Obstetrics*, 1871-72; also a notice of these papers by Dr. Phillips, in the "Biennial Retrospect of the Sydenham Society," for 1871, pp. 412-13. See also Dr. Radford's "Observations on the Cæsarean Section," and Barnes' "On Obstetric Operations."

(*i*) It must be remarked with reference to Class 2, that the application of the Long Forceps is generally inadmissible where the antero-posterior diameter is below 3¼ inches, and that turning may be practicable between the limits of 3¼ and 2½ inches. With a conjugate diameter of 2½ inches only and less, some practitioners advocate the Cæsarean section in preference to embryotomy. It would appear that the mortality in cases of embryotomy where the deformity is severe, is very great, and it is urged that an early resort to the Cæsarean section would afford a better prospect both to the mother and the child. Dr. Parry, of Philadelphia, remarks: "We have collected from various sources seventy cases of craniotomy and cephalotripsy. Of these thirty-three, or 61·43 per cent. recovered, and twenty-seven, or 38·57 per cent., died. If we compare these results with those of Cæsarean section as performed in America, and tabulated by Dr. Harris, we find they are inferior, for, according to that authority, 70 10-13 per cent. of those operated on "during or at the close of the first day of labour" were saved, and 26 3-10 were lost—a recovery of 10 per cent. in favour of Cæsarean section when properly performed, and before the woman is exhausted. The death-rate of craniotomy appears still more unfavourable when compared with that of the cases collected by M. Dufiellay, but it is much less than that which has followed the operation of gastro-hysterostomy in Great Britain, which, according to Radford, is 83·07 per cent." Craniotomy is an easy operation where the contraction is moderate, but in Pelves below 2½ inches in the conjugate diameter is difficult, tedious, and dangerous. Cephalotripsy is a less favourable operation than has been represented. Hodge gives 2 inches and under, Cazeaux 2½, and Greenhalgh 2, as the lowest measurements at which embryotomy should be preferred to the Cæsarean section. Pajot, of Paris, is for the cephalotribe at 1½ inches; Barnes considers embryotomy at 1½ inches much safer to the mother, and Braxton Hicks has delivered with his cephalotribe at 1¾. See Dr. Parry's paper "On the Comparative Merits of Craniotomy and the Cæsarean Section in Small Pelves," 1873.

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The St. Andrew's Medical Graduates' Association will hold its Seventh Anniversary Session, under the presidency of C. A. Lockhart Robertson, M.D., F.R.C.P., &c. at Willis's Rooms, King Street, St. James's, on Tuesday, the 30th December, 1873, at 5.30 p.m., when the President will deliver an address on "The St. Andrew's Medical Graduates' Association: a Retrospect." In addition to the general business, an important resolution affecting the future of the Association will be submitted by the Council to the Members. The usual dinner will commence at 7 p.m., at the same rooms, Dr. Lockhart Robertson in the chair.

Transactions of Societies.

MEDICAL SOCIETY OF LONDON.

Monday, December 1st., 1873.

Dr. S. O. Habershon, F.R.C.P., President, in the Chair.

Mr. H. Cripps Lawrence narrated a case of

INTESTINAL OBSTRUCTION FROM EXTENSIVE FÆCAL ACCUMULATION.

Mrs. S., the wife of an Indian officer, and the mother of four children, had from early life experienced much mental anxiety and bodily fatigue, having been a great traveller. She was naturally patient and hopeful, and exhibited great power of bearing pain. She had been subject to "biliousness" and constipation for some years, and had probably suffered from gall stones. Six weeks before the obstruction, the kidneys had been congested, and during this time she had lived chiefly on milk. On 18th of last October, she complained of constipation which had lasted four days, with sickness and distension of abdomen, and flatus, with pain referred to the right hypochondrium. The lungs, heart and kidneys, with the respiration, pulse and temperature were normal; aperients were taken without effect. An enema relieved the transverse and descending colon of scybalæ, but the ascending colon was distended with fæces. On October 19th, acute pain referred to the right hypochondrium and right scapula came on, and was relieved by opium. Enemata were given twice a day, and the stomach kneaded by the hand lubricated with oil. On 21st Oct. all pain had ceased, but as no action of the bowels took place, gr. iii. of calomel with some ext. colocynth and hyoscyamus were given, followed by an aperient draught; no relief ensued and the pain returned, half-grain doses of ext. opii. were given, and the kneading and enemata continued, and on the 23rd a copious, offensive, and variously coloured fæcal motion followed the enema. The patient who before this had been unable to lie on either side, but especially on the right, could take rest on both, and from this time the convalescence was speedy and complete. Mr. Lawrence instanced this case to point out the necessity of watching the assimilation of milk, when large quantities of it were taken. His attention was drawn to the fact by the case of a diabetic patient who was treated with large quantities of skimmed milk, but though he was somewhat relieved of the disease, yet fæcal accumulation led to an obstruction, at the junction of the transverse and descending colon, ending in fatal peritonitis. Enemata were considered in relation to composition and administration, soft soap dissolved in water was recommended as having none of the disadvantages of oil as an ingredient and as being equally efficient. When the accumulation occurred in the transverse or descending colon, the patient should lie on the left side during the use of the enema. When in the ascending colon, the right side was preferable.

Dr. Broadbent exhibited the breast and spleen of a patient who had died under his care in St. Mary's Hospital, one of two he had mentioned in the discussion on Dr. Sansom's case at the previous meeting; both were considered to have constriction of the mitral orifice. In one, the presystolic or auricular systolic murmur was so greatly prolonged as to occupy the entire diastolic interval. In the other, no presystolic murmur had been audible, but only a systolic tricuspid murmur. The latter was the case exhibited. The patient entered the hospital five weeks before, suffering from dyspnœa and other symptoms of heart disease. He was found to have bronchitis, and the only murmur heard over the heart was a loud systolic bruit. The seat of maximum intensity of bruit was near the ensiform cartilage, but it was audible at and beyond the apex, and along the sternum to the base of the heart; it was not, however, audible in the back. Jugular pulsation was visible in the neck. The systolic murmur was pronounced to be tricuspid regurgitation and secondary to the obstruction of the mitral orifice. The patient recovered so far as to wish to leave the hospital and resume his work, he was told he was not equal to this, but obtained leave to go out for a few hours, and took advantage of his freedom from restraint to get drunk. He at once became worse, great congestion of the liver and ascites came on and later on œdema of the legs, he was tapped early in the week with temporary relief, but became rapidly worse and died Nov. 30th. The mitral valve was found to be so narrowed as scarcely to admit a finger. The left auricle was enlarged and thickened, the right ventricle and auricle dilated and hypertrophied, and the tricuspid orifice dilated very considerably. The spleen was exhibited to show some of the embolic patches common in this affection.

Mr. W. **Donald Napier** on

A NEW METHOD OF DETECTING AND TREATING VESICAL CALCULI.

He called attention to the number and variety of the instruments shown at the International Exhibition, in testimony to the fact that a certain imperfection in the present system was felt by the great body of practitioners, so many of whom had devoted their attention to their improvement. He considered there was great uncertainty in the present method of discovering stone, and thought that further efforts were needed to make uncertainty more exceptional, and relieve lithotomy from the complications which make it, even when not dangerous, the cause of much suffering and the precursor of protracted recovery. He then showed an instrument called "The Calculus Detector." He had spent much time in producing this instrument, and thought it was unique in its mode of action, which depended on ocular instead of aural proof. Similar in form to an ordinary sound, it is coated with pure lead from the commencement of the curve to its termination, and on the extreme susceptibility of the lead when highly polished, to receive the impression when coming in contact with any hard substance, he depends for immediate detection of the presence of stone in the bladder. When, from any exceptional causes, the operation for removal has been delayed until a stone has attained to large dimensions, he deprecated the practice of lithotrity at all, and expressed his conviction that the patient's hope of recovery then lay in lithotomy, but in cases favourable to lithotrity he desired to prove that many or even most of the evils consequent on the present system might be avoided by an improvement in what may be termed the after-treatment. By means of the other instrument he had invented, called the "calculus extractor," he thought that present suffering and future complications may be greatly decreased. After enumerating several of the obstacles that at present come between the operator and a successful issue to lithotrity cases, such as, distress to the patient from the presence of portions of stone too large to pass naturally, the premature repetition of the first operation that this renders necessary, and the abrasion of the mucous membrane consequent on the withdrawal of the crushed fragments resulting occasionally in permanent stricture, he went on to explain the means by which he hoped to increase their avoidance.

The instrument he showed consisted of a delicate India rubber tube, terminating in a funnel-shaped orifice resembling an ordinary convolvulus flower, large enough to contain a calculus or a portion of a calculus of considerable size. It is capable of being inserted into the bladder by means of a silver canula in which it is enclosed, and when permitted to expand, on the withdrawal of the latter, it encloses in its folds any foreign substance that the position of the patient and the flow of the urine would determine, towards the natural outlet, and on the slightest attempt to draw it away it folds itself around any object or objects that have fallen into, which completely enveloped in its delicate elastic membrane, may be safely extracted without contact with the urethra, which is entirely protected from abrasion. He next drew attention to the temporary point with which the canula was fitted, which he hoped was a profitable discovery, not only in connexion with it, but in every case where it is expedient to close the mouth of a catheter or canula. It is made of cocoa butter, which has a peculiar property of dissolubility under a moderate heat, the sized point which he uses dissolving in a temperature of 96° in about a minute, it has also the further advantage of lubricating the passages through which it is passed. He concluded his notice of these instruments by pointing out the adaptability of the convolvulus tube to the purpose of a self-retaining catheter.

He then gave a practical demonstration of the mode in which the instruments were used. A stone previously inserted in a preparation of the human bladder was first detected and then drawn out. An animated discussion followed, in which several eminent surgeons took part; the objections raised being met by Mr. Napier with the assurance that they were such as in the first instance had suggested themselves to him, but that actual application of the instruments convinced him that they were merely theoretical. After free criticism both favourable and unfavourable to the inventions, the speakers severally concluded by complimenting Mr. Napier on the originality and ingenuity that the instruments displayed.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 17, 1873.

ST. BARTHOLOMEW'S HOSPITAL.

THERE lies before us the ninth volume of the "St. Bartholomew's Hospital Reports," and on its first leaf we note the announcement that it concludes the first series of this important publication. From this it may be presumed that some changes are to be made in the next issue. We hope that future volumes will be of such a size as to follow in due order on the same shelf. It would be a great advantage too to have the edges cut, which would entail no extra expense, and we hope the editors will see that the binders have instructions to do this. It would cost but a trifle to give cloth binding, and the contents are well worthy of it. It is not our object to-day to review this volume of essays. They are all worth reading, and some of them we mean to allude to in future. We wish, however, to notice a part of the contents which most Bartholomew's men and many others will be tempted to devour before they turn to the practical papers. We allude to the touching notices of departed worthies. The volume opens with an account of William and Edward Ormerod, written by Sir James Paget "in pious memory" of two brothers who were distinguished pupils of St. Bartholomew's, "who seemed destined to be among its chief teachers, and whose good works may be prolonged in a record of their good lives."

We heartily thank Sir J. Paget for undertaking to write this record, and sincerely hope the good lives thus depicted may be studied and followed by the students of the hospital and others. William Ormerod's influence as demonstrator is set forth as a noble example. He was one, we are assured, in whose presence few would do or say what was wrong, though his rebuke would only be silent and sad, so that "everyone felt it would be brutal to offend willingly a man so pure and upright, so able and willing to help."

This example of the life of a true and good man was not, however, to be long granted to the school. Ill health drove him from London, and when a vacancy occurred for the assistant-surgeoncy he felt it right not to take it. For a time he was able to resume surgical practice, and set the example once more as surgeon to the Radcliffe Infirmary at Oxford. This, however, he was ultimately obliged to resign, though he lived on for some time, in the exercise of great gifts and the practice of a meek and lowly life.

Edward Ormerod's life was curiously parallel with that of his brother. He entered the same school in which he hoped to be one day a teacher, and was prevented by ill health. He went to Brighton as a "pure physician," and had, of course, to wait the long time that seems the fate of "pures" in all places, but eventually he had as good a practice as with his feeble health he needed, and was esteemed by all his brethren.

The history of his case, says Sir James Paget, is a round of distresses such as would have beaten down any but a thoroughly religious man of very rare courage. He bore all with resignation, and often concealed his pains to spare the feelings of others. Such were these two brothers, to have known whom Sir James Paget and Dr. Acland speak of as being as "one of the responsibilities of life." The former says, he believes it is not only his affection that induces him to believe their lives ought to be recorded, and we cannot but feel that the estimate furnished by Sir J. Paget is a lesson of incalculable value, for, after all, it is not mere success in our profession, as usually estimated, that confers happiness with true, noble, generous souls, whose health is unequal to the struggle incident to certain spheres. We may gather fresh courage and resignation from these two brothers, whose "examples in kindness, charity, industry, purity, and devotion" have been so affectionately recorded in the "St. Bartholomew's Hospital Reports."

Two other Bartholomew worthies are next brought before the reader, but it is not stated who is the writer. The first is Skey and here we have an analysis of his chemical and literary work, a tribute to his memory and a sketch of the man where vivacity, brilliancy and generosity, endeared him to many. We have great sympathy with a mind like that of Skey, who, though he could not plod, could dash off a telling article or a lecture which, if not profound, taught the listener something of the subject, and what is of equal or greater consequence, interested him in it.

The third obituary record—and this, too, unsigned, is devoted to Holmes Coote, whom so many of us remember for his good nature, amiability, and generosity, as well as for his hard toil over many years, ending in slow disease and disappointment. Coote was one of those who volunteered to assist his country in the Russian war and went to take charge of the hospital at Smyrna. He was by many thought too old. At any rate the break was too great in his career and he came back a changed man. The writer draws from this a lesson that it is dangerous to interrupt a life of such work so completely. This may be so for those who are not still young. We know, however, that Coote was one of the unfortunate men who had to wait more than half a life-time for promotion, and "hope deferred," may have made his "heart sick" before the disease which destroyed him was perceived by his friends. But Holmes Coote did good, solid work, and was a favourite teacher.

We lay down the book for the present, feeling how heavy are the trials of professional life. Ambition, ability, energy, toil, all fail to reach the desired goal—and thousands are 'still engaged in the terrible struggle—daring again and again, though ever and anon interrupted by ill-health. And for the few who gain their desires—What is life? After all, how much greater is goodness than success, and if few obtain the latter all may do their duty, day by day living as if the work were worth doing for itself, and content to set a good example.

QUACKS AND NEWSPAPERS.

It has often been our lot to expose the quacks who demoralise the community, and we have carried on a constant warfare with one set of these impostors—the *filthy* ones. Still they flourish, not only in Great Britain but in all parts of the globe, and the reason appears to be that they prostitute the printing Press to their infamous business. It is gratifying to know that in consequence of our exposures, not a few journals have excluded the advertisements of the filthy tribe from their columns, but, unfortunately, there are still plenty of newspapers which greedily accept the price of such pollution. We have often thought that it might be well to particularise such papers, and we may perhaps, bring some of them to the bar of public opinion. This they pretend to guide, or, at least, to respect, but too often they outrage it. Why is a newspaper to be the purveyor of impurity to the young members of the family it enters? If every father would search the papers and deny admission to those containing the pretensions of infamous traders in imposture, it would, perhaps, tend to purify the Press.

We have said, not in this country alone but abroad the same evil prevails. It seems nowhere more rampant than in America, and we propose to give an example of the injury thus inflicted on some of the most high-minded medical men by the villany of quacks :—

Dr. Gibbons, of San Francisco, is well known and esteemed, not only in the United States but in Europe; assisted by his son, he conducts one of the best medical journals—the *Pacific Medical and Surgical*—which is well known to our readers from the quotations we have often made. One of the rascals of the filthy sort has assumed his name and deliberately endeavoured to confound himself with this distinguished physician, until in sheer self defence Dr. Gibbons is obliged to publicly announce the fact.

Let the editors of the newspapers who have abetted the fraud read and digest the following statement. Dr. Gibbons thus writes in his journal :—

"We have repeatedly made public complaint of the insult and mortification to which we have been subjected for a number of years, through the tricks of an advertising charlatan altering his name so as to identify it with our own. The individual in question is named John Fitzgibbon. He came to this city without a shadow of claim to the title of doctor and without any knowledge of medicine, and assumed the title and name of Dr. J. F. Gibbon, and by advertising 'Dr. Gibbon's Dispensary" all over the State, for the treatment of 'private diseases,' and the sale of 'patent French safes,' succeeded in confounding himself extensively with the senior editor of this journal. We were deterred from exposing the imposture through the newspapers or resorting to legal redress, by the consideration that those steps might only advertise and benefit him, as charlatans thrive as well on ill-fame as on good. Besides, we expected that, in course of time, people would learn of the trick sufficiently for our relief. But we are still in the receipt of letters which show the contrary. A few specimens are subjoined" :—

The first is dated in San Francisco :

Dr. Gibbons.—Dear Sir,—Please send me, to the enclosed address, the price of your c—— or safes. I wish to try them, also several of my acquaintances, if I can get them through the Post Office.

John S. ———.

No. 2 is dated from Albany, Linn Co., Oregon :

Dr. Gibbons.—Sir,—Please send me the value of $1.00 in c——. I wrote to you once before and you sent me only two for one dollar and not very good ones, either, but do the best you can for so much money. Send in plain envelopes.

D. M. ———.

No. 3 is from Virginia City:

Dr. Gibbons.—Sir,—Please send me a box of abortion pills with directions how to use them, per Wells, Fargo and Co., with your bill, which will be paid on receipt of package.

A. H. ———.

No. 4 is from Portland, Oregon:

Dr. Gibbons.—Sir.—I enclose $20 currency, for which I wish you to forward by Wells, Fargo and Co., medicine to produce abortion, and give directions to take the same. Address, ————, Crescent City, Cal. If the money does not satisfy the bill, inform me and the amount will be sent.

J————.

Dr. Gibbons adds:—

"We have other specimens on hand, some of which are entirely too filthy for publication. They not only serve to illustrate the subject in its personal relations to ourselves, but to exhibit the general character and bearing of the business carried on by advertising pretenders. It is well understood that these men are, with scarcely one exception in a thousand, abortionists. And yet they subsidise the Press and send their infamous and ill-concealed announcements into every family circle, through that 'glorious' institution. If there were no money to be made by this scandalous co-partnership of abortionists and newspaper men, we should have every newspaper on the coast storming furiously against quacks as they do against brutal sea-captains and gamblers, and scoundrels, and abuses of other kinds. But the virtue of the 'palladium' is in the market and the price of blood will buy it."

◆

Notes on Current Topics.

The College of Surgeons of England and its Preliminary Examinations.

Since our remarks some two or three weeks since on the crying evils of the middle-class schools of the country, the necessity there appeared for some reform in the system pursued, and the want of a definite curriculum, as instanced in the numerous failures annually brought to light in preliminary examinations, of the College of Surgeons in particular; we were pleased to notice that Mr. Gay moved for a committee of inquiry into the cause of the large number of rejections. This was indeed considered on all sides to be a step in the right direction, but to the astonishment of every one concerned in this important question, at a subsequent meeting of the Council some wiseacre moved that Mr. Gay's motion be not confirmed, and it was accordingly struck out of the minutes. We can scarcely find words in which to denounce this childish vacillating method of transacting the business of the College. It is an abuse of a bye-law which should not be permitted to exist another day; but if the Council is desirous of amusing itself in the rescinding of resolutions we beg to remind it that there are some of a really objectionable character and prejudicial, to the interests of the profession upon which it may at once try its hand. We may state, also, in the interest of the students, that the determined way in which they are kept in anxious suspense for weeks before the Council condescends to let them know the result of the Preliminary Examination *is* scarcely creditable to the College.

The Royal College of Surgeons of England.

At the meeting of the Council on the 11th inst., Mr. Erichsen was elected to fill the vacancy caused by the resignation of Mr. Quain among the representatives of the College in the Committee of Reference upon the Conjoint Examination Scheme. Mr. William K. Parker, F.R.S., was appointed to act as Professor Flower's *locum tenens* during that gentleman's absence from ill-health. Mr. Savory was appointed a member of the Dental Board, in place of Mr. Hilton, resigned, and Mr. Doran, of St. Bartholomew's Hospital, was appointed an assistant in the museum.

Professor Humphry brought forward a motion proposing to open the Fellowship of the College to members of only *two* years' standing; but, on the motion of Mr. Simon, the whole subject of the examination for the Fellowship was referred to a committee.

A Middle-Class College for Finsbury.

W. M. Torrens, Esq., M.P. for Finsbury, claims a full share of Alleyn's noble gift for the purpose of providing education for the children of the middle and skilled classes of St. Luke's.

"In the City, in Westminster, and in many of our great towns, munificent donors gave large estates for this purpose, by which the children of honourable industry have found the means of gaining competence and fortune. Edward Alleyn meant to do the same for Finsbury; and he left, by will, an estate, at Dulwich, which, if sold to-morrow, would yield £1,000,000 sterling, to be appropriated equally by four parishes, of which St. Luke's is one. With a quarter of a millon, St. Luke's and her neighbours would be able to build and keep a college of art and trade, where boys would, for five pounds a year, get the best sort of higher education, fitting them to hold their own in the various walks of scientific manufacturing, artistic and mercantile life.

The Chair of Physiology in the University of Edinburgh.

Prof. Hughes Bennett, the gifted incumbent of the Chair of Physiology in the University of Edinburgh, is spending the winter at Nice, having been again incapacitated by illness for the delivery of his course of lectures. It is understood that unless a favourable change takes place in Prof. Bennett's health, and this, unfortunately, is scarcely to be anticipated, he will resign his position in the University next summer or autumn. The great northern school of medicine has, like Shylock, suffered "loss upon loss" of late years. Miller, Goodsir, Syme, and Simpson have passed away, and now Bennett is likely to retire. It is a happy circumstance, however, that in the event of Bennett's retirement a successor not unworthy of him is likely to be found. Dr. James Bell Pettigrew, who will probably be the next Professor of Physiology in Edinburgh, is already a man of European fame. Upon him the mantle of Goodsir has fallen. His discoveries as to the arrangement of the muscular fibres of the heart and stomach, and respecting the innervation of the heart; his elaborate researches in the physiology of wings, and his philosophical lectures on the circulation in plants and animals, have procured for him a reputation to which few men of his years have attained. The fact is, that Dr. Pettigrew has brought the true Midas genius to his work, and has turned into precious scientific metal everything that he has touched.

The New British Pharmacopœia.

We have authority for stating that the revised edition of the Pharmacopœia will be issued in January. Two-thirds of the work are already through the press, and the addendum has been printed and forwarded to the members of the Medical Council for final revision.

Metropolitan Hospital Sunday Fund.

A meeting of the Council of this fund was held at the Mansion House on this day week, at which Alderman Sir Sidney Waterlow, in the absence of the Lord Mayor, presided. The principal business was the election of a Secretary, and for which there were 328 candidates. Mr. Henry N. Custance, late Secretary and Superintendent of the Middlesex Hospital, was chosen to fill the office at a salary of £250 per annum. With respect to the arrangements already made for next year, Sunday, the 14th June, the president stated that nearly 700 ministers of all denominations had already consented to set apart that day for the collections in aid of the fund, and it is expected that on the next meeting of the Council a far greater number will have signified their intention of aiding in the success of the movement.

Dublin Pathological Society.

The usual weekly meeting was held on Saturday, December 13, Dr. Lyons, president, in the chair. The following gentlemen brought cases of interest under the notice of the society :—Doctors Stokes, Jun., Tufnell, Quinlan, Wharton, A. W. Foote, Nixon, and Stokes. A lengthened report will appear in our next issue.

Sanitary Cruelty.

In one of those piquant paragraphs which charm its readers, the *Spectator*, last Saturday, had a hit at those who believe with Mr. Disraeli that *Sanitus* is before all things. Our contemporary declares roundly, that "there is no cruelty from which a sanitary reformer will shrink if only he can preserve a few lives their owners do not care particularly about."

In the same paragraph the *Spectator* says, early chemists were renowned not for mercy, but for poisoning, and vivisection is possible to men of science. The lesson to be learned is, we are told, that "science calls out the intellect, but neither the affections nor the emotions, and least of all the emotion of reverence."

Clever as this is, we are not disposed to admit its truth. Though we have no sympathy with vivisection carried on as it sometimes is, and admit it always to be difficult to undertake or to justify, there are scientific researches which to us have always appeared to call out the emotions, and amongst them that of reverence. The sciences on which medicine is based have acted thus upon us.

The Fog Epidemic.

We last week pointed out the dangers to health of an impure water and gas supply; we now direct attention to the exceptionally impure state of the air Londoners have had to breathe the greater part of the past week. The deleterious effects of an atmosphere loaded with the products of combustion have never been more severely felt than during the prevalence of the densely irritating fogs which our enduring race have been obliged to breathe night and day. The heavy condition of the atmosphere proved to be a tax of a grave character to the lungs and breathing passages, as well as an unusual irritant to the eyes of all, whether exposed to its influence or remaining within doors.

The impurities of the air have also been most unmistakably exemplified in the sufferings endured by the poor beasts exhibited at the cattle show. The fatality among them is doubtless owing to the deleterious admixture of the products of combustion. The dense fog which everywhere prevailed necessitated the burning of gas in the building night and day, and thus the atmosphere became loaded with a very dangerous quantity of impurities, the chief among which were, sulphuric acid and carbonic oxide, both highly poisonous and prejudicial to health if breathed for only a short time. To these gases we attribute the deaths by pneumonia and asphyxia of the fine healthy-looking prize oxen, the admiration of those who were fortunate enough to visit the Hall before the fog set in. We noticed on several occasions a strong impregnation of these gases in all large places of business and in private houses during the dense and dark days of Tuesday and Wednesday in particular, and we are not surprised to find that the week has been fatal to an unusual degree. We call upon the local authorities and all who take interest in the public health to relax no efforts to obtain a better and purer supply of gas for the metropolis. This fog epidemic, or *black death*, as it should be called, claims its thousands annually. Will no one offer a remedy for this waste of human life ? chiefly due to the wasteful and badly-constructed household-grate which sends volumes of fuel up the chimney to load the air with soot. A scandalous waste of a costly product is also caused by manufacturers, railway companies, and all who employ steam power, and yet refuse to take means to prevent the waste of thousands of pounds' worth of carbon.

A New Test for Nitrogen in Drinking Waters.

Mr. Bolas, of Charing Cross Hospital, describes in the *Chemical News* a delicate test for the determining the amount of nitrogen in potable waters. He takes a saturated solution of ferrous sulphate and mixes it in a flask with ten times its volume of pure sulphuric acid; on cooling he decants the clear liquor, and this is labelled "nitric acid test." The water to be examined is mixed with an equal volume of pure sulphuric acid, and after cooling, 80 c. c. of it are mixed in a glass jar with 20 c. c. of the "nitric and test." An olive-brown tint is at once produced if nitrogen is present, and the intensity of the test indicates the amount of oxidised nitrogen present. To determine the precise amount in any given solution, it is necessary to perform comparative experiments with artificial waters containing known quantities of nitrogen in the form of nitre. This can be done by dissolving 7·2 grammes of nitre in a litre of distilled water and thus a solution containing one part of nitrogen in one thousand is obtained, by further mixing this with water a solution will be obtained of the required dilution. Mr. Bolas adds, by this method, one part of oxidised nitrogen in ten million parts of water can be detected.

Domestic Scavenging.

COMMITTEE No. 1 of the Corporation of Dublin announce that they have organised a staff of horses, carts, and men, with appliances, for the purpose of affording facilities to house-owners and occupiers who are desirous to have ashes or other refuse removed from their premises within the borough. The object of the Dublin Corporation in organising this system is an excellent one, but it is to be feared that it will be entirely frustrated by the prohibitory charges and troublesome proceedings in which it is involved. According to the notices issued applications must be made two days before the removal is required, and a deposit of not less than 10s. made to cover cost, at the following rates :—For the first two loads, 6s., and 2s. 6d. for every load beyond the two first. If the number of loads be less than two, 6s. will nevertheless be charged. Any amount of the deposit over that sum unexpended will be returned to the depositor.

Considering that the same work can readily be performed in Dublin by private contract for less than 5s. it is not likely that the Scavenging Committee will have many claims upon it, or many lodgments to its credit.

The Colours of Fishes.

AT the forty-sixth meeting of the Society of German Naturalists and Physicians a highly interesting paper was read by Prof. Stricker on " The Influence of Light on the Colour of Fishes." After reference to Brücke's well-known experiments on the chameleon, the lecturerer proceeded to deal with the question of the interaction between the retina and the pigment cells, which implies the direct action of light on the retina and its indirect action from thence, on the skin. He has already shown as the result of his observations that the colour of fishes is essentially modified by the colour of the sea-bottom; and that it is not possible to draw any conclusion from the colour of a fish as to the species it belongs to, because different pigment-cells exist in the skin of one and the same fish. One of a community of fishes of the same species in the aquarium in the Prater (Vienna) was observed to be much darker than his fellows. On examination it was found to have cataract in both eyes. Following up this observation Prof. Stricker placed a number of fish in a tank, having previously removed the corneæ of some of them. The mutilated ones were soon so much darker in colour that they could be readily distinguished from the others. But was it really the light which, through its action on the retina, effected the change? To decide this point an earthenware-vessel coated inside with black varnish was placed in the same tank, filled with the same water, and a fish put in it. Thus, very little light could reach its retinæ. In four or five minutes this fish became remarkably darker in colour, and when removed and placed along with the others the contrast was striking, the bright colour, however, soon returning. From these observations Prof. Stricker concludes that a fish when placed under circumstances which allow a smaller quantity of light to reach its retina than previously did, will become darker, its lighter colour returning when it is again placed in the same position for obtaining more light. Dead fish generally are bright in colour, but this is no proof that they were so when alive. Fish poisoned by curare are affected chromatically in the same way as when light is withheld from their retinæ. The importance of these observations as showing the influence of the nervous system on the pigment-cells is very great. In order to keep the fish poisoned by curare alive, artificial respiration was maintained by allowing water, conveyed into the mouth by a small elastic tube, to flow over the gills. By this means their respiration was perfectly maintained.

The Treatment of Pneumonia.

THE last number of the *Allgem. Wien. Med. Zeit.* contains a continuation of the interesting paper on the above subject by Dr. Herman, Pest. In it he draws attention to a very serious question concerning the alleged efficacy of various methods of treating pneumonia. He gives some important statistics showing the great variations of mortality from pneumonia under various conditions, and lays stress on these variations as requiring to be considered in estimating the effects of treatment. Unless this is done most erroneous conclusions will be drawn. For example, of 160 patients there were

1	aged 9	deaths 0			
41	„ 11—20	„ 0			
43	„ 21—30	„ 4	=	9·30	per cent.
27	„ 31—40	„ 1	=	3·70	„
15	„ 41—50	„ 2	=	13·33	„
17	„ 51—60	„ 8	=	47·06	„
9	„ 61—70	„ 5	=	55·55	„
6	„ 71—80	„ 5	=	83·33	„
1	„ 94	„ 0		—	

Of 163 cases of genuine pneumonia 25 died = 15·34 per cent.; of 183 (including complications) the mortality = 16·13 per cent.

Of the genuine cases there were

Right pneumonia ...	81	deaths 12	= 14·81	per cent.
Left pneumonia ...	50	„ 3	= 6·	„
Bilateral pneumonia ...	20	„ 5	= 25·	„
Undetermined (probably bilateral)	12	„ 5	= 41·67	„

The variation in the mortality according to age and side affected is thus most striking, and should have its effect on our prognosis. As to the reasons why affections of the right and left side should differ so markedly (deaths from the former being greater than from the latter in the proportion of 14·8 : 6), Dr. Herman observes that beneath the same horizontal line more respiratory surface is included in the right than the left lung; the left being smaller and longer, the right shorter and broader. Thus, if the infiltration reached the same level in both lungs there must be greater danger from right pneumonia than from left. Again, as the left ven. pulm. have a shorter path to the left ventricle than the right ven. pulm., it follows that there will be greater resistance to the return of the arterialised blood to the heart if the right lung is attacked, than if the left. Thus, in the venous stagnation, which undoubtedly occurs in pneumonia, pulmonary œdema will much more readily occur in the right than in the left pneumonia, and consequently a higher mortality prevail.

Monads in the Metastatic Abscesses of Living Persons.

A STRIKING case is published by Vogt, of Griefswald, sustaining the views held by Recklinghausen, Waldeyer, Klebs, and others, that the living organisms frequently found in the fluids of persons suffering from infectious diseases are of themselves the excitants of disease. The experiments, with the conclusions drawn, were as follows:

1. A recent abscess of the wrist-joint in a pyæmic patient was opened, and the putrid matter, when examined microscopically, showed abundants of monads in active motion. Subsequently, both the fluid in the opposite healthy joint, which was apparently healthy, as well as the blood of the patient, were examined, and nothing more than an occasional monad was found in either of them. No bacteriæ were found, and the author believes, with Orth, that when they occur it is only in disorganised preparations.
2. The same experiment was performed daily until the death of the patient, which occurred five days later, and the results were uniformly the same.

Skin Grafting.

DR. MAXWELL, of Delaware, reports a somewhat remarkable case of skin-grafting in the *Philadelphia Medical Times* of October 18th. It appears that a negro received a charge of small bird-shot in his left cheek, and which blew away a great portion of it. There was extensive sloughing of the soft parts, and after a lapse of time skin-grafting was tried for the reparation of the injury. Dr. Maxwell cut from his own arm a piece of skin about the size of a dime, and a similar portion from his patient's, and cutting them into smaller pieces, about the size of canary seeds, inserted them into the cheek. Although all the white grafts but one died, he says, after recovery, on "meeting my patient on the road, I readily distinguished the white patch on the side of the face twenty or thirty yards distant. Upon examination dark-coloured lines, forming a net-work on the white skin, were discovered. These lines increased in size and in number, deepening the colour of the patch, until at the end of the third month the whole of the surface of the wound was of an uniform black colour."

The Importation of Spurious Teas.

RECENTLY a deputation of the Commissioners of Sewers of the City of London, and Dr. Letheby, had an interview with Mr. Stansfeld, at the Local Government Board, to urge upon the government the necessity of taking immediate legislative action to put a stop to the importation of spurious teas into this country. Mr. Farrar explained to Mr. Stansfeld the need for legislation to enable the sanitary authorities to put an end to the traffic in adulterated teas, and Mr. Kelday showed that it was desirable to stop the importation of the article, or to inspect it as soon as it is landed, to ascertain its quality before it gets distributed to the public. [Dr. Letheby produced a sample of tea taken from one lot of a million pounds It contained 44 per cent. of sand, iron filings, and colouring matter; and on applying his magnet to it, the whole of the so-called tea was attracted. Dr. Letheby said that good tea did not contain more than 5 per cent. of mineral matter. He showed another sample of inferior tea composed of exhausted leaves. There was one district in Shanghæ where this was manufactured for market, and the kind was known as "Mayuno tea." He next exhibited a sample taken from a vessel called the Washington, wrecked on the American Coast. The tea had been in the salt water a considerable time; it was redried, but the American authorities having condemned a million and a half pounds of it, the tea was sent over here, and 90 chests were sold. Mr. Stansfeld asked if it was not putrid, as it smelt disagreeably. Dr. Letheby replied that there was no doubt of it.] Mr. Stansfeld having asked several questions and listened attentively said, "you must leave me to consider the matter. I am not prepared to assent to what you think is best to be done. I think that some check should be placed upon frauds of this description. It is a matter upon which I must consult my colleagues, and also several departments who are interested in some way or other with it. I will not lose sight of it, and I shall endeavour to come to some conclusion upon it."

THE *British Medical Journal* states that it is understood that Sir T. G. Logan will retire from the office of Director-General of the Army Medical Department, and will be succeeded by Sir W. Muir, K.C.B.

BY the will of the late Mr. James Blyth, the Seamen's Hospital, Greenwich, and the Royal Berks Hospital, Reading, each receive £200, free of duty.

HIS ROYAL HIGHNESS THE PRINCE OF WALES has kindly sent ten brace of pheasants, ten brace of partridges, and ten hares for the benefit of the patients in the Westminster Hospital.

DURING the past week 1,484 deaths were registered in the metropolis, being 230 below the average numbers of the corresponding week of the last ten years. The annual death-rate, which during the two previous weeks had been equal to 26 and 25 per thousand, further declined to 23 per thousand of the population.

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Literature.

THE PHYSIOLOGICAL INFLUENCE OF ALCOHOL (a).

THIS pamphlet is the substance of a paper read by Dr. Edmunds at a meeting of the British Medical Association in August last, and is full of interest, since the question of the use of alcohol is certainly one of the most important of the day. Dr. Edmunds indeed states that some 120 millions are annually consumed in this country on alcoholic drinks.

Dr. Edmunds shows that pure alcohol is a powerful caustic, and that it does not answer the definition of food, not being innocuous to the system, or capable of entering in the construction of any living tissue. Cane sugar yields about 51 per cent. of alcohol, and the thermic power of a pound of sugar is equivalent to that of the alcohol contained in a pound of brandy; but sugar is completely oxydised in the system, whilst a very great portion of all the alcohol taken into the economy is excreted unchanged in the breath and urine.

Dr. Edmunds on this point cites the opinion of Professor Frankland, that conclusive evidence is still wanting as to the oxidisation of alcohol in the system; but there appears to be considerable probability that some at least is oxydised. Hence the food value of alcohol is truly very small.

In large doses, alcohol is a powerful narcotic, and more persons are killed by it, than by all other poisons taken together. According to Dr. Edmunds, alcohol, chloroform, opium, and intense cold seem to lessen vital activity by retarding oxydation in the body, just as the flame of a candle burns more dimly when the vapour of alcohol surrounds it.

It is said that alcohol in small doses increases the activity of the heart's action, and that it should therefore be given whenever the pulse is feeble. Dr. Edmunds submits that in a soundly organised animal the power exercised by the heart is an exact measure of the difficulty of keeping the circulation going. The real cause of the capillary current in animals is the same as that which moves the sap in plants, *i.e*, the vital activity of the tissues themselves. Whilst, then, the sympathetic nerve is duly sensitive, reflex action urges on the heart to get rid of the blood, and thus keep up a distended state of the arteriales, from which the tissues draw their blood supply. The real pace of the circulation is determined by the general molecular activity of the tissues, and not by the action of the heart.

(a) "The Physiological Influence of Alcohol." By James Edmunds, M.D. Tweedie, Strand. 1874.

In feeble and inactive states of the system, the heart should work very gently; and the administration of stimulants in a depressed or aged system with a view to urge on the movements of the heart is most irrational. When the blood is charged with alcohol, the molecular reactions between the tissues and the blood become dulled, and the increased action of the heart to the action of the bellows when the fire gets low.

As a consequence of these views, Dr. Edmunds holds that the true and only object for which alcohol should be used as a medicine should be in cases where convulsions are likely to supervene in children, or for retarding over-action in some stages of general disease, and he ends with drawing the following conclusions :—

1. That all alcoholic beverages are ordinarily taken for the alcohol they contain, and would not be taken were the alcohol abstracted.

2. That the non-alcoholic constituents of these beverages may all be obtained in their most advantageous conditions, and at a fractional cost, in common-place articles of food.

3. That alcohol, if a food, is the most absorbable and rapidly diffusing food-substance with which we are acquainted, and one, moreover, which is utilisable without effort from the digestive organs, but that in these respects an equal quantity of grape sugar would have nearly the same advantages.

4. That the food-value of alcohol cannot exceed that of the sugar from which it is manufactured, and, therefore, to use it as an ordinary article of food must, at the present relative prices of sugar and alcohol, be a vast monetary extravagance.

5. That a considerable portion of the alcohol is excreted from the body unchanged, and, therefore, the use of alcoholic beverages must involve fruitless wear and tear of the excretory organs, as well as a total waste of the excreted alcohol.

6. That alcohol, if a food, stands apart from all other foods in its want of innocuousness in its relations to the tissues.

7. That a large proportion of the degenerative changes which lead to disease and early death grow out of the use of alcoholic beverages.

8. That the presence of alcohol in the blood retards the oxydation of effete matters, and gives a putrescent tendency to the system.

9. That, in large doses, alcohol is a substance which narcotises all animal tissues, and invariably destroys life if administered in sufficient doses, and that the so-called stimulating effects of alcohol in small doses are really finer shades of narcotisation, disguised by efforts on the part of the system to excrete an injurious substance and to compensate for its disturbing influence.

With many of the conclusions come to by Dr. Edmunds we heartily concur; and as a general rule we think that the mass of medical men would be inclined to counsel mankind to lay aside the use of alcohol and other narcotics like tobacco, and confine itself to simple foods and drinks. Men and women drink alcohol because they like the feelings of narcotism; but sooner or later all persons who use much alcohol begin to feel its poisonous effects in impaired energy and deterioration of some of the muscles of the body necessary to the carrying on of life.

Alcohol, of course, should never be used by healthy men, women, or children. In disease we come to some other questions; and must leave the power of alcohol in disease to be treated more fully at another time. Suffice to say, we believe that the alcoholic days of Todd and of his school are at an end, and we trust that like bleeding and over-purgation, over-alcoholisation may never again be in vogue.

Dr. Edmunds belongs to a society of philanthropists who are truly of immense utility in this country and at this moment. Owing to the many discoveries in the useful arts made during this century we have in this land acquired sudden and unexampled powers of acquiring wealth; but it is by no means so clear that the way in which that wealth is now being spent conduces to the happiness of the nation. On all sides we see disease and deterioration of morals, the result of indulgence in alcohol and tobacco; and the physician of our time, if he possess any sympathy with his kind, will find no surer road to improve the happiness of the race than by lessening the fatal proclivity of the masses towards alcohol. All those who wish to know the truth in this matter should read this little pamphlet, which is scientific, well composed, and, what is more, *true*.

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Correspondence.

EPIDEMICS OF MISCHANCE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Is there not such a thing as an "epidemic of mischance," as evinced by the recurrence within a limited period of accidents or calamities of a similar kind, such as the great fires in America, the unwonted number of collisions at sea, railway accidents, &c.? And may not this be, in a measure, explicable (and if the hypothesis be correct, it might lead to useful results) by the supposition that the negligence in which the accident originated, was due to some one or other of the many forms of disease of the nervous system which have been so much on the increase of late years? In some cases it may be colour-blindness, or uncertain vision, or loss of memory, or of the power of quickly realising danger and how it should be met. In others, a man not actually insane may be what the Scotch call "fey," that is, reckless and either unequal or indifferent to his duties. Rest is the rational and ready prescription for such cases, and it would be to the interest of public companies to grant it to their servants under such circumstances. By so doing—nay, even making the rest compulsory—many disasters and much loss might be averted. But few who have been rowing against the tide, making difficult head-way, as is the lot of the many, will rest on their oars till they drop from their nerveless fingers. Let railway officials, captains of ships, officers of the watch, and others occupying like important positions, be occasionally examined to see if they suffer from any disqualifying neurosis, and if such be the case, given leave of absence or pensioned.
—Yours truly,

Medicus.

CURED BY HOMŒOPATHY—*BY ACCIDENT* (!).

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Dear Sir,—Dr. William Bayes' letter on "Poisoned by Homœopathy" reminds me of a story I heard the other day of a gentleman who was being treated for gout by a homœopathist, who put a globule, or whatever they call it, in a decanter of water, and ordered a spoonful to be given night and morning. The patient asked for a drink of water, and a friend who was in the room gave him a glassful of the homœopathised water, not knowing that it had been globuled. The patient fell asleep and did not awaken for four-and-twenty hours. The attack of gout had passed off in the meantime, and the patient and his friends enjoyed a hearty laugh at the expense of the quack and his infinitesimal doses.
—Yours truly,

William Donovan, L.R.C.P., L.R.C.S.,
Fellow Obstetrical Society of Edinburgh.

Adare, Dec. 11, 1873.

BUMBLEDOM AND THE PROFESSION.

The Board of Guardians of the North Dublin Union have within the last week distinguished themselves by an attempt at the exercise of despotic authority, which, if it be persisted in, the Profession cannot permit to pass in silence. We are precluded, by excessive pressure on our columns, from detailing all the circumstances. The gist of the transaction is that one of the inspecting medical officers for vessels entering the port, who is also son of a leading guardian in the Union, was irregularly and improperly summoned outside his hours of duty, to inspect an incoming steamer, and received the fee for doing so. The medical inspector whose duty the inspection was, Dr. Minchin, was also sent for, and visited within his own proper hours, and for so doing claimed his fee, which, however, the guardians refused to pay, having, right or wrong, previously paid another person. Dr. Minchin thereupon appealed to the Local Government Board, and for so doing the guardians, moved by Mr. J. Byrne, father of the medical inspector who had received the fee, passed a resolution calling for Dr. Minchin's resignation, and in the public papers threatening him with dismissal.

Dr. Minchin we should presume, will treat such a challenge with silent contempt, but the profession may probably have to pronounce as to whether the transaction, as we have stated it, is, on the part of the medical inspector, proper, or in good taste, and whether an officer is to be considered liable to dismissal for appealing for redress, as he was entitled to do, to a higher tribunal. We shall allude to the matter next week.

For the Professorship of Institutes of Medicine in Dublin University, lately vacated by the resignation of Dr. Law, and for which the election will take place on the 17th of February, Drs. Finny and Purser are, we believe, declared candidates. Dr. Finny is already connected with the School of Physic as a Demonstrator, and is also Registrar of the College of Physicians. Dr. Purser is Physician to the City of Dublin Hospital, and Lecturer on Physiology in the Carmichael School, and enjoys a very high repute as a scientific physiologist and pathologist.

The celebrated Professor Agassiz, whose renown as a naturalist is world-wide, has just died in the United States. The deceased was a Swiss by birth having taking his degrees in medicine at the University of Munich. His literary labours were very great, but the work which wrought for him his great reputation was "Studies of Glaciers." He has passed from the world of science at the comparatively early age of sixty-five.

We understand that the Committee of Reference under the Irish Conjoint Examination Scheme has nearly completed its labours, and has just been engaged in the arrangements for remuneration of examiners, and other cognate questions. There is no reasonable doubt that the Scheme will be ready for presentation to the Medical Council by February next.

By latest advices we learn that Sir Garnet Wolseley has recovered from his severe indisposition, that the fever on the Gold Coast is generally subsiding, and the health of the troops satisfactory for that part of the world.

By telegram we learn that on Monday the managers of the Royal Edinburgh Infirmary resolved, by a majority of eight to six, to refuse admittance to lady medical students at the same time as male students to the operating theatre in the infirmary.

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Gleanings.

Compression of the Brain.

S. W. Gross, M. D. (*Am. Jour. Med. Sciences*, July, 1873), remarks that the treatment of compression from depressed bone is still a matter of much dispute. That a man may recover from a very considerable and very unequal displacement of the tables of the skull, is attested by numerous examples; but that such cases survive in greater proportion than those in which the pressure has been relieved by the resources of art, is another and highly important question, which has not been sufficiently examined by writers on army surgery. Of 224 depressed gunshot fractures of the skull, and in 90 operative measures, of these 45 or 50 per cent. died. Of 134 instances, on the other hand, in which the treatment was purely conservative and antiphlogistic, and in 43 of which the signs of compression were very doubtful, 61 recovered, and 73, or 54.47 per cent. died; or if doubtful cases, which resulted in 10 deaths, be excluded, 91 cases of compression from depressed fractures, treated expectantly, afford 63 deaths, or a mortality of 69.23 per cent., a result in favor of operation by 19 per cent.

These statistics show, that when symptoms result from depressed bone, the chances of saving life are on the side of surgical interference. The trephine was applied in 49 of the above 90 operations, with 26 deaths, the mortality being 53.06 per cent.; fragments of the shattered bone were removed by the forceps in 28 instances, with a fatality of 14, or 50 per cent.; the elevator was resorted to in 10, of which 3, or 30 per cent. were mortal; while in 3 instances Hey's saw was followed by death in 2, or 66.66 per cent. An examination of these facts does not disclose that the operation of trephining is more dangerous than other operatile procedures. More patients recover after than without surgical interference, and many lives might have been saved by a timely resort to it.—*Med. Record.*

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Medical News.

University of London.—The following are lists of the Candidates who have passed the recent examinations:—

M.D. Examination.

Anderson, Tempest, B.Sc., B.S., University College.
Aveling, Charles Taylor, M.S., St. Thomas's Hospital.
Barnes, Edgar George, St. George's Hospital.
Burn, William Barnett, B.Sc., St. Bartholomew's Hospital.
Cane, Leonard, B.S., University College.
Carr, William Ward, B.S., University College.
Dalton, Benjamin Neale, Guy's Hospital.
Humphreys, John Henry, Univ. Coll. & Middlesex Hosp.
Langmore, John Wreford, B.S., Univ. Coll. & Middlesex Hosp.
Oliver, George (Gold Medal), University College.
Roberts, Richard Lawton, University College.
Sawyer, James, Queen's College, Birmingham.
Shewen, Alfred, University College.
Smith, Richard Thomas, University College.
Wall, Alfred John, B.S., St. Mary's Hospital.
Warner, Francis, King's College.
Wyman, John Sanderson, St. Bartholomew's Hospital.

LOGIC AND MORAL PHILOSOPHY ONLY.

Ingoldby, Joseph Theodore, Guy's Hospital.
Price, William, University College.
Spencer, George Owthwaite, University College.

Second M.B. Examination. Examination for Honours.

MEDICINE.

First Class.

Equal.
Addy, Boughton (*Gold Medal*), St. Thomas's Hospital.
Skerritt, Edward Markham, B.A. (*Gold Medal*), University College.

Dodson, Andrew, Birmingham, and Guy's Hosp.
Cockburn, John Alexander, King's College.

Equal.
Barlow, Thomas, B.Sc., University College.
Benham, Henry James, University College.

Second Class.

Coupland, Sydney, Univ. Coll. & Middlesex Hosp.
Rayne, Charles Alfred, University College.

Third Class.

Dyson, William, B.A., University College.
Pope, Harry Campbell, Liverpool Royal Infirm. & Univ. Coll.

OBSTETRIC MEDICINE.

First Class.

Addy, Boughton (*Scholarship and Gold Medal*), St. Thomas's Hospital.
Skerritt, Edward Markham (*Gold Medal*), University College.
Dodson, Andrew, Birmingham and Guy's Hosp.

Equal.
Benham, Henry James, University College.
Bomford, Gerald, King's College.

Colgate, Henry, University College.

Second Class.

Petch, Richard, King's College.
Bird, Cuthbert Hilton Golding, B.A., Guy's Hospital.
Barlow, Thomas, University College.
Cockburn, John Alexander, King's College.
Dyson, William, University College.

Third Class.

Rayne, Charles Alfred, University College.
Pope, Harry Campbell, Liverpool Royal Infirmary & Univ. College.
Firth, Charles, St. Bartholomew's Hospital.
Railton, Thomas Carleton, Manchester, & St. Barth. Hosp.
Coupland, Sydney, Univ. Coll. & Middlesex Hosp.

FORENSIC MEDICINE

First Class.

Colgate, Henry, (*Scholarship and Gold Medal*), University College.
Bird, Cuthbert Hilton Golding, (*Gold Medal*), Guy's Hospital.
Benham, Henry James, University College.
Barlow, Thomas, University College.
Cockburn, John Alexander, King's College.
Coupland, Sydney, Univ. Coll. and Middlesex Hosp.

B.S. Examination.

FIRST DIVISION.

Barlow, Thomas, B. Sc., University College.
Colgate, Henry, University College.
Lucas, Richard Clement, Guy's Hospital.
Rayne, Charles Alfred, University College.
Skerritt, Edward Markham, B.A., University College.

M.S. Examination.

Godlee, Rickman John, B.A., University College.

Royal College of Surgeons of England.—The following Members, having passed the required examinations for the Fellowship on Nov. 27th, 28th, 29th, were, at a meeting f the Council held on the 11th inst., duly admitted Fellows of the College :

Franklin, Geo. Cooper, L.R.C.P. Lond., Victoria-park Hosp.
Penhall, John Thomas, L.S.A., St. Leonards-on-Sea.
Saunders, Henry Wm., M.B. Lond. L.S.A., Royal Free Hosp.
Thomas, Andrew Appeby, L.R.C.P. Lond., H.M. Indian Army.
Woodman, Samuel, L.R.C.P., Ramsgate.

Five other candidates were examined but failed to satisfy the Court of Examiners, and were referred to their professional studies for twelve months.

St. Peter's Hospital London.—The annual meeting of the governors of this charity took place on Wednesday last, at the hospital. The balance-sheets, extending over the past year and nine months of the present, showed that the total receipts (exclusive of an anonymous gift of £10,000) amounted to £1,592 17s. 9d. ; and the total expenditure to £4,704 0s. 2d., with a balance of £241 5s., and £100 deposit account. The committee concluded the businesses of the meeting by appealing for continued support. Mr. Teevan, F.R.C.S., pointed out the great benefit it was to the working classes to be able to attend the hospital in the evening—a plan which he had been first to inaugurate when house surgeon at University College Hospital, and which he had been allowed to follow out in the present hospital.

Royal College of Physicians of London.—The following gentlemen were admitted Fellows, December 13th, 1873 :—John Cameron, M.D., Glasgow, 17 Rodney Street, Liverpool; James Muter Turnbull, M.D., Edin., 86 Rodney Street, Liverpool. The following gentlemen were admitted Licentiates, December 13th, 1873 :—John Appleyard, 38 Harrington Street, N.W. ; William Henry Bennett, 33 Sloane Street, S.W. ; Robert Birch, King's College Hospital, W.C. ; Henry Colgate, 41 Albert Street, N.W. ; Henry Naunton Davies, Cymer, Pontypridd ; Herbert Mackay Ellis, Chudleigh, Devonshire ; C. D. B. Hale, 48 Westbourne Park Road, W. ; John James Johnson, Newcastle-on-Tyne ; Arthur Nicholson, King's College Hospital, W.C. ; Frank Thomas Paul, Guy's Hospital, S.E. ; W. B. Pilkington, Crawshawbooth, Rawtenstall, Manchester ; Edward Markham Skerritt, University Hospital, W.C. ; William Stericker, Victoria Park Hospital, E. ; William Holland Syme, 241 Kennington Road, S.E. ; George Tucker Thomas, 8 Amptom Place, W.C. ; James Sutherland Wilkins, Guy's Hospital, S.E. The following Candidate, having passed in Medicine and Midwifery, will receive the College Licence on obtaining a Qualification in Surgery recognised by this College :—John Farrant Fry, Guy's Hospital, S.E.

NOTICES TO CORRESPONDENTS.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

MISPRINTS.—A correspondent, whose signature we are unable to decipher, draws our attention to the errors that creep into medical journals, and which he may be sure annoy us. We may tell him, however, that the printer is not always entirely to blame. He himself boasts of having obtained honours "in the Literæ Humaniæs" (at least half a dozen people declare the marks most resemble the letters we have put), and then goes on to say, "When I *see* such solecisms as I continually *see*, I despair," adding considerately that we "are one of these false lights." Further on our critic spells "phrase" with a "z." As we are not able to decipher his signature, we speak thus plainly. Of course we do not suppose he has written incorrectly, but the letters are so formed that they could easily be misunderstood, and this is the way in which many contributors serve us. Of course, printers ought to know all languages, and easily decipher all manuscript ; but, alas ! for editors, they are not perfect.

DR. COATES' interesting case of "Comminuted Fracture of the Skull" shall appear as soon as possible.

UNIVERSITY OF LONDON.—Notice is given in our advertising columns of the dates at which the several examinations in this University for 1874 will commence. Further information, if needed, will be given on application to Dr. Carpenter, the Registrar.

SAVE THE CINDERS.—A correspondent, whose knowledge of sanitary subjects and domestic economy is continually exhibited both in the medical and lay Press, to the advantage of readers, sends us a letter addressed to the *Queen* newspaper, in which he recommends as a means of economising fuel, that a sheet of wire netting should be fixed over dustbins, so that nothing but dust may fall therein. This, he thinks, would overcome the objections servants have to sift the cinders, the wire doing it for them, and much valuable fuel saved. Space prohibits our publishing the letter in full ; but this is the substance of it.

C. F. F.—Has been forwarded to the gentleman interested.

ENQUIRER.—By no means consult the individual referred to ; he is one of those arrant quacks whose nefarious proceedings you will find duly recorded in a little work entitled, "Revelations of Quacks and Quackery."

Dr. Wm. Berry, Manchester.—Your communication "On Medical Education" will have early attention.

Royal Institution.—On Saturday, Dec. 27, Prof. Tyndall will lecture "On the Motion and Sensation of Sound (Juvenile Lectures)."

Sermons for the Insane.—We are asked to announce the early publication of a volume of Sermons for the Insane. The announcement takes our breath away, and we are disposed to renew our study of recent researches on the Convolutions of the Human Brain, in order, if possible, to explain under what abnormal condition the Editor's cerebral membrane might be found. "Sermons for the Insane!" It strikes us as a grim joke from the director of one of our idiotic establishments, of which there are unfortunately so many in this country; and yet it comes to us from a highly credible source, backed with the assurance that the volume will be found useful and effective! We give it up, depending upon the first of January to unravel the mystery.

Communications, with Enclosures, &c., have been received from—Dr. Crichton Browne, Wakefield. Dr. Balthazar Foster, Birmingham. Mr. Jabez Hogg, London. Dr. Berry, Manchester. Dr. Brochard, Lyons. Dr. Balfour, Edinburgh. Dr. Beverly Robinson, New York. Dr. Alexander Lane, Bishop's Castle. Dr. Coates, Portumna. Mr. Milton, London. Mr. Squire, London. Dr. Gordon, Dover. Mr. Carter, London. Dr. Johnson, London. Mr. Calvert, Manchester. Dr. Holmes, Lyme Regis. Mr. Wilson, London. Dr. Maul, Southampton. Mr. Black, London. Dr. Burness, London. Mr. McGregor, Weaverham. Dr. Greene, London. Mr. Lunn, Birmingham. The Secretary, Royal College of Physicians. The Secretary, Royal Institution of Great Britain. Mr. Hyslop, Stretton Lunatic Asylum. Dr. Bathurst Woodman, London. Dr. Roche, Dublin. Dr. Waters, Dublin. Dr. Nowlan, Dublin. Dr. Harris, Montserrat. Dr. White, Dublin. Dr. Ormsby, Dublin. Dr. Madras, Dripsey. Mr. Young, London. Dr. Fitzmaurice, Ballylongford. Dr. Burke, New Birmingham. Dr. Fletcher, Waterford. Dr. Delaney, Garristown. Dr. Bryson, Newton Limavady. Dr. Little, Dublin. Mr. Faulkner, London. Dr. Walsh, Dublin. Dr. Kane, Limerick. Dr. Johnston, Dublin. Dr. Griffin, Killarney. Dr. Hamilton, Dublin. Dr. Wilmot, Dublin. Mr. Edwards, London. Dr. Jones, London. Mr. Kelly, Dublin. Mr. O'Grady, Dublin. Mr. McDermott, Newry. Dr. Evory Kennedy, Dublin. Mr. Walter Rivington, London. Dr. Scott, Edinburgh. Dr. Donovan, Adair. Medicus, &c.

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VACANCIES.

German Hospital, Dalston. Honorary Medical Officer. (See Advt.)

St. George's Dispensary, Hanover Square, W. Physician. Honorary. (See Advt.)

Birmingham. Eye Hospital. House-Surgeon. Salary £100 per annum, with board and residence. Address Chairman of the Medical Committee.

Conway Union. Medical Officers for the Creuddyn District. £75 per annum. Llandudno District £30 per annum, and the Colwyn District £45 per annum. Applications to the Clerk of the Board at Conway.

Tewkesbury Union. Medical Officer. Salary £55, with fees extra. Applications to be made to the Clerk of the Board.

Hartley Witney Union. Medical Officer. Salary £80 per annum, with fees extra. Applications to Mr. Brooks, Odiham, Hants.

Chester General Infirmary. House-Surgeon. Salary £80, with board and residence. Testimonials, &c., to the Chairman of the Board.

North Staffordshire Infirmary, Hartshill. Dispenser. Salary £90 per annum. Non-resident.

Nottingham General Hospital. Physician. Honorary.

Cheltenham General Hospital, Junior House-Surgeon. Salary commencing at £80 per annum, with board and residence. Address the Secretary.

Sheffield Public Hospital. Assistant House-Surgeon. Salary £65, with board and residence. Address, Dr. J. C. Hall, at the Hospital.

West Herts Infirmary, Hemel Hempstead. House-Surgeon. Salary £100 per annum, with board and residence. Applications to the Secretary.

Westminster Hospital. Assistant-Surgeon. Honorary.

Enniskillen Union Dispensary District. Medical Officer. Salary £100 per annum, exclusive of fees. (See Advt.)

Dunshaughlin Union, Ratoath Dispensary District. Medical Officer. Salary £110 per annum, exclusive of fees. (See Advt.)

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APPOINTMENTS.

Blyth, A. W., M.R.C.S., Medical Officer of Health for the Bideford, Dulverton, Okehampton, South Molton, and Torrington Rural Sanitary Districts.

Brown, J. A., M.R.C.S.E., a Medical Officer at the Peckham House Lunatic Asylum.

Chestnutt, J. W., M.D., L.R.C.S.Ed., Medical Officer, &c., for the Ahoghill Dispensary District of the Ballymena Union, co. Antrim.

Curtler, H., M.R.C.S.E., Medical Officer and Public Vaccinator for the Droitwich District of the Droitwich Union.

Eminson, R., M.R.C.S.E., Medical Officer of Health for the Gainsborough Rural Sanitary District.

Fletcher, T. B. E., M.D., F.R.C.P., Consulting Physician to the Birmingham and Midland Counties Orthopædic Hospital.

Fox, Mr. M., a Midwifery Assistant at the Steevens's Hospital and Medical College, Dublin.

Fussell, Dr. E. F., Medical Officer of Health for the Cuckfield Rural Sanitary District, combined with several others. £800 per annum for three years.

Gibbes, C. C., M.B., C.M., House-Surgeon to the South Devon and East Cornwall Hospital, Plymouth.

Houston, Dr. J. K., Medical Officer to the Belfast Union Fever Hospital.

Iliff, W. T., M.D., M.R.C.S.E., Examining Surgeon to the Infant Orphan Asylum, Wanstead.

Jones, T. E., L.R.C.P.Ed., Medical Officer and Public Vaccinator for the Penderyn District of the Merthyr Tydfil Union.

Magrath, J., M.D., Physician to the Metropolitan Dispensary.

Maturin, Mr. L., a Midwifery Assistant at the Steevens's Hospital and Medical College, Dublin.

Maunder, C. F., F.R.C.S.E., a Consulting Surgeon to the Merchant Seamen's Orphan Asylum, Snaresbrook.

O'Kelly, R. A., L.R.C.P.Ed., L.R.C.S.Ed., Medical Officer to the Cork Union Workhouse.

O'Leary, E., M.R.C.S.E., L.R.C.P.Ed., Medical Officer, &c., for the Woodstown Dispensary District of the Waterford Union.

Purnell, T., M.D., Medical Officer of Health for the Wells Rural Sanitary District. £225 per annum.

Symes, W. S., L.R.C.S.I., L.K.Q.C.P.I., Medical Officer for the Mexborough Dispensary District of the Mountmellick Union.

Tattersall, W. J., L.R.C.P.L., M.R.C.S.E., an Hon. Medical Officer to the North Dispensary, Liverpool.

Thornton, Dr., Surgeon to the Out-department of the Samaritan Free Hospital for Women and Children.

Timmins, J. A. J., M.B., L.R.C.P.L., M.R.C.S.E., Medical Officer for the Llangendeirne Upper District of the Carmarthen Union.

Wilkins, E. W. S., M.R.C.S.E., Assistant House-Surgeon to the Halifax Infirmary and Dispensary.

◆

OPERATION DAYS AT THE LONDON HOSPITALS.

Wednesday, December 17.

Middlesex Hospital.—Operations, 1 p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
St. Bartholomew's Hospital.—Operations, 1½ p.m.
St. Thomas's Hospital.—Operations, 2 p.m.
St. Mary's Hospital.—Operations. 1¼ p.m.
King's College Hospital.—Operations, 2 p.m.
Great Northern Hospital.—Operations, 2 p.m.
University College Hospital.—Operations, 2 p.m.
St. George's Hospital.—Ophthalmic Operations, 1¼ p.m.
London Hospital.—Operations, 2 p.m.
Throat Hospital.—Demonstration, 2½ p.m.
Cancer Hospital.—Operations, 3 p.m.

Thursday, December 18.

St. George's Hospital.—Operations, 1 p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
University College Hospital.—Operations, 2 p.m.
Throat Hospital.—Demonstration, 2½ p.m.
Royal Orthopædic Hospital.—Operations, 2 p.m.
Central London Ophthalmic Hospital.—Operations, 2 p.m.

Friday, December 19.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Royal South London Ophthalmic Hospital.—Operations, 2 p.m.
Central London Ophthalmic Hospital.—Operations, 2 p.m.

Saturday, December 20.

Hospital for Women, Soho square.—Operations, 9½ p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Royal Free Hospital.—Operations, 9 a.m. and 2 p.m.

Births.

Burke.—On the 7th inst., at Belmont, Mullingar, the wife of Dr. Thomas Hamilton Burke, Local Government Inspector, of a son.

Mapother.—On the 11th inst., at 18 Merrion Square, Dublin, the wife of Dr. Mapother, of a daughter.

Moore.—At Amiens Street, Dublin, the wife of Dr. M. J. Moore, of a daughter.

Dickson.—On the 6th inst., at Fairfield, Upper Norwood, the wife of W. Dickson, M.D., R.N., of a son.

◆

Marriages.

Atthill—Peck.—On the 10th inst., at St. Faith's, Stoke Newington, Robert Chapman Atthill, L.R.C.P.E., &c., of St. Osyth, Essex, to Sophia Jane, only daughter of Captain Edward Peck, of Ipswich.

Hill—Goody.—On the 4th inst., at St. Peter's, Regent Square, John Daniel Hill, F.R.C.S., to Annie Elizabeth, youngest daughter of the late James Goody, Esq.

Talbot—Hayward.—On the 11th inst., at Folkestone, Gilbert H. Talbot, Esq., to Annie Ruth, eldest daughter of the late Henry Hayward, Esq., F.R.C.S., of Aylesbury, Bucks.

◆

Deaths.

Blackett.—On the 11th of Dec., at Wangford, Suffolk, Agnes, wife of Edward R. Blackett, M.D.

Wilmot.—On the 1st of Dec., at Stephen's Green, E., Dublin, Mary, widow of the late Samuel Wilmot, Esq., M.D., for many years Professor of Surgery in the Royal College of Surgeons, and one of the surgeons to Stephen's Hospital.

Lamb.—On the 2nd of Dec., at Richmond Road, Barnsbury, of rheumatic fever, Robert Lamb, L.R.C.P., M.R.C.S.E., aged 38.

TO PARENTS of STUDENTS in MEDICINE.—The Surgeon to a Dublin Special Hospital, is prepared to receive a Student to reside in his family, for whose entire education he will arrange if desired.—Apply to G. F. B., Office of the MEDICAL PRESS, 23 Ely Place, Dublin.

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INDIAN MEDICAL SERVICE.

NOTICE is HEREBY GIVEN that an Examination for Eighteen Appointments as SURGEONS in Her Majesty's Indian Medical Service will be held in London in February, 1874.

Copies of the Regulations for the Examination, together with information regarding pay and retiring allowances of Indian Medical Officers, may be obtained on written application to the Military Secretary, India Office, S.W.

India Office,
27th November, 1873.
T. T. PEARS, Major-General,
Military Secretary.

GERMAN HOSPITAL, DALSTON. — At the next Annual General Court of Governors of the above Institution, which will be held at the London Tavern, Bishopsgate Street, on Monday, the 26th of January, 1874, an HONORARY MEDICAL OFFICER to the Eastern Dispensary in connection with the German Hospital will be elected, whose duty it will be to see Out-patients on two days in the week.

The Rules of the Hospital require the following qualifications of the applicants:—They must be natives of Germany, or prove themselves to be fully conversant with the German language and the peculiarities of the German Medical Science; they must produce a diploma from a foreign or British University, and be Members either of the College of Physicians or the College of Surgeons, and be fully qualified to practise in Great Britain.

Candidates are requested to send in their applications, accompanied by their diplomas and testimonials, to the undersigned, on or before Monday, the 29th inst.

A. WALBAUM, D.D., Honorary Secretary.

ENNISKILLEN UNION.

ENNISKILLEN DISPENSARY DISTRICT.

MEDICAL OFFICER WANTED.—The Committee of Management of the Enniskillen Dispensary District will, at their Meeting at the Dispensary, No. 4 Anne Street, Enniskillen, at the hour of Twelve o'clock noon, upon THURSDAY, the 1st day of JANUARY, 1874, proceed to elect a duly-qualified Medical Officer, at a salary of One Hundred Pounds per annum, exclusive of Fees under the Registration and Vaccination Acts, in the room of Dr. Robert Rogers, who has resigned.

Candidates must be qualified as directed by the sealed Orders of the Local Government Board.

The Officer appointed will be required to reside within the Dispensary District.

Applications, accompanied by Diplomas, Testimonials, &c., &c., will be received by me up to the hour of Meeting.

By Order,
GEORGE BLACK, Hon. Secretary,
25 Church Street, Enniskillen,
11th December, 1873.

DUNSHAUGHLIN UNION.

RATOATH DISPENSARY DISTRICT.

In consequence of the regretted resignation of the present Medical Officer, Dr. O'Reilly, after holding the position upwards of Fifty-five years, the Committee of Management of the above-named district will, at a Meeting to be held at Ratoath Dispensary, on SATURDAY, the 3rd day of JANUARY, 1874, proceed to elect a qualified

MEDICAL OFFICER for the District named, at a salary of One Hundred and Ten Pounds per annum, exclusive of Registration and Vaccination Fees.

Candidates must possess the necessary qualifications prescribed by the Sealed Order of the Local Government Board for Ireland.

Personal attendance of Candidates, with Diplomas, indispensable on the day of Election, and the gentleman elected must reside in or near the village of Ratoath.

Applications will be received by me up to half-past Eleven o'clock, a.m., on the above date.

List of names of Committee are posted at above Dispensary.

By Order,
JAMES KELLY, Hon. Secretary.
Creakinstown, Ratoath, December 11th, 1873.

VACCINATION.—GUARANTEED PURE VACCINE LYMPH from healthy children, as supplied to the Profession during the last twelve years by W. FAULKNER, M.R.C.S., 40 Endell Street, Long Acre, and Union Villa, Carleton Road, Tufnell Park. Per return of post on receipt of stamps or P. O. order, 2s. 6d. for 3 Tubes or 12 Points.

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Sir B. Benson Maxwell (late Chief Judge of the Straits Settlements), No. 59 Stanhope Gardens, South Kensington.
Lieutenant-Colonel Naylor, Manora House, Bognor, and East India United Service Club, St. James's.
Commander J. N. Norman, R.N., Turret House, Deal, Kent.
Major-General Ramsey, 25 Eccleston Square, and Senior and Junior United Service Clubs.
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Major-General Howland Roberts, Lee Park, Blackheath, and St. James's Square, S.W.

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Besides the Patrons and Directors, a private committee of ladies and gentlemen is appointed to watch over the welfare of the Association, and to make reports to the Board of Directors.

The benefits of this Association may be briefly stated as follows:—

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3. The establishment of Branch Stores.
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The memorandum and articles of association may be inspected at the offices of the Association, where prospectuses and forms of application for shares may be obtained, and of the Solicitor, and the London and County Bank and Branches.

THE CIVIL, MILITARY, NAVY, and CLERGY SUPPLY ASSOCIATION (Limited).—In consequence of the numerous inquiries which are daily being made, and which cannot be answered in time for the 5th inst., the day fixed for closing the SHARE LIST, the Directors have decided upon keeping it OPEN for a FEW DAYS LONGER. Notice of final closing will be duly advertised.—4th December, 1873.

THE STEWART INSTITUTION FOR IMBECILES, AND LUNATIC ASYLUM, LUCAN.

PATRON:—H.R.H THE PRINCE OF WALES.

This Institution was founded in 1869, and has already attained a large measure of success. It is situated in a healthy locality, and is under the superintendence of a Resident Physician, with trained teachers, who endeavour by the most improved methods to develope the powers, mental and physical, of Imbeciles.

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The Institution is the only one of its kind in Ireland, and is mainly supported by voluntary contributions.

Pupils are admitted free by election, or by payment of £35 per annum. A higher rate is payable for separate accommodation.

Contributions to the fund for the erection of the proposed extensive buildings at Palmerston are earnestly solicited.

Each donation of Five Guineas gives the donor a life-vote.

Annual Subscribers are entitled to one vote for each half guinea paid.

An Asylum for Lunatic Patients of the middle classes, under a well-organised administration, also forms part of the establishment.

Full particulars as to the working of both Institutions, terms, &c. can be had at the office,

40 MOLESWORTH STREET, DUBLIN.
W. O'NEILL, Secretary.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 24, 1873.

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Original Communications.

ON CONTAGIOUS OPHTHALMIA,

AS INFLUENCED BY THE ARRANGEMENTS OF WORKHOUSES AND PAUPER SCHOOLS (*a*).

By Robert Brudenell Carter, F.R.C.S.,

Ophthalmic Surgeon to St. George's Hospital, Surgeon to the Royal South London Ophthalmic Hospital.

The subject of contagious ophthalmia in public institutions is one that presents for consideration two chief aspects—the medical or surgical and the administrative, which are, however, in many respects closely connected with each other. In a paper recently published in the sixth volume of the St. George's Hospital Reports, I have dealt chiefly with the former aspect, and on the present occasion I propose to confine myself chiefly to the latter. But before entering upon the questions it suggests, it seems expedient that certain medical or surgical propositions which lie at the very basis of the matters with which we have to deal should be stated in clear and unmistakable language.

The first of these, which may be expressed very briefly, is that the malady which we call contagious ophthalmia is very actively contagious indeed, and that it continues to be contagious for long periods of time. I shall have to show presently that its seeds seldom germinate unless they are received upon prepared soil; but, given this one condition, they germinate unfailingly, and they are formed and diffused abroad sometimes for many months continuously and sometimes during several successive periods, separated by intervals of uncertain length. The contagious matter is the secretion of the membrane that lines the eyelids; and this secretion passes along the tear passages into the nostrils, and is driven out with the expired air at every breath. Besides the chances of direct contact that must exist when a child with ophthalmia is in the same room, lavatory, or playground with others, the child with ophthalmia is perpetually sending into the atmosphere what I may describe as a spray of contagious particles. The period of contagiousness is often extremely protracted. Until the eyelids are quite well, they remain in a state in which any chance irritation, the entrance of a particle of dust, or of an insect, or even some temporary disturbance of the health, may reproduce a secretion of the most active character. At the various hospitals we constantly see children who have had the disease, on and off, so to speak, for long periods, and who have been to a succession of public institutions, carrying infection with them. I have the particulars of the case of a mother, with an infant at the breast and three other children, who went into the old Lambeth Workhouse on the 7th of July, in the present year. On the 9th of July the three elder children were sent to the Norwood School, where they all contracted ophthalmia, for the first time, within a fortnight of their arrival. On the 11th of September the mother visited them, and found that they had been in the infirmary with bad eyes ever since the latter part of July. She took them away with her, against the advice of the Norwood authorities, and took them back to Lambeth Workhouse, where they remained under medical treatment for their eyes until the 8th of this month. They were then to be passed on to St. Saviour's Workhouse; but the mother took her discharge, and the children have since been living in a sort of cellar with four other persons. On the 9th of this month one of them was brought to the South London Ophthalmic Hospital, its eyes still discharging slightly. A somewhat parallel case is that of a lad now between sixteen and seventeen years of age. He was healthy, and lived well, till he was nine years and a half old, when he lost his father, and went to the Forest Gate School. At this school he had to wash in a trough in which two or three dozen boys all used the same water, and one fixed towel was provided for each trough. After being at the school a year he had sore eyes, and was sent to the infirmary, where he remained a fortnight. At the age of twelve he left Forest Gate School and went to St. Mary's Orphanage at Hounslow, where there were 500 boys. Here he was

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(a) A Paper read at the Conference of Chairmen and Vice-Chairmen o Boards of Guardians, December 16th, 1873.

better fed than at the school, and each boy had a separate washing basin and towel. He had sore eyes two or three times while at the Orphanage, and other boys in his department had sore eyes also. They were all sent into the infirmary and doctored, and sore eyes never became general. In April, 1872, when fifteen years old, he left the Orphanage and went as page to St. George's College, West Croydon. He had a slight attack of sore eyes soon afterwards, for which he was treated by the medical attendant of the College, and soon got better. In December, 1872, he had a very severe attack, in which he lost his left eye; and he was then sent from the College to the South London Ophthalmic Hospital, where he was for a long time an in-patient, and where his right eye recovered with some damage. He left the hospital in April, took some sort of service, and at the end of June his right eye was bad once more. During July he was a patient at the Westminster Ophthalmic Hospital, where he got better. In October he went to live at the Working Boys' Home, in the Borough, where there are thirty or forty boys. At the end of November his eyes were bad once more, and he came again to the South London Ophthalmic Hospital, where he is now a patient. It is worth while to add that the manager of the Boys' Home, who is an experienced workhouse official, says he has no fear of bad eyes spreading, because his boys are better fed than they would be in pauper schools, "with less slop and more solids." I look upon this case as typical, and as very instructive, because it shows the extreme obstinacy of the disease and the frequency with which it may recur. My second proposition is that the magnitude of the evil is not so much to be measured by the original severity of individual cases in any outbreak, as by the actual number of the sufferers and by the duration of the cases. Different outbreaks differ much in severity, and an outbreak in which there is a large percentage of loss of eyes, during the early stages of the disease, is calculated forcibly to impress the imagination, and to be regarded as a far more serious affair than an outbreak in which the immediate loss of eyes is comparatively small. But in a public institution, where all the cases are under observation from the beginning, the loss of an eye in the early stage should be an occurrence of extreme rarity. We have lately read, in a letter in the *Times*, that the loss of eyes was stopped in the Hanwell Schools as soon as Mr. Bowman took the superintendence of the treatment; while it is also mentioned as a comparatively small matter, and seemingly as a curious fact in natural history, that "the smouldering embers were ever there." The writer of these words was probably not fully acquainted with the fact which it is my object now to state—namely, that the gravest results, in the aggregate, of contagious ophthalmia, are produced long after the acute stage has subsided, and are produced by the continuance of that smouldering which he describes. The ophthalmia leaves behind, when the acute stage is over, a chronic thickening or fleshiness of the lining of the eyelids; and, as an example is better than any amount of description, I have in attendance a little girl who shows this state extremely well. If you draw down her lower eyelids you will see the thickening of which I speak. Now, this thickening seems a small matter; but it cannot be got rid of without months of exceedingly careful and well-directed treatment; and if it is not got rid of it may entail disastrous consequences. It is liable to undergo a very slow process of degeneration and contraction, by which the form of the eyelids is distorted and their inner surfaces are rendered hard and rough. The eyelids no longer fit the surface of the eye, and therefore they cease to wipe away the particles of dust which float in the atmosphere, and which are constantly deposited from it. Their internal surfaces become themselves sources of irritation, and their altered curvatures bend the eyelashes inwards and cause them to exercise friction upon the eyeball. These changes occur so slowly that many years may elapse before they are fully produced, and their connection with the original ophthalmia may then easily be lost sight of. They are almost irremediable, because nothing can restore the natural shape, texture, and pliability of the lids, and because operations for altering the position of the eyelashes are often defeated by the continuance of the contraction, which, in a few months, may reproduce the deformity. The patients are, perhaps, more forlorn and to be pitied than any other class that fall under our notice. They are in a state of constant pain or uneasiness, tormented by every movement of their eyelids, tormented by every particle of dust which falls into their eyes, tormented by their eyelashes, tormented by constant overflow of tears, seldom with sufficient vision to follow any employment, dependent upon the rates or upon charity, half-blind, and wholly miserable. Such are the ultimate results produced by contagious ophthalmia, when the patients pass away from under treatment before they are completely cured. If the little girl whom you have seen were now to make her escape from the doctor, such would be the condition to which she would come in the course of years. I repeat, therefore, that if the immediate destruction of eyes by acute ophthalmia were unknown, the prevalence of the disease would still be a matter of the highest importance alike to the sufferers and to the public. We have no *data* that I am aware of for estimating the degree of prevalence with any sort of accuracy. But I have been told the cases at Hanwell alone amounted to some hundreds; that the cases at Anerley were somewhere about 200; and I have no doubt that a complete enumeration of the sufferers, during the last ten years, at the various workhouses and schools in the kingdom, would take us far into thousands of cases. My third, and perhaps, most important proposition, is that contagious ophthalmia is not an affection which can be introduced into, and propagated among a community of healthy persons. If you take a drop of matter from any eye in the acute stage, and put it into a healthy eye, or if you expose the healthy eyes of a nurse to the manifold chances of direct contact, and to the concentrated atmospheric contagion of a ward containing a number of infected children, some kind of inflammation will, no doubt, be produced. But, before it can spread in the ordinary manner, contagious ophthalmia must find persons prepared for its reception by the existence of an antecedent morbid condition. This antecedent condition is not one of mere ill-health, or debility, either inherited or acquired; but it is something definite, manifested by the development in the lining membrane of the eyelids, of certain little bodies which are not unlike grains of boiled sago, and which are commonly called after this resemblance. In technical nomenclature they are know as "follicular granulations," but to day I will call them "sago grains." They are concealed by the eyelids when these are in their natural position; and when once ophthalmia is set up they are soon concealed altogether, by the swelling and the increased redness of the parts in which they are found. Here again, example being better than description, I have a patient in attendance who has the "sago grains," but who has not yet suffered from ophthalmia. The very existence of these "sago grains" remained unknown until the year 1848, when they were discovered by Dr. Löffler, the surgeon to a Prussian regiment employed against the Danes. Soldiers on active service have often suffered greatly from contagious ophthalmia, and it prevailed so much in the regiment in question that many men were disabled. Dr. Löffler, in order to treat every case at the very beginning, caused the whole regiment to be paraded daily for inspection, and he examined the inside of the eyelids of every man. In a large proportion of the apparently unaffected men he found these "sago grains," and at first he did not know what they were or what they signified; but after a while he found that the men who had sago grains were sooner or later attacked by ophthalmia, and that the men who had no sago grains remained exempt. The inquiry was next taken up, and diligently pursued in the British Army, chiefly by Drs. Frank, Marston, and Welsh. They confirmed the conclusions at which Dr. Löffler had arrived, and they established that the prevalence of the sago grains is the necessary antecedent of an epidemic of contagious ophthalmia. They furnish, to repeat a figurative expression I have already used, the soil in which the seeds of the disease germinate; and, if the soil is wanting, the seeds either remain quiescent, or, at most, produce disease of a comparatively harmless character. Drs. Frank, Marston, and Welsh, further established that, when a large number of persons are brought together in close aggregation, and are exposed to insanitary conditions of living, they become the subjects of these sago grains; so that the presence or absence of sago grains affords a delicate test of the sanitary state of a school, regiment, or any similar community. In a regiment, the proneness to the development of sago grains is found to decrease as life advances—that is, to be much greater in young soldiers than in old ones, and, by a parity of reasoning, it is assumed to be greater in a community of children than in a community of adults. In any individual, and therefore in any community, the sago grains may disappear without producing mischief. But, as a matter of fact, sources of irritation to the eyes abound in the world, and when these sources of irritation act upon eyelids in which sago grains are already present, they often excite the contagious form of ophthalmia. It is, therefore, very rare for a community in which sago grains are prevalent to remain for any length of time free from an outbreak. The next step in the inquiry was to determine the nature of the sago grains; and this has been accomplished only within the last two years. Speaking broadly, they may be regarded as enlarged glands, and as bearing considerable analogy to the enlarged glands sometimes seen in feeble or scrofulous children. You know that glands are natural structures, which, in their healthy state, are not discoverable externally either by sight or touch, but which, in certain unhealthy conditions, become manifest as hard prominences on the sides of the neck and in other situations. When thus manifest, they may either remain passive, or, as it is said, indolent, and may after a time disappear by returning to their natural state, or they may undergo an unhealthy form of inflammation and become the seat of abscesses, which often give rise to unsightly scars. The case of the sago grains is almost precisely parallel, for just as a child will not have scrofulous abscesses in its neck unless glandular enlargement has first existed, so a child will not have contagious ophthalmia unless sago grains have first been developed in its eyelids. In this fact, therefore, we possess a clue to the prevention of the disease. When contagious ophthalmia has once taken root in an institution, it can only be got rid of by very troublesome and costly proceedings, which must be continued, as the experience of Hanwell and Anerley has shown, over long periods of time. I have discussed these proceedings at length in the St. George's Hospital reports, and need not now refer to them. My object here is to show reason for the belief that the disease might, perhaps, be prevented and kept away by measures of a simple kind. At present, concerning the origin and causes of the sago grains, we know only what I have said already—namely, that they appear whenever a large number of people are placed together and are exposed to insanitary conditions of living, and that they are produced more readily in children than in adults. There is only too much evidence that insanitary conditions have prevailed—nay, that they still prevail—in many or even most of the establishments under the control of the Local Government Board; and I think the main problems before us are to find out how it is that these conditions have been suffered to exist, and how they may be most effectually remedied. For my own part, I can explain their existence on no other ground than because there is no system of sanitary inspection for these establishments, as distinguished from general inspection; or, at least, no such system as they require. I assume that the Local Government Board, being charged with the duty of seeing that the Poor-law is applied in its integrity, is bound to employ a machinery of inspection for that purpose; and I presume it will be admitted on all hands that the Poor-law Inspectors render most valuable assistance to Boards of Guardians, in respect of many portions of their responsible and arduous duties, especially in respect of questions of relief, of administration, and of the interpretation of the law. But Boards of Guardians are not concerned with these matters alone. They are also the directors of a great organization for sanitary purposes, and my argument is that in this branch of their duties, also, they should be placed in close relation with the central authority by means of skilled inspectors, who would bring to the Guardians themselves, and to their officials, the advantages, not only of careful supervision, but also of a wider experience than any which local authorities are themselves likely to possess. A precedent for rendering such assistance, and an illustration of the utility of special knowledge, are afforded, or to the outside world appear to be afforded, by the influence on education that is exerted by the inspectors of workhouse schools, who, I believe, are special officers distinct from the general inspectors. If we may infer doctrine from practice, the doctrine of the Poor-law Board is that an intelligent legal inspector will always know when he is out of his depth, and that he may be trusted to call in medical assistance if he requires it. But, in actual life, people scarcely ever do know when they are out of their depth, and the worst blundering that we see around us is the blundering of clever men who meddle with matters they do not understand. It is quite true that since the disclosures about the state of the workhouse infirmaries made by the Lancet Commission, one of the Poor-law Inspectors for the metropolitan district has been a medical man. But he has never been permitted by the Board to assert or to bring into prominence his medical character. In the provinces there have been no medical inspectors, and medical aid has been sought, if at all, only when the very natural mismanagement of non-medical persons has brought matters to the confines, if not to the natural outbreak, of some grievous scandal. If we take the case of Anerley, we find that the most grievous mismanagement prevailed there, unknown to the inspectors, unrecognized, or at least, unrebuked by the Local Government Board. Early in 1872 long-standing quarrels among the managers and officers broke out into open war, and the contending parties denounced each others misconduct to the Board, and called attention to the prevalence and to the treatment of ophthalmia. Dr. Bridges was then sent down to make a special inspection, and I will go so far as to assume that he was selected for the duty because he was a medical man. According to the *Times* paper, he went in March, and again in May, and on the 14th of May he made a report from which the *Times* gave the following extract:—

"On the ground floor of the institution there are two wards allotted to boys. One of them is considered to be allotted to cases of ophthalmia, the other to cases of eruptions on the scalp. The former ward, however, contained a large number of cases other than eye diseases, and this on both occasions of my inspection. Some of the boys, from their own accounts (confirmed by that of the nurse), had contracted ophthalmia (as might have been foreseen) subsequently to their admission into the ward. This, however, is not all. Far too much latitude appears to me to be left to the nurses in the treatment of the children. On examining the head nurse, I found that there were two forms of lotion, described by her as 'caustic lotion' and 'green lotion,' used for the treatment of sore eyes. She admitted that she used in many cases her own discretion as to which of these two lotions should be used in each case. On speaking to the under-nurse of the boys' ward, I found that she, too, was in the habit of using her own judgment as to medical treatment, especially with regard to the various kinds of ointment used for affections of the scalp, without even, in many cases, referring to the head nurse. The whole system is thoroughly objectionable, and it is, in my opinion, impossible to exculpate the medical officer. With 140 children in the sick wards, I found scarcely any written directions as to treatment. I am safe in saying that in more than 100 of the cases, the medical officers' directions for treatment, if given specially at all, were given verbally. Of course, it would be simply impossible for any nurse to retain more than a tenth part of these directions in her memory."

Now, what does this report prove? First, undoubtedly, that Dr. Bridges, when employed as a medical inspector, is a careful and efficient one, and that his special knowledge enabled him at once to hit serious blots which a non-medical inspector would certainly have failed to notice. But it proves, also, that there had been no inspection into the sanitary condition of the establishment at any former period, for if there had been, the state of things described by Dr. Bridges could never have come to pass. Let us next inquire what was the result of the report. The managers of the schools at once endeavoured to introduce certain reforms; but they were left to do this very much by the light of their unaided judgment, instead of receiving the great help that a medical inspector might have afforded them. It is a significant indication of the previous state of the establishment that these reforms were not limited to matters of nursing and of infirmary management, but that they included improvements in the dietary of the children, a reconsideration of the number to be placed in each dormitory, an examination, ventilation, repair, and sometimes complete rearrangement of the drains, and structural alterations in the buildings occupied by infants. A few months after the report, and while reforms at Anerley were still said to be in progress, the Local Government Board positively relieved Dr. Bridges for a time from his duties in the metropolitan district, and sent him to distant parts of the kingdom upon a mission unconnected with his office, which might have been equally well accomplished by any other physician; and in which he had as colleague an eminent hospital surgeon who is engaged in London practice. Nay, more, the Local Government Board does not appear to have called the attention of the non-medical inspectors to the existence of ophthalmia and other serious evils at the schools; for, about the time when the managers, having given each child a separate towel, allowed it to be spread out at his bed head at night, as a sort of trap to catch contagious particles, one of the lay inspectors placed in the books a favourable report of the general state of the institution; and this report was absolutely quoted by a manager as affording a sufficient answer to all criticism. And now, having shown, I think, that there is at least a practical absence of efficient sanitary inspection in the schools, let me place before you another picture. I have already pointed to our great pauper lunatic asylums as establishments which are kept in the highest state of sanitary excellence by conjoined legal and medical inspection, and have said that what is done in them might also be done, notwithstanding difficulties somewhat different in kind, although infinitely smaller in degree, in pauper schools. The Commissioners in Lunacy make their visits in pairs—a lawyer and a doctor—together, each devoting himself chiefly to his own special province; and I have received, and will beg leave to read, a letter from Dr. Crichton Browne, a very eminent and distinguished asylum superintendent, which sets forth the character and results of their inspection. Dr. Crichton Browne says:—

"You are correct in saying that the sanitary state of our county pauper lunatic asylums contrast most favourably with that of the schools described, and is indeed maintained at the highest possible degree of excellence. Considering the weak and debilitated condition of most of the patients who are accommodated in these asylums, and the dirty and degraded habits of many of them, it is very remarkable that they are but rarely visited by epidemic or contagious diseases; that these never attain any extensive diffusion in them, and that tubercular diseases are less frequent in them than in the general community, calculating the proportion upon persons above five years of age in each. Filled with the refuse of workhouses, with street sweepings, with aged, broken down, and constitutionally-diseased persons, they yet enjoy an immunity from preventable disease, and maintain their death-rate at a point which is marvellously low when their peculiar circumstances are considered; and this, too, although many of these asylums, the older ones, labour under every conceivable defect of site and structure. Now, this excellent sanitary state of our pauper asylums I have no hesitation in ascribing to three co-efficients—firstly, to the constant and watchful supervision of their resident medical officers; secondly, to the liberal administration of their governing bodies, the visiting magistrates, and to the immediate and respectful attention given by them to all medical recommendations; and thirdly, to the vigilant and skilled inspection of the Commissioners in Lunacy. It is by the co-operation of these that the successful management of lunatic asylums is secured. Medical supervision would avail little unless the magistrates were prepared to adopt the recommendations which that supervision is perpetually suggesting. Magisterial enlightenment would be powerless unless guided by scientific and technical knowledge, and both of these would speedily degenerate, and 'lose the name of action,' if not stimulated and aided by central authority. As you are chiefly interested at present in ascertaining the part played by the Commissioners in Lunacy in contributing to the favourable hygienic conditions and general good management of asylums, I shall not say anything now as to the work done by the medical officers or magistrates, but shall confine myself to the value to be attached to official inspection, combined medical and legal. That inspection, so combined, after a long experience, I venture to say, is essential to the results attained. Without it, all sorts of abuses would grow up—routine, negligence, and false economy would conduct us back to the worst days of asylum history. We should have mechanical restraint, incessant seclusion, cruelty, and wholesale slaughter by epidemics. Without the influence of the Commissioners, our asylums would, I am certain, speedily deteriorate, and without its medical element that influence would be nugatory. I do not wish to depreciate the value of the legal part of the Board of Lunacy. On the contrary, I attach the highest importance to it, and believe that by associating a lawyer with a doctor you get the best possible combination for inspectorial purposes over public institutions. Without the lawyer the doctor is apt to be crotchety; but without the doctor the lawyer is altogether futile; for innumerable questions are constantly arising in asylum administration involving an acquaintance with cerebral pathology, with the natural history of disease, with the principles of science, and with sanitary details. When they visit an asylum the Commissioners do not merely see and interrogate the patients with a view to ascertain their mental condition, and whether they are legally detained, but they inspect every room, corridor, lavatory, and closet, satisfying themselves that ventilation and warming are properly attended to, and that ample cubic space and floor area are allowed to each patient. They examine the clothing and bedding as to their quality and cleanliness; they see the meals served, and ascertain that the dietary is adequate in amount and is sufficiently varied; they inquire into the classification of the inmates, the means of employment, recreation, and exercise provided for them, the efficiency, humanity, and rates of remuneration of the nurses and attendants who wait upon them, the washing and bathing arrangements, the character of the water supply, and the system adopted for the disposal of sewerage. They also examine the case books and post-mortem records minutely and surgically, investigating any accident of cases of sudden or violent death which may have occurred, and enquire into the general health of the community, requiring special information respecting any instance of epidemic or contagious disorder that may have happened. In these and a hundred other matters that command the attention of the Commissioners, but that it would weary you to enumerate, it is clear that the lawyer without the doctor would be entirely at the mercy of the local medical functionaries, and could not possibly exercise any salutary control over them. But it is not only during their periodical inspections that the Commissioners influence and direct the medical and hygienic arrangements of asylums, and so contribute to their success and healthiness. Every important event occurring in an asylum, the death of every inmate, with the cause thereof, and every outbreak of epidemic and contagious disease, are at once reported to them, and special inquiries are instituted by them whenever suspicious circumstances are present. Besides that, they regulate the selection of sites for new asylums, and the construction and arrangement of all buildings, enlargements, and alterations, and insist that these shall be carried out upon sound scientific principles. Altogether, they exert a most strict, judicious, and beneficial supervision over our asylums at every point. I am quite sure of this—that if a similar authority with similar powers were placed over our pauper schools, we should soon hear no more of contagious ophthalmia."

I hope it will be quite clearly understood that I have no quarrel whatever with individual inspectors, who have doubtless done all that it was in their power to do. My quarrel is with the Poor-law system, which practically renders the preservation of health subordinate to other considerations, and which, by so doing, besides inflicting incalculable misery upon great numbers of helpless persons, ultimately multiplies, probably tenfold, the cost to the country of disease among the poor. I repeat what I have before maintained, that the absence of thorough and systematic sanitary inspection by skilled persons of our workhouses and schools, and the reliance of central authority upon unskilled persons in sanitary matters, together with their habitual neglect of such medical representations as are made to them, have combined to permit the existence and the ascendency of unwholesome conditions which occasion the development of the so-called "sago grains," and which therefore, indirectly indeed, but no less certainly, are the absolute causes of all epidemic outbreaks of contagious ophthalmia. Nay, more, I have much reason to believe that the same influence is at the root of other evils which are springing up in some of our new workhouse infirmaries; and that many of these "palatial" establishments, as it is the fashion to call them, are even now ripe for the inquiries of a second Lancet Commission, which would bring to light, abuses quite as bad as, if of different form, those that were discovered in 1866. I can entertain no doubt that, so long as efficient sanitary inspection of workhouses and schools is neglected, so long will these institutions yield a perpetually recurring crop of abuses; nor can I doubt that these abuses will be infinitely more costly, in sickness, in death, in blindness, in reputation, than the supervision by which they might be kept in check. If a man of Dr. Crichton Browne's position and attainments feels that an efficient medical inspection is a valuable aid to himself, and to asylums generally, how much more would his words apply to institutions that are placed in many respects in a less advantageous position? It is implied, of course, in the term "efficient inspection" that the recommendations of the inspectors are to be carried into effect. And here, Sir, I cannot forget that, under the Public Health Act of 1872, many of the Boards of Guardians are the sanitary authorities for their respective Unions. I cannot refrain from reminding them that the kind of inspection which was peculiar to the old Poor-law Board, which permitted the growth of the state of Workhouse Infirmaries described by the Lancet Commission, and which is, I believe, responsible for the conditions in which all the epidemics of contagious ophthalmia have had their origin, is the same kind which has been deliberately introduced by the Local Government Board to carry out the important and complex provisions of the Public Health Act. I cannot refrain, as one necessarily somewhat conversant with sanitary matters, from entering my most emphatic and earnest protest against the employment of such inspection for such purposes, feeling certain, as I do, that it will not only be altogether futile as regards the objects to be obtained, but that it cannot fail to be productive of very grave disasters. There is one point more, and one only, to which I have to refer, and it is the possibility that the formation of sago grains may be due to a single cause among the many insanitary conditions by which the children at Anerley and other schools have been surrounded. The records of medical science are full of examples of diseases which, at one period, could only be explained by the use of a general phrase, but concerning which the evidence was at last narrowed down to some single detail. For instance, in the last century, the inhabitants of the county of Devon were liable to a very painful and distressing malady which was known as Devonshire colic. It was plainly due to some of the conditions under which life was carried on in the county, and each of these conditions was blamed for it in turn. The air, the soil, the water, the climate, were condemned in rotation; but it was at last discovered that Devonshire colic was only lead poisoning, and that it was due to the employment of leaden vessels in the manufacture of cider. The use of lead for this purpose was abandoned throughout the county, and colic is now unknown there. In like manner, seafaring men were once the victims of the disease called scurvy: and this was attributed to the "insanitary conditions of living" on board ship. In time it was traced to one of these insanitary conditions—namely, to the want of vegetable juices. The knowledge thus obtained was applied in practice, its application was enforced by law, and sea scurvy no longer occurs, except as a result of culpable neglect. In like manner I believe it might be possible by a sufficiently searching inquiry, to find out some single insanitary condition that is productive of sago grains, and, by banishing that condition, to banish also contagious ophthalmia. Such an inquiry could not be conducted by novices or amateurs, but only by persons thoroughly skilled in investigations of the kind, who would go from institution to institution, and would ascertain all the points of difference, in respect of conditions of living, between the schools that suffer from ophthalmia or in which the children have sago grains, and the schools that are exempt. Among the latter there are some where the managers attribute the exemption to the observance of some particular precaution, and it would be important to test the correctness of their opinions by the light of experience obtained elsewhere. In the words of my former paper on the subject, it might be that the persons who conducted such an inquiry would ascertain some simple factor of ophthalmia which might be easily and cheaply excluded. It might be that they would point out an effectual remedy which yet, by reason of the expense that it would entail, could hardly be preferred to a total change of system. It might be that they would say, "these schools are wrong in principle, and must be abandoned." But, at any rate, they would learn and declare the truth; and for the prevention of ophthalmia, or any other evil knowledge of the truth is the first and most indispensable condition.

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CASE OF PERFORATED WOUND OF COLON AND STOMACH (a).

By E. H. Bennett, M.D. and M.Ch. T.C.D.,

Professor of Surgery in the University of Dublin.

It will be in recollection that a few weeks since a labourer, working on one of the Dublin quays, was stabbed in a row with some Greek sailors. He was admitted immediately after the infliction of the injury into Sir Patrick Dun's Hospital, while I was going round the wards in the morning. The history, so far as the infliction was concerned, has been already sufficiently made public in the papers and elsewhere. After he was stabbed, the man ran a short distance and fell. When he was brought into the hospital he was almost pulseless. He was very drunk, greatly agitated, and extremely pale and collapsed.

(a) Communicated to the Dublin Pathological Society.

He had all the features of intoxication about him, for although the injury had produced collapse, it had not destroyed the alcoholic intoxication. His only reply to any question was that "some b——y Greek sailor had stuck him." When he had been stripped, they found above the crest of the ilium, directly above the edge of the bone, such a wound as the blade of a sailor's clasp knife would inflict, about an inch in length. There was merely a trace of hæmorrhage—all hæmorrhage had ceased—and there was but little blood about his clothes. He complained of great pain in his belly, and referred his pain to the umbilicus. The moment he was put to bed he began to vomit, and in a very short time he ejected about two quarts of porter and whisky mixed, but there was no trace of blood. From that time until his death he continued almost incessantly to vomit, and no means that could be adopted relieved him. He lived in hospital from Thursday, until the Tuesday following. This vomiting had some remarkable characters, in some senses it resembled the vomiting that was seen in cases of strangulated hernia. After the first two or three great cascades, the slightest movement caused him to make an effort of retching, and while he lay in bed liquid came streaming out of the sides of the mouth with little effort on his part. He complained of another remarkable symptom, that of being incessantly hungry; his constant complaint was that he wanted either something to eat or something to drink. Neither medicine nor food of any kind would remain upon his stomach. On the morning but one after his admission, he was very much in the same state, he was nearly pulseless, so nearly pulseless that as he lay on his right side, he ceased to have any pulse in the left wrist if the left arm were raised. As the right arm lay on the bed, the pulse could be felt beating very feebly. He lay throughout on the right side, and referred his pain to the epigastrium to the day of his death. There was no escape of gas from the wound, neither was there tympanitis, nor did tenderness extend over any great part of the region of the abdomen. It was strictly confined to the umbilicus throughout. The pulse became more rapid, but it recovered nothing in strength. There was no motion from the bowels, nor did any nutritive injection administered by the rectum escape in any way. All were retained, and they seemed to produce not the slightest amount of restoration in him. Gradually he became more and more feeble, he lost consciousness of those around him, and died without any material alterations in the symptoms. The bladder acted freely and water was voluntarily passed, and there was no blood or albumen in the urine. I should have mentioned, however, that on two occasions in the course of the case, the patient had vomited enormous quantities of blood. On the third morning of his admission, a basin which stood at the bedside of the patient, was filled nearly half full with dark fluid blood, which had evidently escaped a long time from the vessels. It contained no coagula, and was very dark in colour. In a short time the hæmorrhage ceased, and bilious fluid was vomited free from all trace of blood. Next morning the vomiting of blood returned very much of the same character, but in smaller quantity. I confess that even with the knowledge of the fact that a knife had penetrated the abdomen, I was at a loss to find any explanation of the extreme vomiting which occurred in the case, the two remarkable gushes of blood at distinct periods remote from the infliction of the injury, and the strange circumstances that he constantly craved for food. The *post-mortem* examination revealed the fact, that there were two wounds of the colon caused by the knife passing through and through its ascending portion. The course of the knife was traced with some difficulty through the posterior wall of the stomach, just below the bulging end near the great curvature. A second smaller opening was found in the anterior wall of the stomach, made by the knife transfixing that organ before entering the abdominal wall in front. The sections of the serous and mucous coats of the stomach in the posterior wound were of similar size, but the mucous membrane was everted through the opening so as to reduce its size, as seen from within fully one-half in the relaxed condition of the organ. The wound in the anterior wall was much more extensive in the mucous aspect than on the serous, apparently in consequence of the impaling of the stomach by the point of the knife against the abdominal wall. The point of most difficulty, looking at the case in a medico-legal aspect, is the next evidence of the passage of the knife. In the sheath of the left rectus muscle of the abdomen they found a much larger wound than that in the front of the stomach. They could only explain that fact by supposing that the point of the knife had done more damage to the sheath, in consequence of its tension, than it had inflicted on the anterior wall of the stomach. The wall of the stomach had been pushed into the rectus along with the knife. The condition of affairs in the cavity of the abdomen (and perhaps this should have been noticed before, but we have pursued the course of the knife through the viscera to facilitate description), was this: when the cavity of the abdomen was opened, a great escape of intestinal gas of the odour that is characteristic of the colon occurred. The whole of the peritoneum was glued together, except where the gas lay, by perfectly recent lymph. There was universal peritonitis. The sac of the omentum was distended by a great quantity of dark coagulated blood, which lay immediately in contact with the posterior wound of the stomach. No large vessel was discoverable in either wound of the stomach, both wounds being sufficiently removed from the curvatures. The hæmorrhage had in all probability taken place from the colic arteries, across the course of which the path of the wound lay. The explanation of the two copious vomitings of blood at times remote from the infliction of the wound and from each other, was probably this: that the blood which existed in the sac of the omentum had entered the stomach through the posterior wound, which lay in contact with it during periods of temporary relaxation of the contractions of its muscular coat. It was worthy of remark, that no evidence existed of any of the stomach contents having escaped into the peritoneum, although at the time of infliction it was distended, as proved by the quantity vomited. The tissues in the sheath of the rectus muscle in the neighbourhood of the wound, were infiltrated with unhealthy matter, which appeared due to the entrance of some of the intestinal gas into them from the peritoneum; and there was plenty of evidence of the escape of both solid and gaseous contents from the wounds of the colon into the peritoneal cavity.

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ON SOME MEDICINAL AGENTS RECENTLY INTRODUCED INTO USE IN PRACTICE (a).

By Walter G. Smith, M.D., T.C.D.,
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I. *Alkaloids and active principles.*
  Guarana; Methyl-strychnia; Emetin; Apomorphia; Ergotin.

II. *Hydrocarbides and their derivatives.*
  Xylol; Bromoform; Iodoform.

III. *Alcoholic compounds.*
  Nitrite of Amyl; Bromal; Chloral; Croton-chloral; Propylamine (so called).

After mentioning the fact of the identity of *guaranin*, the active principle of guarana, with the well-known thein or caffein, methyl-strychnia was adduced as a prominent example of the modern method of studying the connection between chemical *constitution* and physiological action, and the extraordinary contrast which its action presents to that of strychnia, was shown. But, interesting as these researches on the physiological action of the ammonium bases of the alkaloids are, too extreme importance should not be attached to them, and they shed little if any light upon the question of the respective actions of the natural bases. Emetin and apomorphia were next noticed in conjunction, inasmuch as they are the only two bodies which can be suitably employed as emetics subcutaneously. The hypodermic dose of emetin (the active principle of biffo) is about 1-30th of a grain. Apomorphia is a very remarkable body, and as an unirritating emetic substance when injected beneath the skin, it offers special advantages in dealing with refractory children, insane persons, and with adults in some cases of poisoning, when coma or delirium hinder oral administration. From 1-30th to 1·10th of a grain may be injected from an aqueous solution of hydro-chlorate of apomorphi, 1 grain in 200 minims. Dr. Smith mentioned two cases in illustration of its effects. In one case, that of a woman, 1-30th of a grain injected into the arm, induced painless vomiting in ten minutes. In the other case, that of a patient suffering from spasm of the œsophagus, 1-20th of a grain of apomorphia, from a fresh solution, was injected into the arm. In five minutes the pulse rose from 70 to 104; and he complained of a sensation of heat in the head, and nausea, which quickly increased. In ten minutes he felt inclined to be sick, but was unable to vomit. There was a sudden call to stool, and in another five minutes the bowels were freely moved a second time; thin yellow stools. After the expiration of twenty minutes the pulse had fallen to 56, he was deadly pale, drowsy, and felt, as well as looked, much prostrated. At the end of two hours he had completely recovered from the effects of the injection. No influence was gained over the œsophageal spasm, the duration of which, in this attack, one of many, was 122 hours. Under the head of ergotin, the confusion which prevails about its nature, was proved by showing that three distinct substances are included under this misleading term, which are named chronologically after their discoverers, Wigger's, Boujean's, and Weuzell's ergotin. As matters stand at present, it is impossible to give a satisfactory answer to the question—What is the active principle of ergot? Specimens of xyol, bromoform, iodoform, and nitrite of amyl were exhibited and commented on, and bromal, chloral, and croton-chloral were next touched upon. Of these three bodies it may be said, in brief, that ordinary, or ethylic chloral, has secured for itself a firm position in medicine. Bromal offers little promise of utility, and croton-chloral is just entering upon its trial. They are all strictly analogous compounds, and are, respectively, the bromine or chlorine derivatives of aldehyds. Bromal is brominated ethylic aldehyd; chloral is chlorinated aldehyd; and croton-chloral is a chlorinated derivative of crotonic aldehyd, *i.e.* the aldehyd of crotonic acid, a constituent of croton oil. Dr. Smith expressed his dissent from Liebreich's theory of the decomposition of chloral within the organism into chloroform and alkaline formiate, and cogent chemical and physiological arguments can be opposed to it. Chloral, no doubt, exercises a proper action of its own without bringing in the specious theory of the evolution of vascent chloroform within the system. To Liebreich is also due the introduction of croton-chloral, $C_4 H_3 Cl_3 O$, the most remarkable property of which is its specialised and singular action upon a very limited nervous area. When given to man in small doses it produces anæsthesia of the fifth nerve, and of that alone, while the sensibility of the body generally, and the pulse and respiration remain unaffected. Hydrate of croton-chloral closely resembles in appearance the ordinary chloral. In connection with the so-called propylamine, the last drug noticed, the importance of precise nomenclature, especially in organic chemistry, was urged, as well as the necessity of discriminating clearly between isomeric compounds. In other words, identity of composition is not to be mistaken for similarity of constitution. For years propylamine was confounded with its isomer, trimethylamine, the empirical formula common to both being $C_3 H_9 N$. It is now known that there are at least three different bodies which own this empirical formula, and which are totally distinct from each other. Thus—

(a) Abstract of a communication made to the Medical Society of the College of Physicians of Ireland. The discussion on the paper will be found at page 567.

$$\left.\begin{matrix} C_3 H_7 \\ H_2 \end{matrix}\right\} N \text{..... A primary amine—true propylamine.}$$

$$\left.\begin{matrix} C\ H_3 \\ C_2 H_5 \\ H \end{matrix}\right\} N \text{...... A secondary amine—methylethylamine.}$$

$$\left.\begin{matrix} C H_3 \\ C H_3 \\ C H_3 \end{matrix}\right\} N \text{...... A tertiary amine—trimethylamine.}$$

It should be borne in mind then, that, as yet, there is no such thing as real propylamine used in medicine, and that what is styled so is undoubtedly trimethylamine. In reference to the class of bodies to which trimethylamine belongs, viz., the amines (*i.e.*, organic ammonias), it may be observed that as all the natural alkaloids are probably either secondary or tertiary amines, it is rational to look for active agents among such as can be artificially prepared.

We understand that Dr. Waring-Curran, of Mansfield, Nottinghamshire, will be the probable candidate for Parliamentary honours upon Home Rule principles for Belfast at the next general election.

THE TREATMENT OF ANEURISM BY POSITION (*a*).

By Joliffe T. Tufnell, F.R.C.S.I.,
Vice-President of the Royal College of Surgeons in Ireland, and Surgeon of the City of Dublin Hospital.

Very many cases of cure of aneurism of the popliteal artery by ligature, by compression (digital or instrumental), and by flexion have been detailed, but I believe that the one which I am now about to communicate is the first instance in which this disease has ever been *systematically* treated by position and diet alone, and that consolidation of the contents of the sac, and the subsequent recovery of the patient, have been brought about without any interruption of the arterial stream by mechanical arrest being in some way or other applied.

For the notes of this case and the opportunity of observing it I am indebted to Dr. Muschamp, surgeon to the Royal Dragoons.

The patient, named Roger Tennent, æt. 37, was a trooper in that regiment, in which corps he had served for sixteen years. He was a steady, sober, well-conducted man, and in possession of three good conduct badges. He had been three times in hospital for rheumatism, but never for syphilis, although the marks of suppurating bubo in the left groin showed, that at some period prior to enlistment, he had most probably contracted a sore that was followed by abscess. He was admitted into his regimental hospital upon the 16th of December, 1872, complaining of a sharp pain in the left knee-joint, and upon examination a well-defined tumour (the size of a hen's egg) was found occupying the popliteal space. It pulsated visibly, and nearly equally in every direction. Compression of the femoral artery at once stopped the pulsation and reduced the size of the swelling. Bruit was very indistinct, in fact, could hardly be heard.

The history which this patient gave was, that about a fortnight before admission he felt pain in the knee, and that some four or five days afterwards he noticed a swelling in the back of the joint. He could not account for its occurrence.

Upon admission there was no excitement of the arterial system. The pulse regular and the heart sounds natural, but, if anything, rather feeble, and the second sound not quite as distinct as the first. The aneurism not being accompanied by any urgent symptom, there being neither heat nor fulness of the joint, or other sign to indicate that the tumour sprang from the front of the artery, it was determined in consultation to treat the case simply by position and a restricted diet. The patient was therefore placed recumbent, with the leg raised upon a pillow and the knee slightly bent, a cold evaporating lotion being kept constantly applied *over* the joint.

Upon the 19th there was little apparent change, excepting that the pain which had at first been described as sharp had become rather less. On the 22nd the pulsation was decidedly diminished, and when the hand was placed upon the tumour in the popliteal space it felt firmer. Upon the following day the pulsation was still less distinct, and upon the 28th of December (that is twelve days after admission into hospital) the disease was cured, the contents of the aneurismal sac being solid and devoid of all movement. The pulsation of the posterior tibial artery (behind the ankle) had also stopped. The heat of the foot had diminished as compared with that of the opposite limb, in which the circulation was of course perfect. Upon the 31st December absorption of the fibrine filling the aneurismal sac had commenced, and the tumour had begun to decrease in size, but for precaution's sake, he was kept confined to bed for a few days longer. Upon the 15th of January he was per-

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(*a*) Read before the Surgical Society of Ireland. The debate on the communication will be found at page 566.

mitted to walk about; and on the 2nd of February was discharged from hospital and employed at light dismounted duty, which he has ever since continued to perform.

From Dr. Muschamp I have recently heard. His letter is dated Edinburgh, October 17th, 1873. He says, "Roger Tennent is still in the regiment, and I am happy to tell you that he suffers no inconvenience from the obliterated aneurism; the only noticeable circumstance is, that the calf of the leg is fully an inch smaller than the right, and there is no pulsation perceptible in the posterior tibial artery of the ankle."

A few years since, Sir, this man would have been subjected (upon the discovery of the disease) to an operation that, in the hands of the ablest surgeons of their times, such men as Hunter, Pott, Clive, Cooper, Horne, Scarpa, Blizard, Bell, Travers, Brodie, Liston, Guthrie, Dupuytren, Roux, Mott, Key, Lawrence, and others of equal note, have, in one case out of four, either terminated fatally or left the patient more or less maimed for life. Vide Norriss's, Crisp's, and Phillip's tables.

Now, how changed is the position of the patient. Left lying horizontally for a few days with the affected limb at perfect rest, Nature, it is shown, can alone effect the cure. That similar cases to the one which I have just detailed, and with the same successful termination, will be published in the future, I feel assured; for why should not this result ensue in cases of popliteal aneurism when the sac is circumscribed, the tumour not rapidly increasing; when the aneurism springs from the posterior aspect of the artery and protrudes itself into the popliteal space avoiding the joint, and in which the patient possesses a fibrinating power in his blood? These conditions happily exist in the majority of cases, the contrary being the exception; and consolidation of the contents of many a popliteal aneurism will therefore, I am convinced, be hereafter brought about by position alone. Why, I repeat, should they not? If aneurism of the thoracic and abdominal aorta can be filled with fibrine in successive layers and thus cured, cases in which the impulse that produces the destructive action is but a few inches distant from the sac, surely, with the diminished supply of blood, consolidation by deposit should in popliteal aneurism much more readily take place.

I feel that I should not conclude this communication without saying that the lives of those who, suffering from internal aneurism have already been preserved by this treatment, and of those who hereafter may by it be snatched from death, will have been saved through the instrumentality of one who was intimately known to many now present—I mean O'Bryen Bellingham. To his memory these debts of gratitude are and will be due, for it was he who originated the practice, which I have but carried out. It was he who first demonstrated in this hall the fact, that it is not necessary for the cure of aneurism that the circulation through an artery shall be stopped, but the current of blood merely so diminished as not forcibly to distend the sac.

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Transactions of Societies.

THE SURGICAL SOCIETY OF IRELAND.

The opening meeting of the Society for the session was held on Friday evening, 28th November, at the Royal College of Surgeons, the President of the College, **Dr. Denham**, in the chair.

The **President** read the Inaugural Address, which was published *in extenso*, in the Medical Press and Circular for December 10.

Mr. Wheeler exhibited a

TUMOUR OF LARGE SIZE, WHICH HE HAD REMOVED A SHORT TIME AGO FROM THE FOREHEAD OF AN ELDERLY MAN.

Thirty years ago the patient was handing up a pail of water to a man engaged in extinguishing the flames of a house on fire, and the pail fell and struck him on the part of the forehead from which the tumour grew. Its progress had been very slow for many years, and it gave him little or no inconvenience; but a few years ago it increased rapidly, and at the time of the operation it was fifteen inches in circumference. Mr. Wheeler exhibited photographs of the individual taken before and after the operation, from the effects of which he said the patient had thoroughly recovered.

Mr. G. H. Porter exhibited an

OVARIAN CYST WHICH HE HAD REMOVED THAT MORNING FROM A PATIENT IN THE MEATH HOSPITAL.

She was an unmarried female, 23 years of age, and fifteen months ago she first noticed the disease. The tumour began on the right side, and went on increasing, and before the operation for its removal she was tapped four times. The first tapping took place on the 1st December, 1872, when 190 ounces of fluid were taken away; the second tapping was on the 2nd July, 1873, when 263 ounces were taken; the third on the 3rd September in the present year, when 308 ounces were removed; and the fourth on the 4th of last month, when 304 ounces of fluid were removed. It was apparently an unilocular cyst, with a very small amount of solid matter, and one or two very minute cysts in connection with the large one. It was perfectly free from any appearance of malignancy; there were none of those blue plum-like growths springing from the interior which were seen in tumours of a cancerous nature, nor was the cyst covered with enlarged veins. Its weight was 1 lb. 15 ozs., and its fluid contents 210 ounces. The fluid was of a chocolate colour. The tumour, when fully distended with tow as at present, measured 26 inches in one and 29 inches in the other direction. He made the operation with a short incision about four inches, and he did not think the patient lost an ounce of blood. He had not to tie a single vessel. The pedicle was fastened by the metallic clamp. Before operation that morning, the girth of the abdomen at the umbilicus was 36 inches, and from the pubis to the xiphoid cartilage 24½ inches. There were some adhesions on the anterior part of the tumour, which he suspected were produced by the numerous tappings. However, they easily broke up under his fingers. He had to acknowledge the kindness of his friend, Professor Macnamara, who rendered the patient insensible by methylene. Nothing could be more perfect than the anæsthetic slumber in which he placed her, and there was very little sickness.

Mr. Corley exhibited a

CALCULUS OF LARGE SIZE WHICH HE HAD REMOVED FORTY-EIGHT HOURS PREVIOUSLY FROM THE BLADDER OF A YOUNG GENTLEMAN, ÆT. NINETEEN.

He wished to show it before section in order that it might demonstrate some of the difficulties that arose during the progress of operations for stone. This specimen weighed within a few grains of a quarter of a pound; it measured 2½ inches in its largest diameter, 2 inches in its transverse diameter, and 1½ inches in thickness. It was pear-shaped, hard in its character, and bore on it the marks of the forceps. Owing to the size and shape of the calculus the operation lasted nearly half an hour, although he was able to feel it at once with his finger. The patient was doing well.

Mr. Wheeler exhibited a

LEG WHICH HE HAD AMPUTATED ABOVE THE KNEE.

On examining the joint the cartilages were found to be in a granulated condition, and partly eroded. The bone was considerably diseased, and there were several sinuses around the joint. The crucial ligament was slightly ulcerated. The most remarkable feature was that the patella was ankylosed to the femur.

Mr. Tufnell read a communication on

THE TREATMENT OF ANEURISM BY POSITION,

which appears at page 565 of this issue. The reading of the paper having concluded,

Dr. H. Kennedy asked if the diet had been restricted in this particular case.

Mr. Tufnell replied in the negative. The man had a weak heart, which would be favourable to consolidation, but there was no reduction of the diet that would reduce the circulation. He got merely the ordinary low diet of the hospital.

Mr. Tyrrell did not believe that aneurism of the popliteal artery could always be cured by the same means. He had a case under his care some time ago in which all kinds of pressure were used in the presence of his colleagues and other surgeons, and although the patient submitted with great courage, the aneurism was increasing in size and was on the point of bursting. The patient was worn down by irritation and could not sleep, and it was feared that rupture would take place. Under these circumstances he applied an antiseptic ligature to the artery, and immediately all the bad symptoms disappeared; the man made a good recovery, and was now pursuing his ordinary vocation of a lawyer's clerk. In treating popliteal aneurism, therefore, surgeons would do wrong to confine their attention to one mode. Although pressure would usually succeed, yet, in certain instances, harm might be done by carrying the pressure too far. In Bryant's "Surgery" he believed it was stated that in most cases is was necessary to arrest the current for a certain time, and that was Mr. Tyrrell's experience in the case he had mentioned.

Surgeon-Major **Manifold** said that in the General Hospital at Birmingham, where he had been stationed, he had seen the practice advocated by Dr. Tufnell adopted with success. Sir William Fergusson had recorded some cases which had been successfully treated in the same way.

Dr. Tufnell said every Irish surgeon would agree with Mr. Tyrrell that there was no uniform practice in these cases, but that every case must be treated according to its individual merits. He should not try ligature until he found pressure had failed; but if he found a case was advancing, of course, he would stop it as soon as possible. He wished to know whether, in the cases referred to by Dr. Manifold, compression alone was used, or whether flexion was employed.

Surgeon-Major **Manifold** replied that the cases were treated by rest, and perhaps flexion.

Mr. Tufnell observed that the case he described was one where the limb was left in its natural position—that is, the position which it naturally took according to the wish of the patient. To make flexion sufficient to effect a cure, the limb must be kept in a very awkward, constrained position, and afterwards there was a risk in making extension of the limb, of tearing the artery, especially if there were any athermatous deposit. In the case he had mentioned the limb was left straight. There was no interference with the current of the blood, but the limb was left in such a position that fibrinisation was able to take place.

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MEDICAL SOCIETY OF THE COLLEGE OF PHYSICIANS OF IRELAND.

The second meeting of the session was held on the 10th inst.,

Sir **Dominic Corrigan**, Bart., M.P., in the chair.

Dr. **Walter G. Smith** exhibited some of the drugs which have been recently introduced into practice, and invited the attention of the members to the special points of interest in connection with them. (A full abstract of this communication will be found at page 564.)

The **Chairman** said they all felt thankful to Dr. Smith for the information he had afforded the Society. This paper had been both wonderful and interesting, and he (the Chairman) would be very glad to make some observation on it himself, but there was one difficulty in the way—that was that he felt totally incompetent to do so. The Chairman having intimated that he would be happy to hear any observations that might suggest themselves to the members, and there being no response, he said he had only to conclude that they all shared in the difficulty which he experienced.

Dr. **Henry Kennedy** made a second communication on

THE USE OF HEMLOCK.

The former, he said, had attracted some notice, and as the matter was of practical importance, he ventured to bring it forward again. After some general remarks, into which the writer entered, as to the disuse of many valuable drugs—hemlock amongst the rest—he gave the detail of some four or five cases, chiefly of chronic disease, in which the hemlock proved very useful. In one there had been loss of voice, lasting many years; in another, great pain in the ovary; in a third, very severe abdominal pains, most probably connected with a tumour, which could be felt; and in a fourth, greatly impaired health, after fever. In each and all of these the hemlock acted peculiarly well, when given in full doses. Dr. Kennedy also stated that in chronic disease of the lung, including even phthisis, the hemlock would frequently be found most useful; and likewise in strumous affections, and in certain cases where there was great irritability of the bladder, as shown by the presence of pain and great frequency of passing water. In conclusion, the writer said that the ordinary doses of the drug were by far much too small. Those given in the British Pharmacopœia were useless, and it was idle to expect that any drug, much less hemlock, could exhibit its virtues unless the conditions under which it was originally prescribed, were strictly adhered to. But these doses had been either ignored or forgotten. It only had shown what very large doses of the succus conii might be given before the physiological effects were produced.

The **Chairman** said the subject was one of great interest, but he wished to ask Dr. Kennedy what was the dose of the succus conii, or extract, which he had found sufficient to obtain the results to which he had referred.

Dr. **Kennedy** said as regarded the succus conii, he had prescribed two drachms three times a-day, but he had repeatedly pushed it to half an ounce three times a-day. Some good results were obtained from the extract, beginning at ten to fifteen drachms a-day, but under ten drachms he did not think there would be the slightest use in giving it.

Dr. **Aquila Smith** said the doses fixed in the Pharmacopœia were much too small, and calculated to mislead the great majority of the profession. He was inclined to doubt that all the cases mentioned by Dr. Kennedy had been cured by hemlock. Neuralgic cases had a natural duration, and they might be rather coincident with the recovery of the patient. He thought the Society was indebted to Dr. Kennedy for having drawn attention to the clinical study of the effect of such a drug as conyun, and said that if practitioners were a little more in the habit of giving more consideration to these matters, they would find that it possessed certain physiological properties, and beneficial results would follow.

Dr. **Benson**, in the course of some remarks, said that in two or three cases he had used the extract of conium with success.

It was agreed to postpone the reading of Dr. Moore's paper "On the Climate and Vital Statistics of Tasmania" until the next meeting.

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Monthly Summary of Science.

Edited and compiled for the Medical Press and Circular,

By Chas. R. C. Tichborne, Ph.D., F.C.S., M.R.I.A., &c.

[*The writer is not responsible for any of the statements contained in this compilation.*]

DISSOCIATION OF THE SUN'S ATMOSPHERE.

Norman Lockyer has started a novel theory which has, at any rate, a considerable amount of plausibility. In the intensely-heated vapour of the sun and the stars it is to be presumed that there are various degrees of "celestial dissociation" at work which prevent the coming together of the atoms which at such temperatures as we could command on earth form metals, and the non-metallic elements which have not been found yet in the incandescent vapour. "No chemist," says Dr. Gladstone, in connection with this subject, "can look into the atomic weights and see the curious relation between them without being convinced that there is some mystery behind them."

SOLUBILITY OF IODOFORM IN ETHER.

Dr. Gubler (*Journal de Pharmacie et de Chimie*) employs the etherial tincture of iodoform for external application:

From the rapid volatility of the solvent that substance is left in a state of extreme tenuity and covers the surface in a uniform manner. The solubility was carefully determined, and the following formula is the result :—

Crystallised iodoform . .	1 gramme.
Ether	4 grammes.

M. A. SAUSENS' DETERMINATION OF THE MECHANICAL CO-EFFICIENT OF ALIMENTS.

The statistics are taken from observations made upon the omnibus horses of Paris. 1,600,000 kilogrammeters are the equivalent, or practical co-efficient, of 1 kilogramme of protein in the ordinary diet (2 lbs. 3¼ ozs.). The horse weighs 500 kilogrammes. Each horse draws 1·59 kilogrammes at the rate of 2·2 meters per second for four hours daily, and starts this 60 or 70 times. Their daily work equals, therefore, 2,000,000 kilogrammeters. At the rate of 1·600 per gramme of alimentary protein, it would require 1,250 grammes for its daily ration. Their diet is per head 960 oats, 135 bran, 307 hay, making a total of 1,402 grammes. The difference of 152 grammes goes to support the body supposed to be at rest at the rate of 30 grammes per kilogramme of weight, the quantity shown by experience to be necessary.

COLOUR TEST FOR CHLORAL HYDRATE.

If we agitate chloral hydrate with essence of mint the mixture becomes rose colour, and by degrees a deep red. Boiling does not destroy this colour, and sulphuric acid renders it even more intense. M. Carl Jehn says that neither the other oxygenated essences or the simple hydrocarbons produce this reaction.—*Archiv. der Pharm.*

THE INFLUENCE OF PRESSURE UPON FERMENTATION.

Acetic acid, from Mr. Brown's experiments, seems to be largely increased in liquids fermented in the ordinary way if the pressure is decreased.

ON SOME REACTIONS OF APOMORPHIA.

Messrs. Ludwig, Mayer, and C. Wright have published a paper on the "Oxidation and Decomposition products of Morphine Derivations," from which the following interesting reactions are taken.

The precipitate obtained by the aid of caustic potash redissolves in an excess of the precipitant, and the resulting solution absorbs oxygen most energetically, and it may be used (like pyrogallic acid) for the determination of oxygen.

If an oxydised solution is acidified with hydrochloric acid agitated with ether, the latter becomes of a magnificent red purple tint. This colour serves as a good qualitative test for apomorphia, a moderately deep tinge being given to a small quantity of ether by a minute fraction of a milligramme of that substance dissolved in caustic potash, exposed to the air for an hour, acidified, and agitated.

CHEMICAL COMPOSITION OF FLUIDS FOUND IN FISH, &C.

Peritoneal fluid of fish, as found in the peritoneal cavity of the ray has a specific gravity of 1021. It contains a special albuminoid material, which is coagulated by heat. It is very rich in urea, and seems to contain methylamine.

Digestive fluids.—The gastric juice of the ray is very acid from the presence of free hydrochloric acid; but it did not contain hydrobromic acid.

Blood.—The blood of the sea-polypus and crabs becomes slowly blue in contact with the air, and becomes colourless again when carbonic acid is passed. These bloods contain a coagulable substance, which dissolves in hydrochloric acid to form a violet blue liquid. In the blood of the squalus and ray urea was found in considerable quantities ; 85 grammes of the blood gave 202 c. c. of nitrogen.

A NEW BODY FOUND IN URINE.

M. T. Baumstark says he procured this substance in the following manner :—Syrupy urine was mixed with a considerable quantity of alcohol, and the alcoholic filtrate freed from spirit by distillation. The hippuric acid was removed by ether, and the residue, after neutralisation with ammonia, treated with basic acetate of lead and filtered. On evaporating this filtrate, crystals of urea were obtained, together with crystals which did not dissolve in spirit.

These are crystals of the new substance. It has the following composition : $C_3\ H_8\ N_2\ O$.

It forms white prisms, melting at 250°. It forms easily soluble salts with acids. Nitric acid converts it into sarcolactic acid, and boiling with baryta-water converts it into ammonia and ethylamine.

REACTIONS OF ALKALOIDS.

A table of reactions for the alkaloids has been republished by Brumer and Stas-otto in the *Chicago Pharmacist*, which is based upon solubility of the alkaloids in ether respectively from acid and alkaline solutions. This useful table is too extensive to give here, but will be found in the organ of the Chicago College of Pharmacy for September. It includes all the poisonous alkaloids, &c.,—viz., colchicina, digitalis, picrotoxin, brucia, delphinia, veratria, strychnia, atropia, conia, aconitia, morphia, &c.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 24, 1873.

THE ROYAL COLLEGE OF PHYSICIANS OF LONDON.

We lately called the attention of the College of Physicians to the question of unusual doses, and made some suggestions as to the mode in which the requests of the chemists should be met. At the last meeting of the Fellows the question came forward in a forcible manner, for a letter was read from the President of the British Pharmaceutical Conference in reference to unusual doses in prescriptions, and containing a request that the College would approve of certain suggested safeguards against future accidents—viz., that the prescriber should attach his initials in brackets to the prescriptions immediately after each unusual dose prescribed ; that the full name and address of the prescriber should be given, to facilitate intercommunication between the prescriber and the chemist ; and, lastly, that the chemist should be empowed to retain all prescriptions containing unusual doses. Considering that it was well known that such a communication would be made, that the matter had been fully discussed at the Conference, that the medical and pharmaceutical journals were unanimously in favour of some step being taken, it may seem unfortunate that no decision was come to. We trust, however, that no hesitation will be felt in adopting a conciliatory measure, and one which will certainly be recognised by the public as proper and for the interest of patients. We again, however, repeat that we do not think it well for the chemist to keep the prescription. It is the usual custom to copy it, but to endeavour to keep it would excite mistrust.

While speaking of the mode of emphasizing unequal doses, we may remark that Mr. Proctor Jones writes to a contemporary to recommend one of the modes we have several times alluded to, but which he speaks of as "hitherto unnoticed." He should not confine his reading to a single channel if he proposes to write letters to the papers.

We hope that the College will shortly adopt some resolution respecting the mode of writing prescriptions and signing them. At the meeting mentioned Dr. Anstie gave notice that in due course he would move the College to address the first Lord of the Treasury with a view to urging the need of a remedy for overcrowding in London. There can be no doubt that recent improvements have entailed much misery and even disease, for instead of the poor being driven into the suburbs many of them have sought refuge in places already overcrowded, and the result has been such as any one might have predicted. The recent report of the Committee of the Charity Organisation Society is such as forcibly to impress on our rulers the evils that have been thus brought about, and it is not improbable that some Parliamentary discussion may occur. It is, however, very doubtful whether any legislation can take place to diminish the evil that already exists, though it is quite possible that new schemes may not be authorised should they be proved to add to the mischief. The College can do no harm by such an action as that proposed; but while so many things more closely affecting the profession remain unconsidered it will appear a little strange to take up a good work which does not need such aid, as zealous philanthropists are concerned with it, and have the moral support of all classes, and of course of the physicians among them.

It is well for the College to be interested in all good works, but perhaps its action might be more effectual by beginning at home.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

The Council of the Royal College of Surgeons in Ireland have, we understand, at length perfected their new system of examination, and finally decided to carry it into effect in due course. All students who commenced their studies before October, 1872, will be *obliged* to submit to examination, according to its provisions, and the first examination for students of that standing will be in July next, but it will be open to more advanced students to present themselves in the subjects of the same examination in next April if they desire to do so. Those candidates who elect to do so will be entitled to pass *the second* examination in July. The following are the clauses which refer to the second and pass examinations, which have last week, received the final approval of the Council:—

The Second Examination.

For this examination the candidate shall be required to produce the following certificates, in addition to those necessary for the first examination:

(*a*) Evidence of having passed the first examination; (*b*) Practical Anatomy, with demonstrations and dissections, one course; (*c*) Physiology, one course; (*d*) Surgery, one course; (*e*) Practice of Medicine, one course; (*f*) Hospital attendance, nine months.

Subjects for Examination.

a. Anatomy (Descriptive and Surgical).
b. Physiology and Histology.
c. Surgery.
d. Medicine.

Fee for this examination, £5 5s.

The Pass Examination.

For this examination the candidate shall be required to produce the following certificates, in addition to those necessary for the preceding examinations:

(*a*) Evidence of having passed the First and Second Examinations; (*b*) Midwifery, one course; (*c*) Medical Jurisprudence, one course; (*d*) Hospital attendance, three months.

Subjects for Examination.

a. Clinical Examination.
b. Operations on the Dead subject.
c. Surgical Appliances.
d. Therapeutics (including Prescription writing).
e. Medical Jurisprudence.

This examination shall occupy two days, the first of which shall be devoted to Operative Surgery and Clinical Examinations. The second to Surgical Appliances, Therapeutics, and Medical Jurisprudence.

Mode of Conducting the Final or Pass Examination.

On the forenoon of the first day, the examination in Operative Surgery shall take place in the College. The Clinical Examination, in the afternoon, shall be held at the bedside of the patient, in some one of our city Hospitals, such Hospital to be allotted to each candidate by ballot. For this purpose the candidates shall attend at the College half an hour before the time fixed for the examination, when each shall be directed to the hospital to which he has been allotted, and shall proceed thither at once to meet the Examiner and the Councillor appointed for that duty.

The second day of the Pass Examination shall be devoted to Surgical Appliances, Therapeutics, and Medical Jurisprudence, when each candidate shall be examined for one hour.

Two operations and three surgical appliances, at least, shall form the subjects of examination for each candidate.

Fee for this examination, £10 10s.

General Rules.

At the conclusion of each examination, the candidate shall be informed of the result by letter, forwarded to his address by post or otherwise.

Any candidate for the Letters Testimonial to whom the Council may grant a special examination, shall be required to pay, in addition to the foregoing fees, a sum of Five Guineas.

Each candidate rejected at any examination shall pay for re-examination a fee of Two Guineas, additional to that which he has already paid.

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VOTING CHARITIES AND ORPHAN ASYLUMS.

The story of Caspar Hausen, who, from having grown up in perfect seclusion and solitude, was unable to utter anything more than a few incoherent words, must be familiar to most people; but that a child after leaving an orphan asylum, on walking out and seeing a donkey, and hearing it bray for the first time in its life, should wonder what strange animal it was, seems almost incredible. Yet, such is a fact, as anyone will find on turning to page 156 of *All the Year Round,* of the 13th ult., where we have recorded the veritable experience of an orphan, who had been an inmate of four orphan asylums, two as a pupil, and two as a governess.

The discussion by the Press of the evils attendant upon the "voting charities," has called forth a simple, but graphically written article, very pertinent to the question "as to whether the present method of electing candidates to charities is the best that can be devised." The writer believes not, and gives some cogent reasons for the opinion, which support in many ways the views put forth by those who advocate a change. Indeed, we may surmise from this article that the horrors of prison life can scarcely exceed that of an orphan asylum, where the system, or rather no system, of education pursued, is not only "a bad preparation for entrance into the world," but one well calculated to bring out the worst side of human nature, requiring years of intercourse with decent people before the bad effects of such a life can be shaken off. We can quite believe that when children leave orphan schools, such as we have here described, it is discovered that instead of their education being "finished it is not even begun," and that they are utterly ignorant of the commonest things in life. The story is simple enough; it is of a child left an orphan at four years of age, who falls to the care of a grandfather and two maiden aunts, well able to support and educate her, but from having tasted of the excitement of a voting charity election, thought it better to transfer their responsibility to a public institution, and accordingly find a home for the child in an orphan asylum, where of course she soon became lost to the outer world, and all the kindly influence of home. Years of seclusion, confinement, hard usage, and dreary monotony follow, and the child's spirit is cowed, she is made timid and nervous for life, without mentioning the additional torment "of living under a head-mistress of many years' standing, who was at last dismissed for drunkenness." Having escaped from her tormentors, and, in course of time, become a married woman, she constantly thinks of the misery of her young days, and hopes to prove to those "dozen benevolent-looking old gentlemen who administer the charity," that they know nothing about its inner life, nor the requirements of little girls and boys. And that even "the fine Grecian edifice, with its show garden in front," in which they take so much pride, would look much better "with the children let loose to run among rows of cabbages, than that children should never taste a cabbage or partake of vegetables with their unpalatable meat hacked from the joint." The evils of aggregating children in rooms, "with nothing but whitewashed walls to gaze upon from morning until night," the glare of which is a constant source of eye-disease, is pointed out, and a remedy suggested, which we commend to the notice of managers of orphan asylums. There cannot be a doubt that "the conversion of large asylums into a number of smaller houses, where not more than twenty children should live, with a responsible and kind-hearted person in charge of each house and group," would be attended with the happiest results, and we heartily commend the forcible arguments of the writer in *All the Year Round*, to the consideration of those who take an interest in the question of "voting charities."

Notes on Current Topics.

Lunacy.

The frequency with which medical men have inadvertently broken the lunacy laws, and thereby drawn upon themselves inconvenience or more serious damage, would seem to imply that even yet the majority of the profession are too careless on such points. We have often had occasion to regret that a professional brother has placed himself in a false position through ignorance of his responsibilities. There appears, therefore, ample room for a new manual or guide, and Messrs. Smith, Elder and Co. have just published one which seems complete and accurate. This new "Manual of Lunacy" is a guide for those who have the care of the insane, written by Dr. Lyttleton Winslow, and is ushered in with a preface by the author's father—Dr. Forbes Winslow—who thinks, as we do also, that the work will be useful to lawyers as well as medical men. With regard to the latter—and as medical journalists our concern is with them—we may safely say that those who follow the instructions given will not have to plead ignorance of the law as an excuse for its violation, for they will find in it full and precise directions as to all they need to know respecting the care of the insane, either in public institutions or in private houses, while a very copious index will enable them at any moment to turn to the point they may desire to refer to.

Quinine Wine.

If we are to give credence to what has been unauthoritatively stated as to the genuine character of the ordinary quinine wine, we must believe that a large portion of what is usually sold as such contains very little either of wine or quinine, being, in fact, in some instances, little better than an infusion of cinchonine or salicine, or even bitter barks, in the worst sort of fortified sherry. There are many patients who will take a quinine wine with satisfaction who cannot be persuaded to touch the apothecary's bitter bottle, and it is very desirable that medical men shall have a solution of real quinine in real sherry. Messrs. Goodall, Backhouse and Co., of Leeds, introduced to physicians' notice not long since an "orange quinine wine," which appears to be thoroughly worthy of dependence for such cases. It is by no means unpleasant to taste, and contains usually over ten grains of quinine to the pint, or a grain to the wineglassful. The makers relieve themselves of any suspicion as to the purity of the alkaloids, by guaranteeing the use of nothing but Howard's quinine, and they certainly succeed in producing a very nice, and, we believe, most valuable preparation.

The "Dying Faith."

We have, from time to time, quoted from our *Homœopathic Review* many *naïve* confessions to which we are, in its November issue, afforded the opportunity of adding still one.

The editor undertakes to reply to Dr. Johnson and a London contemporary, anent the three cases of poisoning by a homœopathic tincture. In the course of this reply, the editor describes in the following neat epigram, some of the members of his profession who, it would appear, enjoy the largest share of public support:—

"We know full well that there are a few medical men who, while they thoroughly believe that they practice homœopathy, use medicines in quantities which, if they did so, would be quite unnecessary. They are men who, for the most part, are engrossed with the charge of far more patients than they are physically competent to do justice to. The result is, that they neglect the study of the materia medica, fall into a routine of careless prescribing, and endeavour to help out the non-homœopathicity of their prescriptions by giving large quantities of physic. They fail to attain the end they desire, and only bring discredit upon the method of treatment which, in their earlier days, they studied carefully and practised successfully, and to which they are indebted for their popularity."

Neither Dr. Johnson nor the *British Medical Journal* has ventured on any statement half so conclusive on the point at issue as the foregoing, and the conclusion appears irresistible, that if homœopathic practitioners who have "charge of far more patients than they can do justice to," find themselves coerced by experience to abandon the infinitesimalism which, "in their earlier days, they studied carefully and practised successfully," then, indeed, it is justifiable to characterise homœopathy as "a dying faith."

Presence of Alcohol in the Human Urine.

After having shown that urine, on putrefying, produces alcohol, M. Béchamp has sought to discover alcohol in the urine of persons who have previously been subjected to a *régime* of abstinence from wine and alcoholic drinks. In the urine collected in these conditions, and in which fermentation had been prevented by the addition of a little creosote, M. Béchamp has found enough alcohol to be able to set it on fire. In one of the experiments there was enough alcohol in two litres of urine to be determined by the alcoholometer. The author believes that the liver produces alcohol physiologically.—*New York Med. Record.* (This is confirmatory of the researches of our countryman Dr. Ford, who years ago obtained alcohol from the blood of animals which had lived lives of strict teetotalism. —*Phil. Times*, November 15, 1873.

The first Case of Ovariotomy.

The *Clinic* extracts from Dr. Jackson's Biographical Sketch of Ephraim McDowell, the pioneer ovariotomist (*Richmond and Louisville Journal*, November, 1873), his own account, taken from the *Eclectic Repertory and Analytical Review*, for October, 1816, of his first case :—

"*Case* I.—In December, 1809, I was called to see a Mrs. Crawford, who had for several months thought herself pregnant. She was affected with pain similar to labour pains, for which she could find no relief. So strong was the presumption of her being in the last stage of pregnancy, that two physicians who were consulted in her case requested my aid in delivering her. The abdomen was considerably enlarged, and had the appearance of pregnancy, though the inclination of the tumour was to one side, admitting of an easy removal to the other. Upon examination, *per vaginam*, I found nothing in the uterus which induced the conclusion that it must be an enlarged ovarium. Having never seen so large a substance extracted, nor heard of an attempt or success attending any operation such as this required, I gave to the unhappy woman information of her dangerous situation. She appeared willing to undergo an experiment which I promised to perform if she would come to Danville (the town where I live), a distance of sixty miles from her place of residence. This appeared almost impracticable by any, though the most favourable, conveyance, though she performed the journey on horseback. With the assistance of my nephew and colleague, Jas. Mcdowell, M.D., I commenced the operation, which was conducted as follows :—Having placed her on a table of the ordinary height, on her back, and removed all her dressing which might in any way impede the operation, I made an incision about three inches long, from the muscular rectus abdominis, on the left side, continuing the same nine inches in length, parallel with the fibres of the above-named muscle, extending into the cavity of the abdomen, the parietes of which were a good deal contused, which we ascribed to the resting of the tumour on the horn of the saddle during the journey. The tumour then appeared in full view, but was so large that we could not take it away entire. We put a strong ligature around the Fallopian tube near to the uterus; we then cut open the tumour, which was the ovarium and the fimbriated part of the Fallopian tube very much enlarged. We took out fifteen pounds of a dirty, gelatinous-looking substance ; after which we cut through the Fallopian and extracted the sac, which weighed seven pounds and a half. As soon as the external opening was made, the intestines rushed out upon the table, and so completely was the abdomen filled by the tumour, that they could not be replaced during the operation, which was terminated in about twenty-five minutes. We then turned her on her left side, so as to permit the blood to escape, after which we closed the external opening with the interrupted suture, leaving out at the lower end of the incision the ligature which surrounded the Fallopian tube. Between every two stitches we put a strip of adhesive plaster, which, by keeping the parts in contact, hastened the healing of the incision. We then applied the usual dressing, put her to bed, and prescribed a strict observance of the antiphlogistic *régime*. In five days I visited her, and much to my astonishment found her engaged in making up her bed. I gave her particular caution for the future, and in twenty-five days she returned home as she came, in good health, which she continues to enjoy."

Another of his seven cases (six of which were successful) presents some points of interest.

In the summer of 1822 he made a long horseback journey of some hundreds of miles into Middle Tennessee and back, and performed ovariotomy with a successful result upon Mrs. Overton, who resided near the Hermitage, the residence of the late President Jackson. Mrs. Overton was enormously obese, and he had to cut through four inches of fat upon the abdomen. The only assistants he had in the operation, as we have been informed, were General Jackson and a Mrs. Priestley. General Jackson seems to have been greatly pleased with the doctor, and had him go to his house and remove a large tumour growing from the neck and shoulder of one of his negro men. Dr. McDowell's charge for his operation upon Mrs. Overton was $500, but the husband, with a commendable generosity, gave a cheque upon one of the Nashville banks for $1,500, which, upon the doctor's presenting for payment, and discovering the presumed error for the first time, he sent a messenger back to Mr. Overton to have it corrected, but that gentleman replied that far from being a mistake, he felt that he had not even then made a full compensation for the great services which Dr. McDowell had rendered.

Droitwich Salt Springs.

The mineral waters of the British Isles are so often forgotten in comparison with those of the Continent, that we take the occasion of a recent public meeting at Droitwich to say a few words about its springs. The meeting was held to inaugurate the new baths which promise to be a benefit to many. The Droitwich waters in some old guide books are called "brine waters," and the name is partly justified by the large quantity of saline matter they contain. They are, in fact, a species of inland sea-water, the chief ingredient being chloride of sodium, but bromine, iodine, and other substances are also present.

Those of our readers who require detailed information about these inland salt-baths—which have been fitted up so as to be available in all weather—may refer with advantage to a little work by Mr. Bainbrigge, F.R.C.S., formerly surgeon and lecturer at the Liverpool Northern Hospital. Mr. Bainbrigge first visited the place two years ago, and has been so pleased with what he has seen during that period, that he has given his experience in the work mentioned, and which has just been published (Simpkin and Co.), at the moderate price of one shilling. No doubt many who need sea-bathing, but cannot at this season venture to try it in these latitudes, will be induced to resort to the baths at Droitwich, which so remarkably resemble sea-water.

Post-partum Hæmorrhage.

A VERY important discussion on this subject, of which a full shorthand report will be found in next week's MEDICAL PRESS AND CIRCULAR, took place at the last meeting of the Dublin Obstetrical Society. The combined wisdom of the obstetric authorities of Dublin—a city which has acquired a special renown in this speciality, will be read with much interest, and will, we hope, be considered worthy of the space given to the report.

The Sale of Drugs under False Names.

MR. BISHOP, the largest manufacturer of "citrate of magnesia," has announced that he intends to set the Adulteration Act at defiance, and will continue to make and sell, under that name, the mixture of carbonate of soda and tartaric acid, with a small quantity of Epsom salts, for selling which a London chemist was recently fined £10.

This is a daring determination, and will put the authorities on their mettle. Either Mr. Bishop must guarantee to defend his customers in all legal proceedings, or he must content himself with the patronage of those rare monomaniacs who have a taste for law. We are—in the interest of truthfulness—surprised and sorry for this determination. If, as Mr. Bishop says, the Adulteration Act is incompetent to compel him to cease selling as citrate of magnesia a preparation which contains not an atom of that drug, it must be amended next session or else altogether abrogated. The plain question is now put in issue, and must be brought to a definite legal decision.

Cholera Treated by the Hypodermic Injection of Chloral Hydrate.

A GOOD deal of enthusiasm seems—from the tenor of observations in the *Indian Medical Gazette*—to have been excited in the east by the successful use of chloral as a sedative in cholera. Surgeon Hall communicates to the *Gazette* a long paper on the subject, and in the case which he narrates, an injection of 2½ grains of chloral in 25 minims of water, produced, on repeated occasions, cessation of purging, and improvement in pulse, and, usually, sleep. Dr. Fred. Higginson, of Kheri, Oudh, conveys the result of his experience in another letter to the same journal.

"In a village close by, 21 cases of cholera occurred; 16 of the cases have been treated by him by chloral injections, and *all cured;* 10 were more or less in collapse when treatment was commenced, and collapse was warded off in the rest. Five deaths had taken place before the report was received. Sixteen grains (injected in eight different places) sufficed to cure the worst case. He thinks it essentially necessary to plunge the canula deeply into the flesh; merely inserting its point underneath the skin will not do; no local irritation whatsoever was caused by the injections."

Banquet to Professor Pye, M.D., of Queen's College, Galway.

ON Monday evening, the 15th inst., the students of Queen's College, Galway, entertained Dr. Pye, lately appointed Professor of Materia Medica, at a public banquet at the Railway Hotel. The entire proceedings passed off successfully. Many able speeches were delivered. Mr. Flood proposed in suitable terms the "Medical Faculty;" Mr. J. Brodie eloquently responded.

Bloodless Surgery—the Elastic Ligature.

WE understand that on Thursday last a case was operated on by Mr. Stokes in the Richmond Hospital by the method recently recommended by Prof. Dittel, of Vienna. The case was one of complete fistula in ano, the internal orifice of which was situated very high up. The elastic ligature was passed through the fistula and fastened in the manner recommended by Prof. Dittel. The patient suffered a good deal of pain during, and for about an hour subsequent to the operation. We hope to give full particulars of this case and the result of the operation at an early date.

The Future of Pharmacy in Ireland.

WE learn from the *Chemist and Druggist* that a meeting of the new Irish Chemists' Association was held on the 1st inst. The subject was brought before the meeting of the deputation which waited on the Governor and Directors of the Apothecaries' Hall, to confer as to what steps should be jointly taken to pass the new Pharmacy Bill (already drafted) through Parliament this coming session. One of the members stated "that the deputation from the Society discussed *seriatim* with the Directors the amendment suggested, some of which they agreed to, and others they thought would not be advisable to adopt, but that the Chemists and Druggists' Society had every reason to be satisfied with this result. It was also agreed that Dr. Leet (Secretary to the Apothecaries' Hall) should write to the Attorney-General to know if he would receive a joint deputation from the Apothecaries' Hall and Chemists and Druggists' Society, to request his undertaking the conduct of the Pharmacy Bill through Parliament."

It is very satisfactory to observe that at length the Irish Apothecaries' Company is prepared to accept its proper function of regulating pharmacy in Ireland, and to abandon the ill-advised attempt to make doctors, which has proved the ruin of the Company as an educational authority.

Wine Adulteration.

ONE Benoni le Blanc, during the past week, was tried at the Old Bailey and sentenced to twelve months' imprisonment for having converted bad champagne wine into champagne enjoying a good reputation, by simply changing the corks and cases and forging the labels. If such an act renders any one liable to imprisonment what punishment would the Recorder of London award a man who sells "converted wine," that is *forged wine*, and "sherry poison," vile compounds made up without a particle of the juice of the grape and most injurious to health? We constantly see it reported in the newspapers that a milkman has been fined for adding a little water to his milk, a tea dealer for mixing sloe-leaves with his tea, or chicory with his coffee; and we are quite at a loss to understand why the Adulteration Act will not reach the wine merchant who sends out a nostrum as "sherry," and which he openly acknowledges is largely adulterated with alcohol or whisky. As an instance, it is stated that one of the largest and most extensively advertised firms sell a wine they call "Hambro' Sherry," the composition and cost of which is given in "Ridley's Wine Circular" as follows: 40 gallons of fine potato spirit, the cost of which is 1s. 4d. per gallon; 56 gallons *pure Elbe water*, cost *nil;* 4 gallons of capillaire, cost £1; 10 gallons of grape-juice of some sort, worth £2; add to which, charge for cask, labour, shipping, &c., and it brings the total cost up to £7 2s. Every bottle of this intoxicating beverage contained 38 per cent. of proof spirit. It is discreditable that such an abominable trade should be permitted to go on unchecked by those charged faithfully to administer the Adulteration Act.

Dr. Fuller.

We are grieved to have to place on record the death of Dr. Fuller, Senior Physician of St. George's Hospital, at the early age of 53. Dr. Fuller's works are well known to the profession, and at St. George's Hospital he had attained a very high position. It is only a few days, so to say, since he sought some rest from his clinical work there, and now he is no more.

A Life-long Public Service.

We announce the retirement from the Irish Poor-law Service of a veteran practitioner, Dr. O'Reilly, who held the appointment of Medical Officer in charge of the Ratoath Dispensary district in the Dunshaughlin Union, in the county of Meath for the extraordinary period of fifty-five years, and whose resignation was accepted by the committee with marked feelings of regret and a unanimous vote for allowing him the fullest superannuation allowance which the law permitted for a maximum salary of £100. Dr. O'Reilly has had charge of a population of 4000 persons, and retires into a well-deserved rest in the happy assurance of having deserved well of his country and acquired the good opinion of all who knew him.

Laryngeal Phthisis.

In its editorial department, the *Medical and Surgical Reporter* gives the following account of a paper on this subject, read at the British Medical Association last August. Not having reported that paper we take the abstract from our contemporary.

"Dr. Prosser James read a paper on this topic before the British Medical Association. His object was, by specimens and colored drawings, to correct some prevailing errors respecting this disease, and to show that it is not necessarily so rapidly fatal as commonly asserted. Cases in which the larynx is not affected until after considerable progress has been made in the disease in the lungs are very unfavorable. The author admitted the existence of primary laryngeal phthisis, occurring when the lungs were not perceptibly affected. He had met with such cases. Extreme anæmia of the laryngeal membrane had in many cases been found to precede consumption. It was not, of course an infallible sign, but it was not to be neglected. A more important symptom was the existence of polypoid excrescence at the posterior commissure, which might resemble closely those seen in syphilis. Such growths might be simple; but in many cases of consumption this was the first symptom, and it was of graver import if there were any cachexia. Inflammation of the arytenoids was common, especially in secondary phthisis. The same condition might occur in catarrh. Hence some caution was to be observed respecting it. Swelling and thickening of the epiglottis was sometimes the most prominent symptom. Local swellings and thickenings of other parts were equally common through a large part of the progress of laryngeal phthisis. The false cords were particularly prone to take on diseased action. These swellings were to be distinguished from those of simple inflammation. The parts lost their transparency, and were the seat of deposit of a greyish or yellow matter. Ulceration was the next stage. In tubercular swellings or excrescences, erosion soon appeared, generally about the little yellow points that were seen. The true vocal cords were also liable to ulceration. Perichondritis with necrosis might occur. Among general symptoms cough and expectoration were slight or absent in pure laryngeal phthisis, but dyspnœa and dysphagia were almost always present. Most authors declared that laryngeal phthisis was necessarily and rapidly fatal. The author of the paper asserts that this form of consumption might be arrested; and most of the drawings were intended to prove this. The most fatal cases were those in which the laryngeal disease was secondary to pulmonary consumption. The later it appeared in these cases, the more rapid was its course. Among the cases arrested, was one in which the lungs were also affected. The patient was a singer, and when first brought under the author's care had softening at the apex of one lung. On laryngoscopic examination, the epiglottis was seen to be thickened and its edge serrated by ulceration. The arytenoids were swollen. There was an ulcer on the left vocal cord. After several weeks of treatment the disease was completely arrested, and the patient resumed public singing. Each case must be treated according to circumstances. Excessive topical interference was most dangerous. Inhalations and the use of atomized fluids or sprays were the safest and best applications.

A Trap for an Analyst.

Our readers will recollect the incident which we noted some weeks since, that a baker had laid a trap for the public analyst of the Shoreditch district, by introducing a drachm of alum into a loaf of bread, which the analyst, on examination, certified to be entirely free from that adulteration. The same loaf had subsequently been analysed by another chemist, who detected a large quantity of the drug, and the only defence offered by the official analyst was, that the alum must have been unequally mixed in the loaf, it having been confessedly sprinkled into the dough in the process of making.

The vestry expressed their hope "that great caution would be exercised in future by their analyst."

We imagine that the verdict, "Not guilty, but we hope he won't do it again," would meet the justice of the case.

This analyst has more effectually discouraged the working of the Adulteration Act than any number of speech-making traders could have done.

Alcoholism in America.

The report of the New York Board of Health for 1872 shows that alcoholism proper, as a direct cause, was credited with 220 deaths in that year, of which delirium tremens occasioned 101. An accurate record, however, was kept throughout the year of *all* cases where intemperance was certified to have been *instrumental* in producing death, and the result of this inquiry was as follows : 556 cases, 300 being males and 256 females—about 11 each week. But 7 of these inebriates passed beyond the age of 70, but 18 beyond 65, and 45 beyond 60 years. The largest proportion of deaths (102) took place between 35 and 40 ; ten fell victims between 15 and 20 years of age, and 48 before they had arrived at 25. In 225 instances, no occupation was stated upon the certificate, most of these being females. Seventy of those given were labourers, 19 clerks, 18 carmen or drivers, 13 carpenters, 8 pedlars, 8 machinists, 8 liquor dealers, 7 bar-tenders, 7 butchers, 7 painters, 7 shoemakers, 6 blacksmiths, 6 boatmen, 5 merchants, 5 grocers, besides other occupations—315 were Irish, 125 Americans, 61 Germans, and 20 English.

Fracture of the Clavicle treated by placing the Arm behind the Back.

M. **Broca** recently treated a case of fracture of the left clavicle, in which the fracture was near the middle of the bone ; was oblique, from above downwards and from without inwards, the fragments riding one another considerably. After numerous plans of treatment had failed to reduce the fragments, M. Broca adopted a suggestion made last year by Dr. Michel to the Société de Chir., and which is reported in the *Jour. de Méd. et Chir. Prat.* He placed the arm in a semiflexed position behind the back, where it was retained by a bandage for eighteen days, with the effect of completely adjusting the fractured surfaces and producing an excellent cure. For a few days longer a sling was used. The patient, a man of considerable nerve, complained of the inconvenience and pain of the method for only the first twenty-four hours.

Poisoning from Aniline Red containing Arsenic.

Dr. Jäderholm has published (*Hygeia*, 6, 1873), some interesting cases of arsenic poisoning, occurring in a family in Malmö, Sweden. The following is a summary :—

The family consisted of the father, mother, and three sons. The attending physician suspected poisoning, from the symptoms, but was at first unable to detect the source. It was finally ascertained that the mother had been dyeing yarn with aniline red in a saucepan, and that, without properly cleansing the vessel, she had used it for cooking potatoes. These potatoes were eaten by the family at supper, though it was noticed that they were quite red. Soon after this meal the symptoms of poisoning showed themselves. Some of the aniline red was analyzed and found to contain 6 per cent. of arsenious acid. Arsenic was also found in the stained potatoes.

Two of the children died within forty-eight hours, the other on the sixth day. A post-mortem examination was made. In addition to the usual inflammatory appearances of the abdominal organs, the upper surface of the liver was found in all three cases to be marked by numerous light yellow spots of various sizes, extending a short distance into the parenchyma of the organ and indicating fatty degeneration.

Magnesia as a Surgical Dressing.

The interest which attaches to the use of dry earth as a surgical dressing in connection with the statements of Drs. Hewson and Conner, on this subject, has induced Dr. Ohlmeyer of Weissenburg to record his experiences in the use of the carbonate of magnesia in somewhat similar cases. Many will no doubt prefer the white powder of magnesia to the dirty looking paste of clay recommended by Hewson. According to the *Centr. Zeit.*, Ohlmeyer has found magnesia of value.

1. In atonic ulcers.
2. In cases where the epidermis was eroded and the subjacent tissues were the seat of pain, and were prone to subsequent suppuration.
3. In relieving the pain of inflamed wounds.
4. In cases where it was desirous to stimulate the affected surface, prevent the access of air, and limit the formation of pus. He was led, in the first instance, to try this remedy, from its well-known action in those states of the stomach where there is an excessive formation of acids. These latter uniting with the base, magnesia, are neutralized, and carbonic acid evolved. Accordingly he believes that in exposed surfaces where the process of healing is prevented by fermentative action, this dressing is indicated. The use of it was attended with satisfactory results. The magnesia unites with the acids which form on the surface ; it excludes the oxygen, forms an artificial covering, irritates the granulations, and forms a barrier against external and harmful agents.

In preparing the application he selects a fluid that will not readily oxidize. Oil answers this incication, and the kind he employs is the oil of sweet almonds. Adding to this the carbonate, he makes a tolerably fluid paste or salve. This is then spread upon linen and laid over the wound. It is held in place in the ordinary way.

Dr. Ohlmeyer also adds that he has used the carbonate successfully in facial erysipelas, when it was important to protect other patients from infection. In this latter case he used water as a substitute for oil.

New Method of Healing Chronic Ulcers.

Nussbaum, of Munich, has just published the results of a new operation which he has now performed in sixty cases of old extensive chronic ulcers that had defied all ordinary treatment. His plan is described in the *Medical Record* of New York as follows :—

He narcotized the patient, and then made a deep incision entirely round the ulcer and about one inch from its edge. The depth of the cut, which extended to the fascia, was so great that a copious hæmorrhage followed, but was arrested by small straps of lint pressed into the open wound. On the next day the dressings were removed, and the whole covered with lint kept wet in water. This same dressing was continued until the healing was well advanced. He observes that the changes which ensued during the first twenty-four hours were very remarkable. In one case, an ulcer that had furnished daily three or four quarts of a thin, filthy, and offensive discharge, gave only about a teaspoonful of a thick, white, and inodorous pus on the day after the operation. The cut, too, in all cases, began to gape open on the second day, and the circumference of the ulcer was now encroached upon by the liberated tissues, so that an immediate diminution in size of the ulcer was accomplished. With each day the ulcer continued to diminish in size, while the wounds produced by the incision increased. When the process of healing in the old ulcer was complete, the artificial ulcer was broad and hoop-shaped.

The last step in the treatment consisted in applying straps and bandages in the ordinary way.

The *rationale* of his method is simply that the incision severs large numbers of dilated vessels that have furnished the ulcer with nourishment. The only source of supply left is the diminutive vessels which reach the surface from beneath. The material supplied by them is small in amount, and has time to undergo change into formative cells and connective tissue without being cast off at a too early stage by a new layer of exudation pressing it from behind; for wherever we have thick, creamy, and white or laudable pus, there we have formations going on, accompanied by the development of connective tissues and the formation of young vessels, as in every healthy sore. It is not claimed that this method will insure the patient against a relapse; but that the interval will at any rate be longer, and the time occupied in effecting a cure much shorter, than under the usual plans of treatment.

In cases where the loss of blood attendant on the operation would be a centra-indication, the author transplants skin-flaps. Such ulcers are usually upon the leg, and the affected limb is obviously unable to furnish the material. He therefore binds the legs firmly together, and dissects up from the sound one a sufficient flap for his purpose. This he leaves attached by the edge, and carries it over to the surface of the ulcer, so that a bridge is formed. The edges of the ulcer are then freshened, and the flap sewed on its place. Two difficulties, however, are met with which are a great source of embarrassment.

In the first place, the flap shrinks; and in the second, the ulcer grows larger when the edges are freshened. For example, an ulcer measuring eight inches square, is to be covered in the manner described. If a flap of the same size be removed, it will be found to have shrunk to five inches square; and if the edges of the ulcer be freshened, it will be found to measure twelve inches square. So that instead of the proportion of eight to eight being preserved, we shall have five to twelve. To obviate this serious source of difficulty, Thiersch recommends that the parts to be operated on be prepared in advance by fourteen days' treatment, to make them more self-dependent, stronger, and juicier. His plan is this: He proceeds as if to remove a flap of the required size, but completes only two of the parallel incisions, and leaves the flap attached above and below; he then passes the handle of his scalpel under the centre of the flap and inserts a piece of lint. In this way the nutrition of the part is diminished, but it does not shrink, but on the contrary, becomes hypertrophied. At the moment of operation he severs one of the attachments, and then brings the flap into its proper place. When complete union has taken place, the remaining attachment is severed and the limbs are liberated.

The Effects of Tobacco Smoke.

M. **Gustave Lebon**, of Paris, has recently issued a treatise upon the Chemical and Pathological Effects of Tobacco Smoke upon the Human System, the author having first constructed a variety of apparatus by which he has been enabled, he states, to collect and show with exactness the various elements of smoke which condense and deposit themselves on the organs of the smoker. One hundred grammes—1,300 grs., English troy—of French tobacco furnish 0.550 grs. of nicotine and 0.490 grs. of ammonia. Tobaccos of the Levant are the least dangerous, some of them possessing but a small trace of nicotine. In small doses, he says, tobacco smoke instantaneously excites cerebral activity and the intellectual forces, and facilitates digestion. In excessive and frequently repeated doses, it produces difficulty of digestion, benumbed intelligence, and clouded memory.

Dr. Conway Evans, medical officer of health for the Strand district, calls attention to the diminution observable in the number of successfully vaccinated children, which he states, amounts to little more than a third of the total birth-rate.

We regret to have to record the death of Mr. Thomas Turner, F.R.C.S., of Manchester. Mr. Turner was the founder of the first provincial school of Medicine in the kingdom.

We have also to announce another death, that of Mr. Wm. Augustus Hillman, F.R.C.S., late Surgeon to the Westminster Hospital, at the age of fifty-four.

Dr. De Renzy, Sanitary Commissioner for the Punjaub, reports an extremely unhealthy state of Delhi and neighbouring towns.

Dr. Corner's report of the health of Mile-end, shows that a high birth-rate, and an exceptionally low death-rate, prevailed in the district during the past year.

◆

Correspondence.

FEMALE MEDICAL MISSIONARIES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Science has its work to do as well as theology. It has to enlighten the whole world, and carry civilisation to the end of the earth. A glorious mission, is it not? May I call your attention to the following passage in the *Japan Weekly Mail* of September 13th, 1873.

We understand that an English lady, Mrs. Chaplin-Ayrton, wife of Prof. W. E. Ayrton of the new "Imperial College of Engineering" at Tokei, has recently settled in that city with the intention of practising medicine.

This lady has studied at London, Edinburgh, and Paris, Her professional education commenced at the London "Female Medical College" in 1867-68, and at the hospital in connection with that institution. In 1869 she passed the "preliminary examination of Apothecaries' Hall, London." The second examination held by this body having been closed to women since Mrs. Garrett Anderson had, by passing it, obtained their qualification of "Licentiate," Mrs. Chaplin-Ayrton presented herself, in October 1869, at the first matriculation examination to which women were ever admitted at the University of Edinburgh, and passed with honours. She was a student at this University during four years, receiving also instruction at the "Royal College of Surgeons" and the "Royal Infirmary" of Edinburgh.

In addition to attending all the medical classes open to women in Scotland, and gaining honours at all the examinations held in connection with them, Mrs. Chaplin-Ayrton has studied at the hospitals and the "Ecole de Medicine" of Paris, and at the commencement of her course at the "Université de France" had conferred on her by the two faculties the degrees of "*Bachelier-ès-sciences*" and "*Bachelier-ès-lettres*," in recognition of her previous success in Great Britain.

The London "Obstetrical Society's" "examination for midwives" being the only remaining medical examination in Great Britain to which she could obtain access, Mrs. Chaplin-Ayrton presented herself, and received the certificate and approbation of this society.

From the above it will be seen that this lady has had considerable experience; we therefore trust that a successful professional career awaits her in Japan.

Confess, Mr. Editor, that there is something surprising in the idea of such an accomplished lady carrying the latest discourses of London, Paris, and Edinburgh to Japan, to assist that strange land in its progress towards good.

I remain, Sir, yours faithfully,
Charles R. Drysdale, M.D.

Dec. 5th, 1873.

CURED BY HOMŒOPATHY—*BY ACCIDENT* (?)

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In its present shape, your correspondent's letter bearing the above title, and signed William Donovan, is pointless and puerile. If he knows of any medicine capable of sending a man suffering from gout to sleep for twenty-four hours, and of curing him during his sleep, it will be very satisfactory to me (and to most of your medical readers, and certainly to all patients afflicted with gout) to hear the name of the medicine. The minute size of the wonderful medicine will certainly offer no obstacle to its use.

I freely confess to you, that, although I have studied homœopathy and practised the system pretty extensively for nearly seventeen years, I know of no such wonderful medicine, and equally, in candour, I would say that I do not believe there exists a medicine which possesses such narcotic power as that narrated by Dr. Donovan. A globule weighs the 200th of a grain or thereabouts, and only a fourth part of the globule appears to have been taken by the patient. Is there any known narcotic substance so powerful that the 800th of a grain would send a patient to sleep for twenty-four hours?

Another absurdity in the story is the relation that the patient and his friends laughed *at* his deliverer; surely Dr. Donovan means that they laughed *with* him.

Yours truly,
William Bayes, M.D.
58 Brook Street, Grosvenor Square, London.

EXPULSION OF PLACENTA PREVIOUS TO BIRTH.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—As instances are not very numerous, I believe, in which the placenta has been expelled before the birth of the child, perhaps it may be considered worth while to preserve the record of such a case, and which was accompanied, and perhaps in some degree accounted for by the presence of other unusual conditions.

On the night of 7th December last, being at the time engaged in another midwifery case, I received an urgent call to Mrs. A., of B., who was not able to procure other assistance at the time. On my arrival at B., about midnight, I obtained the following history of the case. The patient, a middle-aged woman, very obese, and of a florid complexion, who had borne a numerous family without the attendance of any doctor on any former occasion, having enjoyed very good health during her gestation, was taken ill (at or near her full time) about half-past four p.m. *At six the waters broke.* There was violent flooding afterwards. About eight the placenta was expelled, after which the hæmorrhage ceased. The right arm of the child was now extruded, somewhat black, and swollen. The midwife had applied a ligature and cut the cord.

After removing a small quantity of healthy urine, I turned and delivered without any difficulty, and with seemingly considerable help from the uterus. There was no more hæmorrhage. On introducing my hand, however, after the birth of the child, I found a condition of things so like what one finds before the expulsion of the secundines that I asked to see the placenta. It appeared to be quite complete, with the cord cut away close to its insertion, and the membranes torn off round the edges. Some of the membrane hanging from the vagina I removed; but could still feel in the uterus what felt like loops of cord enveloped in membrane, and further up a large firm tumour, slightly convex, and not covered with smooth membrane. I could not find anything like rupture of the uterus, nor was there anything in the history of the labour to sustain such a view. As the woman and her friends were very averse to my prolonging the examination, and as I was pressed for time myself from having another case in hand, I was not able to make as thorough an investigation as I could have wished at the time. The uterus contracted well before bandaging, but retained the size it would have if the placenta were still included. The pulse was about 120, the patient a good colour, which she had throughout. I visited her again on the 8th, when I found that she had rested well through the night. The pulse was down to 100, uterine tumour firm, no hæmorrhage. I was not permitted to make any examination *per vaginam*, and had no further opportunity of seeing the patient, who, I was informed, died on the evening of the 10th. Her last child was born three years ago, since which she has had two abortions, one about the fourth month. understood from her that she had had other miscarriages also.

I am, &c.,
J. A. Osborne, M.D.,
Medical Officer Kilmacrenan, &c., Dispensary, and Milford Union Hospital.
Milford, Letterkenny, Dec. 15, 1873.

LEPROSY IN INDIA.

As many readers of the Medical Press and Circular are aware, the Government of India some years ago instituted a regular plan for investigating leprosy in all the bearings connected with that important subject. Circulars containing questions on particular points with reference to the nature and prevalence of the disease have from time to time been circulated, the answers received being submitted to the Indian Medical Department. The following are the questions, and replies given to them, as regards Nimàr, in the Sagor Circle, and present several points of interest, notwithstanding that they bear the date of 1863:—

From the Civil Surgeon, Nimàr, to the Deputy Inspector-General of Hospitals, Sagor Circle, Mundlaser, 23*rd April*, 1863.

Sir,—I have the honour to forward replies to interrogations on the subject of leprosy in accordance with your Office Memorandum, No. 95, D 288, February, 1863.

I.—*Interrogatory.*

Is leprosy known in the district of——? If so, be pleased briefly to describe it as it occurs there?

(*a*). Are there several different forms or outward manifestations of leprosy? If so, by what names are they respectively known?

(*b*) Are there several forms in your opinion only varieties of one common morbid state, or are they specifically distinct diseases having no affinity with each other?

(*c*) Please to enumerate succinctly the more obvious and distinguishing characters of each form of leprosy which you have seen.

Leprosy is known in the district of Nimàr, in Central India, and as it occurs there shows itself as a disease more especially of the face and extremities, and is marked as a rule by mutilation from sloughing or interstitial absorption, and in a large percentage of the cases is attended with more or less anæsthesia. When anæsthesia occurs it is frequently general; the whole surface of the skin in leprosy has diminished perspirability, fissures in it often occur over or near joints, and it is variously discoloured by irregular patches of a red, dark red, and sometimes nearly black hue; the skin of the face is almost invariably red and presents a peculiar wrinkled and bagged appearance, the face itself looks broadened, the alæ of the nose are expanded, and the lips and ears are enlarged, the hair falls from parts washed by discharges—viz., moustache; when ozæna has been constant, the voice is nearly always altered in tone, and occasionally lost, the nose in many cases is sunken, but the sense of smell, excepting 3 *or* 4 *per cent. of cases*, is unimpaired, sight is wholly or partially destroyed from ulceration of corneæ in about 15 *per cent.* of the cases, hearing is lost in 8 *per cent.*, and taste in 2 *per cent.*, epistaxis usually occurs, and ozæna less frequently, the body is not particularly emaciated, the appetite remains good, the spirits not so depressed as one would be led to expect from the deplorable condition of the lepers; the pulse is slow and feeble in the great majority of cases, certainly slower on an average by six or eight beats per minute than it normally is; few lepers admitted that they were impotent. Scabies is a frequent accompaniment, but complication with other disease is rare, and the lepers seem to possess remarkable immunity from malarious disease. It is not easy to define the skin discolouration as I have witnessed it. Among the natives it is usually of a reddish tint, but of extremely variable depth of hue, from light red to a dark colour; the patches do not follow any symmetrical arrangement on the opposite sides of the body. In some few cases no discolouration was perceptible, and in these cases there was usually complete anæsthesia, so that it would not appear that any connection existed between discolouration and anæsthesia.

(*a*) There are several different forms or outward manifestations of leprosy; the natives have a great variety of names to designate the disease, of these names Rakkat pi ti (Rakkat blood pi ti bi li) and Kosh are those in most frequent use; but the names convey little meaning—they are not given to discriminate between different forms, but generally express the afflicting nature of the disease.

(*b*) These several forms are, in my opinion, only varieties of one common morbid state. Anæsthetic and tubercular leprosy usually described as distinct are so associated in the cases I have seen that it is impossible to describe them separately. I regard the disease as one morbid state, but multiform in its manifestations, a disease presenting so many diversities that an endeavour to classify given cases under certain heads would be quite futile. Anæsthesia, although frequently present, is more often absent, and I have several times noticed its absence in cases which, in other respects, appeared precisely similar to those in which it was present; it would seem to me that if it were considered desirable to attempt to distinguish cases of leprosy under different heads it should be rather founded upon the skin discolouration, for when the shade has been dark I have noticed more mutilation from sloughing than when the discolouration has been of lighter hue in these last cases. Absorption of some digits and flexura of others obtained more, and between these two classes anæsthesia was fairly distributed, but I do not think it wise to multiply names, as I have no doubt that the disease is one, and the *materies morbi* (whatever that may be) identical in all cases.

(*c*) Answered above.

II.—*Interrogatory.*

At what age does the disease generally manifest itself? And what are usually the earliest symptoms observable?

The disease manifests itself at an average age of 28.

The earliest symptoms observable are irregular patches of red discolouration of the skin, especially that of the face, attended with heaty dryness, titillation, itchness, and occasionally formication; headache is frequent, also nausea, anorexia, and general languor; epistaxis is almost always complained of; a peculiar puffiness of the face, entirely altering its usual character is observed, and gradual swelling of the nose, ears, &c.; within, incipient tubercular nodes take place. In some cases, after a few months, many bullæ appear on the extremities, and are quickly followed by sloughing or interstitial absorption, but they are usually absent and do not appear to be more noticeable in cases in which anæsthesia afterwards occurs. The common course of the disease is as follows: After one and a half or two years of premonitory symptoms, sloughing or absorption commences at joints when gradual tubercular enlargement has been going on; this may be or may not be accompanied by anæsthesia, as the case may be, but there is no regularity about this symptom. I could obtain no history of intermittent fever treated of by some authors; the one constant early symptom is, redness of the skin of the face; this is the first sign of the coming disease, and from it the natives unerringly predict the approaching affliction.

III.—*Interrogatory.*

At what period of life, and within what time does the disease usually attain its full development? And at what period of life and after what time does it usually prove fatal?

At the average age of 36, and within 8 years, the disease usually attains its full development. I am unable to furnish statistics of the period of life at which, and after what time it proves fatal, but from the somewhat conflicting accounts I could gather I am led to believe that leprosy does not very materially abridge the term of life.

IV.—*Interrogatory.*

Is the disease more frequent in one sex than the other? If so, in what proportion?

The disease is more frequent in the male than in the female sex, in the proportion of six to one.

V.—*Interrogatory.*

Is it more frequent among certain races? Among the white, the coloured, or the black population? And in what relative proportions?

I have only seen the disease as it affects the coloured races. In the great majority of cases the caste of the sufferers was low Hindu, but the Mussulman and other castes furnish examples; still, it is far more frequent among the half-starved low Hindus.

VI.—*Interrogatory.*

In what condition of society is the disease of most frequent occurrence, and what are the circumstances that seem to favour its development in individuals or in groups of individuals? Please to enumerate these circumstances under the following heads:—

(*a*) The character of the place or district where the disease most frequently occurs in respect of its being urban or rural, low, damp and malarial, or hilly and dry.

(*b*) The sanitary condition of dwellings and immediate neighbourhood

(*c*) The habits of life as to personal cleanliness or otherwise.

(*d*) Ordinary diet and general way of living.

(*e*) Occupation or employment.

(*a*) The disease is of most frequent occurrence among those low in the social scale, and under very varying circumstances. Disease in Nimàr, which is inland, occurs pretty equally in urban and rural places at a low level, and in hilly districts, the whole country is undulating, and leprosy prevails throughout it; dampness would not seem to favour its development, as the disease is as frequent on high dry ground as in low and damp localities, and the rainfall in Nimàr is less than in most parts—the average fall of rain for the last ten years was 30 inches per annum. Malaria does not exert any malign influence; on the contrary, as I before observed, the lepers are not great sufferers from malarious diseases.

(*b*) The sanitary condition of the dwellings and neighbourhood is extremely defective, as obtains generally among the native population.

(*c*) The habits of life are, as a rule, very filthy; washing the body would not seem to be looked upon as essential and a measure to be often adopted—in short, cleanliness of person and of clothes is at a sad discount among the lepers, and those I have examined were disgusting to sight and smell.

(*d*) The ordinary diet consists of cakes made of flour, jowari, dall, gram, rice, &c. The lepers of the lowest caste eat meat and fish found dead, and devour what they can get. The lepers cook and eat their food apart from the healthy, although they may live with them. Most of the lepers smoke gangia, or country tobacco, and a few with the necessary means eat opium; these last have taken it as a solace. I cannot discover that excessive indulgence in narcotics has been yielded to before the disease, but after it has showed itself the victims usually fly to narcotics, which seem to do good and support them under their trial, for among all the cases I have heard of one suicide only is reported. Country liquor is not often taken in excess.

(*e*) Their occupation is very varied; the majority are labourers, but well nigh every avocation carried on by the poorer classes is represented among the lepers, and performed by them so long as strength admits. I may remark that the men whose occupation call them out during the day suffer much from solar heat.

VII.—*Interrogatory.*

What condition or circumstance of life seems to accelerate or aggravate the disease when it has once manifested itself?

Different conditions and circumstances of life do not seem to influence the disease; when it has once manifested itself it goes on steadily in its destructive course, or for some years, and then remains stationary.

VIII.—*Interrogatory.*

Does the disease appear often to be hereditary?

Have you known instances where one member only of a family has been affected while all the other members remained free from any trace of it?

The disease in several cases appears to be hereditary in 14 per cent. of cases; parents or grandparents are said to have suffered from the disease. The cases in which the disease strips a generation seem as numerous as those in which parents have had it. I have seen one case in which a leprous father had a leprous son, and no other children living, but he had lost a daughter who also had the disease; this man's father had not the disease, nor any member of his family exceptiing his children.

I have known many instances where one member only of a family has been affected while all the other members remained free from any trace of the disease; in fine, this disease seems to be hereditary in some cases, while in the far greater number of cases there is no history of hereditary taint.

IX.—*Interrogatory.*

Have you reason to believe that leprosy is in any way dependent on, or connected with syphilis, or yaws, or any other disease?

One leper only confessed to having had syphilis in his case; a large bubo, he said, appeared in his groin, and directly it healed, symptoms of leprosy showed themselves. Scorbutus was noticed in many cases, and I think this association will turn out to be very important in the study of the etiology of the disease.

X.—*Interrogatory.*

Have you met with instances of the disease appearing to be contagious in the ordinary sense of that term, *i.e.*, communicated to healthy persons by direct contact with, or close proximity to, diseased persons?

(*a*) If so, in what stage was the malady in diseased person? Were there ulcerations with a discharge?

(*b*) Please to describe briefly the case or cases of contagious communications which you have seen yourself?

(*c*) Does the disease seem to be transmissible by sexual intercourse?

Yes? If one can attach credit to the statement of the natives. In three or four cases reported, healthy persons, whose families have been healthy, have lived and eaten with lepers, and disease has displayed itself in them after this close proximity, but in all these cases the lepers said to have communicated the disease were dead.

(*a*) They were declared to have had the disease in a very advanced stage, both with discharging ulcers and without them.

(*b*) No well authenticated case.

(*c*) A wife whose husband had leprosy subsequently became affected, but whether by sexual or ordinary intercourse I have no idea.

XI.—*Interrogatory.*

Is a person affected with leprosy, permitted in the district of—— to communicate freely with the rest of the community, or is there any restriction imposed, or segregation enforced in respect of them?

No restrictions whatever are imposed on the lepers.

XII.—*Interrogatory.*

What public provision is made for the reception and treatment of the leprous poor? Are they admitted into the general hospitals or dispensaries? or are there separate infirmaries, or asylums provided for them? Please to describe the structural and sanitary condition of such buildings, and the arrangements made for the medical and hygienic treatment of the sick in them?

No public provision is made for the leprous poor, there are unfortunately no separate infirmaries or asylums provided for them, and they do not apply at the general hospital or dispensaries. Although there are six lepers in Mundlaser itself, and many others in villages near at hand, not one has presented himself for treatment, as there are some 300 of lepers in Nimàr, and asylums for the reception of the poor creatures is a desideratum, and would prove a great boon and a true charity to many; they rarely use Bazas medicines for the disease.

XIII.—*Interrogatory.*

Can you state the number of lepers maintained at the public expense in the district of——

None.

XIV.—*Interrogatory.*

Have you reason, from personal knowledge, to believe that the disease has been of late years, say during the last fifteen or twenty years, on the increase in the district or otherwise? And if so, be pleased to state what in your opinion may have contributed to its increase or diminishing.

No personal knowledge of the subject.

XV.—*Interrogatory.*

What results have you observed from hygienic, dietetic, or medical treatment of the disease? Does leprosy undergo spontaneous cure? and if so, at what stage of the disease? Are you aware what proportion of the leprous poor, treated at the public expense in the districts of——, recover wholly or partially?

None. I cannot say. No poor treated.

XVI.—*Interrogatory.*

What is the estimated population of the district of——? and when was last census taken? Is there a general and uniform registration of births and deaths? and if so, how long has such registration existed?

The population of Nimàr is estimated at 199,381, by census taken in 1862. There is no registration of births and deaths.

XVII.—*Interrogatory.*

Can you state the names of the townships or districts in which leprosy prevails most, and give the number of lepers and population in each of such townships or districts?

Please to add any other observations which you believe may move to throw light upon the predisposing or existing causes of the disease, or which may bear upon its prevention, mitigation, or cure.

Any documents printed or not descriptive of the disease as it has been observed at any time in the district of——, with any report of *post-mortem* examination, or any pictorial illustrations will be acceptable; also copies of the annual registration returns, and other works bearing on vital statistics of district.

The disease prevails throughout Nimàr. The total number of lepers is about 300. For this and other information to aid me in replying to the above questions, I have to acknowledge the kind assistance and courtesy of the political agent in Nimàr.

In conclusion, I beg to offer a few remarks which bear upon the subject. There is a small village in Nimàr, Loone by name, with a population of about 1,500 persons, of which sixteen are lepers. Ten years ago there were above forty. No new cases occur to fill up the gaps in the figures as the old ones die off. This village offers nothing as to site, and to account for the extraordinary number of lepers in it; it is on the same level with and close to other villages which are exempt from the disease; the whole surrounding country is hilly, and is thickly wooded. So completely do hills encircle the village that it appears to be in a natural basin. What I have written before of the diseases applies to these cases. All are males, but last year a female died who has left a young brother with the disease; the caste of the villagers is Hindu. The sixteen lepers, excepting in two or three instances, were born in the village. In two cases only could I glean any history pointing to hereditary taint; they drank water from a well, and the water is good. I allude to this village, as those sixteen lepers form a rather curious gathering, but I regret to say I have no suggestion to offer as to the possible cause of the disease displayed here. On observation, I can only state what I have seen on a tour made for the purpose of enabling me to reply to these questions. I must leave the solution of the etiology of this disease to clearer heads than mine.

In Nimâr lepers do not enter upon marriage after the first symptoms of the disease manifest themselves. They are not a banned class, for they live with the healthy, although they are required to prepare and eat their food apart; they seem to be pitied as persons who are paying the penalty of sin, especially of that of incest committed in a former state of existence. There is certainly nothing mosaic in the view the natives take of the disease, or the way in which they treat the sufferers from it. A few look upon leprosy as a judgment for sin done in this life, that is, one man kicked an idol he said, and was struck with the disease during the following month. Some of the natives believe that the disease may be contracted by a man if he passes his urine and fæces over the same spots on which a leper has previously discharged them.

The married lepers had small families; the average number of children was under two per man.

(Signed) G. Y. Hunter, Civil Surgeon.
Nimâr.

LEPROSY: ITS PATHOLOGY AND CURE.

Sir,—Undoubtedly if Dr. Bhau Daji had a remedy for the cure of leprosy, in the sense that bark is a specific for ague, a clamour raised against him for not publishing it would be perfectly justifiable, but since he can possess nothing of the kind, the comments made regarding his reticence are senseless.

Leprosy presents an assemblage of symptoms which are the manifestations of constitutional taints; and to suppose that there is any one remedy for a *cachœmia* and *cachexia*, which is mainly scorbutic in one class of cases, and syphilitic in another class, is opposed to common sense.

It may be roughly stated that the great majority of lepers in India are scorbutic; in fact, the two diseases—leprosy and scurvy—are intimately allied. Both prevail among the badly-housed and badly-fed; both are marked by hæmorrhages; in both the albumen of the blood is more soluble than the normal standard shows, which albumen is largely exuded in leprosy; and there are many other analogies well known to medical observers.

It is probable that Dr. Bhau Daji employs medicines which are so-called "blood purifiers," and looking at the prevalence of the scorbutic taint among lepers, he may find the administration of vegetable acids successful, at the same time enjoining a mixed diet, of which milk is a principal constituent, and enforcing strict attention to all hygienic measures, such as pure air and bathing. At all events, the rational treatment would be to counteract by tonics and alteratives the tendency to this exudation of fat and salts; and I apprehend that a diet in which vegetable acids were well represented, and cod-liver oil with iodide of iron and sarsaparilla as tonics, would be attended with good results.

Still, while condemning the strictures which have been publicly made upon the conduct of Dr. Bhau Daji, I think that he, together with other graduates of the Grant Medical College, has in some degree exposed himself to them by certifying to the usefulness of a book like the *Nighant* Ratnakar, in which various superstitions are gravely introduced. Dr. Bhau Daji is a man of undoubted ability, which makes it the more deplorable that he does not consent to be tied by the rules which govern the professional lives of his European brethren.

S. Z. H.

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Foreign Medical Literature.

MODE OF ACTION OF IODINE, AND ITS PREPARATIONS.

By M. See (*L'Abeille Médicale*).

(Translated by A. Vickery.)

Iodine can be introduced into the body in different ways—viz., by the alimentary canal, the skin, the mucous membrane of the respiratory organs, and the serous cavities.

The alimentary canal is the surest and most natural mode, as well as the mode generally employed. Tincture of iodine is, however, rarely prescribed internally; in fact, it presents no advantages, and offers, on the contrary, some inconveniences; if it remains in the stomach in the state of tincture, it has a troublesome caustic-action on the digestive mucous membrane, but it always ends by combining with some sodium or potassium, and passes into the state of an alkaline iodide. However, some physicians, and in particular M. Lasègne, attribute to the tincture of iodine a special action on knotty rheumatism, on which the iodide of potassium is not attended with any special efficacy. As to Professor See, even for knotty rheumatism he has never proved the advantage of the tincture of iodine over the iodide of potassium, and he always employs the latter.

The iodide of potassium ought not to be given in pills, for thus it is apt to give rise to a caustic action on the mucous surface, and it is necessary to avoid this; it should always be given in solution, and there should always be present to the mind this fact, that the absorption will always be so much the better—so much the more rapid—according as the quantity of the vehicle is greater; there is, however, a limit that a wise physician will not go beyond, we have no need to insist on this.

The skin has often been chosen as a means for introducing iodine into the economy. An ointment containing one in ten parts of iodine has been employed with friction. In some cases an effect is obtained; in others, none:—that is to say, that in certain cases iodine has penetrated into the organism, in others it remains on the skin; it is important to know under what circumstances the iodide has been absorbed. Many explanations have been given of these facts. Among other things it has been said that the ointment should be quite pure, and should not contain either any metallic iodine or iodates, in order to be absorbed. These conditions are very difficult to comply with, and if they are necessary, success would very rarely attend the inunction of iodised ointment. According to Professor See, two conditions are necessary for the absorption of the iodine:—In order to make iodine penetrate the skin it is necessary to destroy the epidermis; so long as it exists it will prove a barrier, a wall which this medicament cannot traverse. A simple rubbing in of the ointment will be totally insufficient; it will be necessary to use frictions sufficiently energetic to fray the epidermis, but then it can no longer be continued. This is, however, the only means of obtaining a useful effect.

In examining the facts, we find that there are cases where the epidermis has been by no means broken by friction, and where, nevertheless, the absorption of iodine may be proved. These facts, which appear to invalidate what we are attempting to show, can be explained easily by the extreme volatility of this metalloid; friction has been made on the skin, and it is found that it is the respiratory mucous membrane which has absorbed the medicament which was not intended for it. We have just said that it would be very difficult to obtain an iodine ointment which is not volatile and contains no free iodine. Now, this latter is volatile in a very high degree—this is the explanation of the mystery. It is not the skin, but the respiratory mucous membrane which has free passage to the iodine, and the proof that this fact is possible and ought to be admitted is, that it is sufficient to leave near any person some tincture of iodine to discover that iodine is immediately absorbed, and that it may be found in the secretions.

Empiricists seem not to have known or even guessed this phenomenon, when they invented *sachets* of iodine powder—indeed, cotton, and even waistcoats of iodised flannel, to be worn next the skin. These several agents have a very real efficacy, but not that which has been believed, because it is not the skin which absorbs, but the respiratory membrane. If iodised cotton be placed on the arm and covered by a watch-glass or bell-glass, nothing will be observed, but the individual who wears an iodised flannel waistcoat carries always with him the bad odour of iodine; wherever he goes he inspires the particles; when he is seated he breathes within his waistcoat, and introduces thus a sufficiently great quantity of iodine. By the skin he has absorbed nothing, all has entered by the nostrils.

The preparations of the tincture of iodine have almost the same action; we know to what extent they are used to-day, and there is scarcely any pain, or scrofula, or phthisis which has not provoked some application of it. Among phthisical patients, tincture of iodine has replaced vesicatories and cauteries; they have certainly gained by the change, but the action of tincture of iodine is not that of a vesicator, nor of a cautery. In any preparation, certainly the patients absorb the iodine, but not by the skin as has been generally believed; at the end of two or three applications the parts which have been touched by the tincture present a superficial destruction of the epidermis, then the same parts may no longer be painted, and instead of vertical lines there will be, for example, horizontal lines; but the iodine enters by some fissure and penetrates into the deeper tissues, where it exercises an action that one does not suspect for the most part of the time; it inflames the conjunctive tissue, as may be ascertained by anatomical examinations.

Then it is stopped; the iodine is under the skin, and the tubercles are not far off. Better would it be, certainly, if the distance could be abridged, an unstoppered bottle of tincture of iodine placed on the table of each tuberculous patient at night-time.

The iodised baths are also destined to act on the skin: these baths, formerly accepted and vaunted by all the world, are at present called in question. The patients were accounted to take in much iodine, and now they do not appear to derive so much effect, thus some physicians no longer believe in their efficacy. M. Pariset, of Nancy, says, that put whatever you will upon the skin, nothing will be absorbed—*ergo*, no more iodised baths. The proof, says M. Villemin, that the skin absorbs, and that the baths are useful, is that iodine may be found in the urine of an individual who has taken an iodised bath. Who is right? Which of these two is wrong? Happily, we are not obliged to choose irrevocably between these gentlemen, and to take part for one against the other. Both have, in fact, omitted an essential condition of the usefulness of iodine baths; this is, that in order that iodine may be found in the urine, it is necessary that the patient should hermetically close the doors and windows of the room where he takes his bath, and that he should remain in it as long as possible. Then it may be affirmed that the bath has not been really useless, and that the medicament has penetrated into the economy. But where has it entered?—not by the skin, but by the respiratory membrane.

(*To be continued.*)

CHESELDEN AND IRIDECTOMY.

We again venture to direct attention to Dr. de Wecker's *brochure* on Iridectomy (*a*), with the view of pointing to the honourable and earnest mention made of a fact which had almost passed out of the minds of Cheselden's countrymen, that to him alone belongs the merit of having originated an operation which has been a means of restoring sight to thousands upon thousands of human beings. Dr. de Wecker observes, we may in the strictest impartiality say, that four methods were devised during the last century for making an iridectomy; these were those of Cheselden, Heuermann, Guérin, and Janin, and that all subsequent operations are but modifications of these masters in surgery. The elder Wenzel, in 1786, introduced an improved method of some value, and which consisted in cutting out a small portion of iris through an opening previously made in the cornea; this for a time quite superseded the plan of inserting the needle through the sclerotic coat and cutting behind the pillars of the iris.

Just before Wenzel published his treatise on Iridectomy, Reichenback, in 1767, devised a kind of canula-cutting forceps, for the purpose of making a central opening in a closed pupil. It appeared that Wenzel's innovation upon an operation which, in Cheselden's hands, proved successful, partook of the nature of an accidental discovery. He was operating for cataract when the iris became entangled in the edge of the knife, and on withdrawing it, a large section of the iris was abcised. The eye, however, did very well, and the vision of the patient was somewhat improved by the larger pupil thus accidentally made. It appeared to him, therefore, that cutting out a piece of iris at the moment of extraction might be attended with advantages, and he endeavoured to secure this in subsequent operations, but the ultimate result appears to have been a failure, and it was abandoned. Twenty years afterwards his son revived the operation, and wrote a treatise on the advantages of abcising the iris; subsequently Beer took it up, introduced a modification which received general approval, and threw the old operation for a time into the shade. This was the operation *par excellence* of iridectomy. French ophthalmologists seized upon V. Beer's operation, and both Sichel and Desmarres practised it in cases of synechia and secondary cataract, boldly cutting out large portions of iris, with considerable success. The results were not always so satisfactory, as in many cases the neoplastic products served to undo the apparent good obtained by the iridectomy, and soon again the operation seemed likely to fall into oblivion. Von Graefe, however, saw the value of the operation, and believing that it could be turned to account in the treatment of traumatic cataract, adhesion of the pupil, and prolapsus of the iris, as well as in closed pupil from iridocyclitis, &c., he subsequently wrote—"I have substituted a simple iridectomy for the older operation, and which consists in cutting through the cornea with a double-edged lanced-shaped knife, carrying it through the several tissues as far as the vitreous body, and then withdrawing it immediately; for experience has shown me that plastic exudations possessing sufficient elasticity will retract on being cut through, and leave an opening large enough for useful vision." He deprecated further interference from a dread of lighting up a fresh inflammatory action in the iris and surrounding tissues. His "simple iridectomy" may be described as a subcutaneous operation, and he boasts of having reduced the dangers of forming an artificial pupil to a minimum, by employing a small knife with which he was enabled to divide adhesions both before and behind the pupil.

It is almost needless to point out that Von Graefe's operation was only a slight modification of Cheselden's and Heurmann's. Subsequent modifications were stimulated by the greater attention given to ophthalmic surgery, and by the introduction of the ophthalmoscope, which had already become a most invaluable aid to diagnosis. Doubtless we owe much to Von Graefe's energetic master mind, and his abundant resources in cases of difficulty; but we cannot shut our eyes to the fact that Dr. de Wecker's method of performing iridectomy differs as much from Von Graefe's as from the operation of the surgeons of the last century. Ophthalmologists are not content to stand still, and it is quite possible that the work of the present generation will be entirely superseded by that of the next.

(*a*) "De l'Iridotomie," par L. de Wecker. Paris, 1873.

The Visiting Physiciancy of the Dundrum Central Criminal Asylum.

We referred recently to the resignation of Dr. Law of the office of visiting physician to the Dundrum Central Criminal Lunatic Asylum, and the official inquiry then proceeding into the administration of the asylum. The vacancy created by Dr. Law's resignation is the subject of an active competition, and it has received additional interest from the rumour that it is the intention of the Government to submit the asylum to one of its masterly and comprehensive strokes of economy, by abolishing altogether the office of visiting physician. We are unable to form an opinion as to whether this intention is a reality, or is only an alarm arising out of the proverbial proclivities of the present Government, but the rumour receives corroboration from the fact that a commission—the inevitable pilot of a cheese-paring movement—has been at work, and that the proposition to get rid of visiting physicians is an old hobby of the Lunatic Asylums Office at Dublin Castle.

Although the Criminal Lunatic Asylum is, in many respects, on a different footing to that occupied by district asylums, the principle on which we would earnestly insist is quite the same as in these latter institutions, and we reiterate our most solemn protest against the perpetration of a job which will, if carried further, strike a most serious and mortal blow at the efficiency of the Irish lunacy system. We maintain that it is contrary to the principle of all past legislation to deprive a lunatic asylum of the only daily *surveillance* which the present system allows—to throw the charge of great institutions and many lives upon one irresponsible officer and to deprive the unhappy lunatic of the only available connection with the outer world which is possible for one whom the usual means of communication is denied. We use the word "irresponsible" advisedly, because recent events have abundantly proved that official inspectors of the routine sort are utterly insufficient to protect inmates against the operation of gross abuses and most scandalous ill-treatment.

It is not for a contemptible item of parsimony that the lives and limbs of poor lunatics should be at the unchecked disposal of a single official, and Parliament will, we trust, never consent to such a system. If it were desired to introduce into Irish asylums the abuses of which, in the matter of mad-houses, the public is so suspicious, it could not be more effectually done than by removing every vigilant eye and every judgment unbiased by official interest, and confining the control of such institutions to the mere occasional business visits of an official. We look to the daily Press to bring this aspect of the matter before the public, and defeat this latest and most miserable economy of a penny-saving and pound-wasting Government.

Professor Haughton, F.R.S.

The Honorary Fellowship of the Royal College of Surgeons in Ireland was conferred on Saturday last upon the Reverend Professor Haughton, Fellow and Doctor of Medicine of the University of Dublin, in consideration of his distinguished services to scientific anatomy.

The Council and Fellows assembled in honour of the occasion, and received the learned Professor with acclamation. The President, Dr. Denham, in presenting the diploma, referred to the great erudition manifested in Dr. Haughton's recent work on "Animal Mechanics," and expressed the unanimous opinion of the Council that he would occupy a worthy companionship of Cloquet Tiedemann, Bowman, and other distinguished men whose names appeared on the honourable roll of Honorary Fellows of the College. Professor Haughton, in acknowledging the presentation, reminded the Fellows that he, in the pursuit of Scientific Anatomy, enjoyed the advantage—seldom possessed by others—of an adequate acquaintance with both geometry and mechanics, which rendered his task only a matter of labour and perseverance. The honour he then received he appreciated the more, as having been granted by his own countrymen, and in consideration of services of which the Council was eminently capable of forming an opinion. The distinction reflects the highest credit upon Professor Haughton, inasmuch as the College has been excessively chary of the grant of such honour, the last Honorary Fellowship having been conferred upon Professors Syme and Bowman, to the exclusion of many less distinguished men.

Medical News.

University of London.—The following is a list of candidates who have passed the recent B.S. examination for honours :—

B.S. Examination. Examination for Honours.

First Class.

Colgate, Henry, (*Gold Medal*), University College.

Second Class.

Skerritt, Edward Markham, B.A., University College.
Lucas, Richard Clement, Guy's Hospital.

Third Class.

Barlow, Thomas, B.Sc., University College.
Rayne, Charles Alfred, University College.

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NOTICES TO CORRESPONDENTS.

Notice to Subscribers.—Subscriptions in advance at the reduced tariff of 21s. per annum, post free for 1874, are now due, and will be thankfully received by the Publishers in London, Dublin, and Edinburgh.

☞ **Correspondents** requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

Caution! Dr. Charles Kidd, London.—We herewith give you notice, that if you send any more libellous post-cards to Proprietor, Editors, or Publisher of this Journal, we will at once take summary proceedings against you before a police magistrate. You must not imagine that you can annoy us with impunity to the same extent as you have our contemporaries; you have more than merited their castigation and ours, and were it not for your age and imbecility, you would doubtless ere now have received the horsewhipping fit only for the back of one who has disgraced the title of gentleman.

Lincoln Sanitary Authority.—We noticed the excellent forms for distribution, "Precautions against Infectious Diseases," of which you have sent us another copy, in our columns about a month since.

Mr. H. W. Powell, Ribchester.—The request has been attended to.

Dr. Stewart, Cambridge, is thanked for his communication, which he will see has been attended to.

Self-Doctoring.—In the new number of *Cassell's* we are pleased to notice a few sensible remarks upon self-doctoring and perpetual fear of *the dreadful*, which its readers will do well to act upon. Upon the subject of palpitation, it remarks:—"In perfect health we are not conscious of the action of our vital organs; but we should advise everybody not to pay that attention. People should not study their vital actions as if they suspected them. They should take their health for granted, unless it is so far wrong as to be distinctly noticeable."

The Middlesex Hospital.—An advertisement of this institution is appearing in the daily papers, soliciting funds for its cancer wards, on the grounds that "It is the only special refuge in existence for poor patients who are afflicted with this fearful disease in its incurable forms." What will the Governors and Staff of the Cancer Hospital say to this?

Votes for Election to the Medical Benevolent College.—If any words of ours can gain a few votes for a son of the late Dr. Bolton, of Leicester, we shall consider ourselves to have pleaded a truly good cause not in vain. The subject of our plea is Andrew Adams Bolton, in his 10th year, son of the late John Adams Bolton, M.D., L.R.C.P., M.R.C.S., of Leicester, where he practised for many years, and died September 15th, 1873, leaving seven children (the eldest not yet thirteen) under the care and guardianship of their mother, without sufficient means for their maintenance and education. Dr. Bolton was a life Governor of the College, and very energetic in promoting the welfare of the institution. He was also for many years a frequent contributor to our columns, and ever ready to give his mite and time if necessary to a good cause. His widow has asked us to plead for her eldest boy. The task gives us pleasure, and sorrow at the same time; pleasure to do our best for the widow and orphans of the deceased; sorrow, that the father's life adds but another illustration to the long, long list of members of our profession who have passed away without being able to make provision for their families. Votes for the coming election will be thankfully received by Mrs. Bolton, Belgrave Gate, Leicester.

Royal Institution of Great Britain.—Next week Prof. Tyndall will lecture "On the Motion and Sensation of Sound," Tuesday, Thursday, and Saturday, at 3 o'clock.

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BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

On Diseases of the Chest. 2nd Edition. By A. T. H. Waters, M.D. Liverpool: Holden.

Manual of Lunacy. By L. S. Winslow, M.B. London: Smith, Elder and Co.

Diseases of the Urinary Organs. By J. W. S. Gonley, M.D. New York: Wm. Wood and Co.

Animal Locomotion. By J. Bell Pettigrew, M.D., F.R.S. London: H. S. King and Co.

Introductory Address delivered at the Edinburgh School of Medicine. By G. W. Balfour, M.D.

Third Annual Report of the Vigilance Association.

Pacific Medical Journal. L'Abeille Médicale. Lyon Medical. Boston Medical Journal. The Sanitarian. New York Medical Record.

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VACANCIES.

Hospital for Sick Children, Manchester. Resident Medical Officer. Salary £100 per annum, with board. For particulars, see Advt.

Fulham District, Middlesex. Public Analyst. Remuneration by fee for each case. Applications to the Clerk of the Board.

Sunderland Infirmary. Senior House-Surgeon. Salary £80 per annum, with board and residence. Also a House-Surgeon. Salary £60, with board and residence. Address the Secretary.

Sheffield Public Hospital. Assistant House-Surgeon. Salary £65, with board and residence. Address, Dr. J. C. Hall, at the Hospital.

Enniskillen Union Dispensary District. Medical Officer. Salary £100 per annum, exclusive of fees. (See Advt.)

Dunshaughlin Union, Ratoath Dispensary District. Medical Officer. Salary £110 per annum, exclusive of fees. (See Advt.)

West Herts Infirmary, Hemel Hempstead. House-Surgeon. Salary £100 per annum, with board and residence. Applications to the Secretary.

Godstone Union, Sussex. District Medical Officer. Salary £62 per annum, with fees extra.

St. Mary's Hospital, London. Resident Registrar. Salary £100 per annum, with board. Candidates must address their applications under cover to the Secretary.

Queen Adelaide's Dispensary, Bethnal Green, London. House-Surgeon. Salary £100 per annum, with residence, &c.

City of London Lunatic Asylum, near Dartford. Assistant Medical Officer. Salary £120, with board and residence.

Royal Surrey County Hospital, Guildford. House-Surgeon. Salary £75 per annum, with board and residence.

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APPOINTMENTS.

Davies, T., L.R.C.P.Ed., M.R.C.S.E., Medical Officer for the Creuddyn District of the Conway Union.

Hoare, W. P., F.R.C.S.E., Certifying Factory Surgeon for the District of Crayford.

Kittson, E. J., L.K.Q.C.P.I., L.R.C.S.I., Surgeon to the Tipperary County Gaol, Nenagh.

Lowe, J., M.B., C.M., Pathologist and Assistant Medical Officer to the West Riding Asylum, Wakefield.

Maybury, A. V., M.D., M.C., M.R.C.S., House-Surgeon to St. Thomas's Hospital.

Netherclift, W. H., M.R.C.S., Resident Medical Officer of the New Chelsea Workhouse Infirmary.

Orchard, J. S., M.B., M.C., Assistant Resident Medical Officer to the Salford Union Hospital.

Orchard, T. N., M.B., C.M., Medical Officer for the Townships of Pendleton, Pendlebury, and Broughton of the Salford Union.

Parsons, W. A., M.R.C.S.E., Medical Officer for the Tamworth District of the Solihull Union, Warwickshire.

Sinclair, G. M., L.R.C.P.Ed., L.R.C.S.Ed., Medical Officer for District No. 6 and the Workhouse of the Ely Union.

Stewart, James, B.A. Qu. Univ. Irel., L.R.C.P.Ed., L.R.C.S.I., late R.N., Second Assistant Medical Officer of the Kent County Asylum, Banning Heath, Maidstone.

Vordon, H. W., M.R.C.S., House-Surgeon to St. Thomas's Hospital.

Wattie, C. L., M.B., C.M., Assistant House-Surgeon to the Metropolitan Free Hospital, Devonshire Square.

Wigner, Mr. G. W., Public Analyst for Woolwich.

Wood, T. O., L.R.C.P.Ed., M.R.C.S.E., Lecturer on Psychological Medicine, Durham University, has been appointed Third Assistant Medical Officer of the Kent County Asylum, Banning Heath, Maidstone.

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OPERATION DAYS AT THE LONDON HOSPITALS.

Wednesday, December 24.

Middlesex Hospital.—Operations, 1 P.M.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ P.M.
St. Bartholomew's Hospital.—Operations, 1½ P.M.
St. Thomas's Hospital.—Operations, 2 P.M.
St. Mary's Hospital.—Operations, 1½ P.M.
King's College Hospital.—Operations, 2 P.M.
Great Northern Hospital.—Operations, 2 P.M.
University College Hospital.—Operations, 2 P.M.
St. George's Hospital.—Ophthalmic Operations, 1½ P.M.
London Hospital.—Operations, 2 P.M.
Throat Hospital.—Demonstration, 2½ P.M.
Cancer Hospital.—Operations, 3 P.M.

Friday, December 26.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ P.M.
Royal South London Ophthalmic Hospital.—Operations, 2 P.M.
Central London Ophthalmic Hospital.—Operations, 2 P.M.

Saturday, December 27.

Hospital for Women, Soho square.—Operations, 9½ P.M.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ P.M.
Royal Free Hospital.—Operations, 9 A.M. and 2 P.M.

Monday, December 29.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ P.M.
St. Mark's Hospital.—Operations, 9 A.M. and 2 P.M.
Metropolitan Free Hospital.—Operations, 2 P.M.
St. Bartholomew's Hospital.—Operations, 1½ P.M.
King's College Hospital.—Operations, 1½ P.M.
Charing-cross Hospital.—Operations, 2 P.M.

Tuesday, December 30.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ P.M.
Guy's Hospital.—Operations, 1½ P.M.
Westminster Hospital.—Operations, 2 P.M.
Throat Hospital.—Demonstration, 2½ P.M.
National Orthopædic Hospital.—Operations, 2 P.M.
West London Hospital.—Operations, 2 P.M.

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Births.

Harley.—On the 14th inst., at Upper Berkeley Street, the wife of John Harley, M.D., of a daughter.

Knight.—On the 18th inst., at Shorleycroft, Keswick, the wife of Alexander A. H. Knight, M.D., of a son.

Moore.—On the 16th inst., at Queenstown, the wife of Dr. Geo. Moore, of a son.

Teevan.—On the 16th inst., at Portman Square, the wife of W. F. Teevan, B.A., F.R.C.S., of a daughter.

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Marriages.

Paton—Alexander.—On the 11th inst., at Elmbank Place, Glasgow, John Wilson Paton, M.D., of Rock Ferry, Cheshire, to Janet Ann, daughter of John Alexander, Esq.

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Deaths.

Basan.—On the 9th of Dec., Horace Basan, L.R.C.P.Ed., of Welbeck Street, aged 40.

Burt.—On the 14th of Dec., at Wood Green, Geo. Burt, F.R.C.S.E., formerly of Ely Place, London, aged 85.

Ferguson.—On the 5th of Dec., D. M. Ferguson, M.D., of George's Place, Dublin, formerly of Enfield, co. Meath.

Fuller.—On the 18th of Dec., at Manchester Square, in his 53rd year, Henry William Fuller, M.D., Senior Physician to St. George's Hospital.

Hillman.—On the 11th of Dec., Wm. A. Hillman, F.R.C.S.E., of Argyll Street, Regent Street, aged 54.

Skaife.—On the 12th of Dec., at Easingwold, Yorks, Dr. John Skaife, late of Northampton Square, London, second son of the late R. T. Skaife, Surgeon, of Easingwold, aged 40.

Turner.—On the 17th of Dec., at Mosley Street, Manchester, Thomas Turner, F.R.C.S.E., in his 81st year.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 31, 1873.

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ON UTERINE THERAPEUTICS:

BEING A CLINICAL LECTURE DELIVERED BY

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Lecture II.

In a former Lecture (a) I directed your attention to those agents which, in the treatment of uterine and ovarian disease, are found useful when applied to the cutaneous surface of the body; to-day I shall speak of that still more important class which are applied directly to the vagina and uterus. Of these, lotions injected into the vagina are the commonest.

Syringing the vagina with water or with medicated fluids is an old and popular remedy for nearly every form of uterine disease, a remedy which, though often of great value if properly performed, and practised in suitable cases, is as often utterly useless, and occasionally positively injurious. Thus, an elastic enema-bag, capable of holding from six to ten ounces, is commonly employed for the purpose; such an instrument is quite useless. But occasionally a worse, because a positively dangerous instrument, is employed, namely, a glass syringe, the end of which is perforated with five or six holes. Not long since I was requested to see a woman to whom such a syringe had been supplied. The glass being thin, the instrument broke in the vagina, and several pieces of broken glass remained in that canal, causing intense pain to the patient. By slowly and carefully introducing a Ferguson's speculum I was enabled to extract one by one through it the fragments of the syringe, and no serious consequences followed.

The syringe to be employed for the purpose of vaginal injections should be one capable of throwing up a continuous stream. Such syringes are commonly known as "the syphon syringe," or "Higginson's syringe."

When using the syringe the patient should, if possible, lie on her back, the hip resting on a bed-pan, which receives the fluid as it escapes from the vagina, but the majority of patients object to this plan, which necessitates the presence of an assistant, and then you are obliged to permit her to inject the fluid from a vessel placed in front of her, or in a foot-pan, or bath over which she sits. This is a very much less efficient method, for the fluid escapes from the vagina too rapidly, and does not distend that canal, as it is desirable it should. In cases where there is not any urgent reason for the use of medicated lotions it is often a good plan to direct the patient to use her syringe while sitting in a warm hip-bath. I have found this method most efficacious in allaying vaginal irritation.

Having thus pointed out to you the method of syringing the vagina, it is furthur important for you to consider of what temperature the fluid to be injected should be, the quantity to be used at each time, the medical agents to be so employed, and their strength.

As a rule, I recommend you not to inject any fluid into the vagina which is perfectly cold; doubtless a perfectly cold fluid is more tonic, if I may use that expression, than a warm one could be, but the object of injections is, as a rule, to allay irritation, and not to give tone to the vaginal walls; that will soon follow as a result if you remove the local affection. Besides, I have seen very unpleasant and even serious consequences follow the injection of cold water into the vagina. Thus, severe uterine colic, and intense pain above the pubes occurred as an immediate result in one case, and in another so grave were the symptoms that life was endangered from an attack of pelvic cellulitis which followed the injection into the vagina of cold water, ordered with the view of checking profuse menstruation. I recommend you, then, to direct that the fluid to be employed be used at about blood heat, and when vaginitis is present, at even a somewhat higher temperature. The quantity to be employed should be considerable. If tepid water be used no better plan can be adopted than to make the patient use the syringe while sitting in a warm bath. If this cannot for any reason be done, she may sit over a foot-pan. Having a large supply of the water to be injected in a vessel placed in front of her, as already mentioned the recumbent posture is the best, for if it be adopted we may feel sure that the fluid will reach the highest part of the vagina, which I am satisfied is seldom the case when a sitting posture is adopted; but this method is too troublesome to be carried out easily in private practice, and is objected to by most females. Nor am I sure that the results are commensurate with the trouble.

(a) See Medical Press for 19th November, 1873.

The medical agents employed for vaginal injections are very numerous. I, however, restrict myself to a few. I have found the solutions of alum and of the sulphate of zinc so frequently to aggravate the patient's sufferings when vaginitis was present, that I now in such cases seldom or ever employ either. They coagulate the albumen which enters so largely into the composition of leucorrhœal discharges. If you examine a patient any time within twenty-four hours after she has used an alum injection you will find in the vagina a number of hard masses formed by the coagulation of the discharge, and these often cause much discomfort. Borax is a better agent, but it sometimes causes irritation, though in a less degree. A drachm of borax to the pint of water is the strength I usually direct to be used.

Where the object is to soothe and to allay irritation this is best effected by the use of an infusion of tobacco. Tobacco must, however, be used with caution. Some patients are peculiarly susceptible of its action, especially those in whom the orifice of the vagina being narrow some of the fluid is retained in the canal. Begin, therefore, by infusing fifteen grains of the unmanufactured leaf in a pint of boiling water. If this produce no unpleasant effect increase the strength to thirty—even sixty, grains to the pint. In many cases the addition of a drachm of borax to each pint of the infusion greatly increases the efficacy of the treatment. Many patients, however, are unable to use the tobacco at all, as even a very weak infusion causes nausea and faintness. I therefore recommend, when this is the case, or where you fear to run the risk of causing any discomfort, to substitute for tobacco an infusion of hops, directing an ounce of hops to be infused in a pint of boiling water with or without the addition of borax, as you may deem advisable.

Cases are, however, frequently met with where no vaginal inflammation or even irritation exists, but where profuse and weakening leucorrhœal discharge is constantly being poured out, which it is necessary to check; here astringents, such as alum or zinc, in the proportion of sixty grains to the pint of tepid water, prove often most useful. Should they irritate you will frequently find the decoction of oak bark serviceable. Warn your patient, however, that the infusion of oak bark stains linen, for ladies will not be pleased to find their under-clothing or towels covered with ugly stains. This reminds me to give you a caution respecting the use of the solution of nitrate of silver. A few years ago this was almost the only remedy employed in the treatment of uterine disease. I can with confidence say that as an application in cases of disease of the body of the uterus or of the cervix, it is perfectly useless. In cases of vaginitis it may be employed with advantage. It must be applied through a speculum, the surface of the vagina being brushed over with a solution containing twenty or thirty grains of the salt to an ounce of water. The application may be repeated at intervals of two or three days. I now seldom employ the solution of nitrate of silver, as I look on its use in the majority of cases as a mistake, and, moreover, I believe I can obtain better results by other means.

Of all the agents which are applied to the vagina for the relief of inflammation or congestion of the canal, glycerine, without doubt, is the most valuable. A small roll of cotton-wool will absorb five or six drachms of glycerine; you fasten to this a strong thread or piece of twine, introduce it through a speculum, and leave it in the vagina for twelve or even twenty-four hours, directing your patient to withdraw it at the expiration of that time by means of the string which is left hanging outside the vulva. Glycerine thus applied produces a copious watery discharge, which has a marked effect on the mucous surfaces in immediate contact with it. Thus, after its application the vagina and vaginal aspect of the cervix uteri appear pale, and the copious discharge seldom fails to relieve, for the time at least, that distressing sense of heat which it complained of in severe cases of vaginitis. In less acute cases the addition of ten grains of tannic acid to the ounce of glycerine often proves useful, but if used before the acute symptoms subside, it may cause increased irritation. Be sure whenever you use glycerine to warn your patient that she is to expect a copious discharge, otherwise the great flow which often comes on almost immediately will cause much alarm.

Such applications are, however, quite insufficient when an extensive granular condition of the lips of the os uteri exists; such a condition is always coexistent with a similar state of the canal of the cervix, and frequently of the interior of the uterus also. In these cases it is necessary to carry your treatment into the cavity of the body of the uterus, even up to the very fundus, for it is seldom possible to cure disease of the interior of the uterus unless applications be made directly to the diseased surface. This is the department of uterine surgery in which the greatest advance has been made of recent years. Cases are daily being treated successfully now which were looked upon as incurable but a short time ago. Much has been done in the treatment of these obscure affections, but much still remains to be done; however, I am very hopeful of our future, and believe that the incurable ones will ere long form but a small percentage of the cases of uterine disease.

Numerous medical agents are now employed in the treatment of disease of the body of the uterus. These may be used in the form of fluids, of solids, or of ointments. I mention them in what I consider to be the order of their value.

With respect to fluids I give you one caution: do not inject them into the uterus; such a method is fraught with great danger, and except that it is generally easy of execution, possesses no advantage.

The fluids most commonly employed in the treatment of intra-uterine diseases are a saturated solution of carbolic acid, the tincture of the perchloride of iron, tincture of iodine, the pernitrate of mercury, chromic acid, and the fuming nitric acid. A solution of nitrate of silver is also sometimes used, but I believe it to be altogether inefficacious.

Carbolic acid is a mild, but by no means a painless application; applied to the vaginal surface of the cervix it produces a very superficial slough, its effects passing off in twenty-four hours. Applied to the interior of the uterus its effects are equally superficial and transitory. It is therefore useful in cases where you desire to apply a mild stimulating caustic, but it is not suitable when it is necessary to destroy the so-called granulations which in severe cases cover the vaginal surface of the cervix and extend into its canal; nor where an unhealthy condition of the mucous membrane lining the body of the uterus, the result of chronic endometritis, exists, a condition which often gives rise to profuse menorrhagia. It is best applied by means of a flexible silver or copper probe (a) round the end of which is wrapped a layer of cotton; this can be passed into the uterus to the desired depth. When carried beyond the os internum the carbolic acid sometimes causes pain, which, however, soon subsides.

The perchloride of iron is an admirable stiptic, and, as such, should be used when it is desirable to check uterine hæmorrhage. You can apply it in the same manner as the carbolic acid; but it is generally better to saturate a small roll of cotton with the tincture (or, as being less irritating, with a saturated solution of the perchloride in glycerine). Pass this up through a speculum, and place it in contact with the os uteri, and then, outside this, another and larger pledget of cotton well soaked with glycerine. Both these should be removed within twelve hours of their application. I have seen a very deep slough produced in the vagina in a case where the cotton, saturated with the perchloride, was accidentally left in the vagina for two days. When it is desirable to check hæmorrhage depending on a granular condition of the cervix, the perchloride of iron is a very valuable agent. Iodine has been used for the same purpose; it will sometimes answer, but it is less certain in its effects. The pernitrate of mercury is a powerful and active caustic. It has been recommended by some practitioners as an application in cases of malignant disease. I never employ it, because I believe I have at my command a caustic equally, if not more efficacious, and one, at the same time, much safer, for very severe salivation has followed the use of the pernitrate in persons susceptible of the peculiar action of mercury.

(a) Dr. Playfair has had flexible uterine probes made, which answer admirably for this purpose.

Chromic and nitric acid are nearly identical in their action. The former is, however, in my opinion, more uncertain in its effects; it is also more irritating. I therefore prefer the nitric acid. Its application causes very little, indeed, in general, no pain; it produces but a superficial slough, and has often a wonderful effect in bringing about a healthy condition of the mucous membrane lining the body and cervix uteri. It also, in many instances, exerts a directly sedative influence, allaying the severe pain and vesical irritation so constantly present in cases of endometritis.

No matter which of these fluid caustics you may select, certain rules applicable to all should be borne in mind. In the first instance, local inflammation, indicated by tenderness of the uterus when touched, should, if present, be removed, or at least mitigated, by appropriate treatment before any of them be used. To effect this the cervix, if soft and engorged, should be punctured, or if enlarged and indurated, leeched.

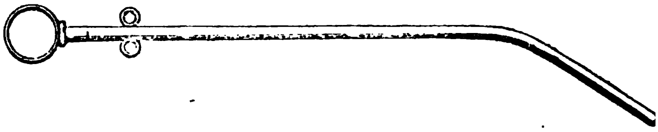
When it is desirable, as is frequently the case, to carry the application up to the fundus, this should, if possible, be done through a canula or tube, with the double object of preventing the agent selected from being weakened by admixture with the secretions during its passage through the cervical canal and by contact with its walls, and also of protecting the healthy structures from the action of the caustic which may be employed, for it must be borne in mind that the mucous membrane lining the cavity of the uterus may be, and often is, diseased, that lining the cervical canal being in a perfectly healthy condition. It is therefore all-important that the healthy structures should be protected from the action of the caustic.

With the view of effecting this object, I have devised an instrument of very simple construction. It consists of a short tube or canula, made of platinum, and of a curved stilette, which fits the canula accurately, and which is fixed to a boxwood handle. The instrument being introduced into the uterus in the same manner as the uterine sound, the stilette is to be withdrawn, and the canula being held steady, by means of a pair of long forceps a copper, or better still, a platinum rod, dipped in the agent selected, is to be passed through the canula up to the fundus. You have all repeatedly seen me treat cases of endometritis in this manner, and with the most satisfactory results. I may refer you to the case of a patient at present in the house as an example. She is a widow, aged 45, was admitted on the 15th of last month suffering from profuse menorrhagia. A careful examination of her case convinced me that the hæmorrhage depended on a granular condition of the mucous membrane lining the cavity of the uterus. The vagina was plugged to arrest the flow, which had continued incessantly for fifteen days, the interval between the commencement of this and the termination of the preceding period having been but ten days. On the subsidence of the flow the canula was introduced with the greatest ease. This was done in the manner I usually adopt, the os being exposed by means of a full-sized Ferguson's speculum; the stilette, armed with the canula, was with ease passed through the cervical canal into the uterus. There is, in general, little difficulty in effecting this, for in suitable cases the cervical canal is patulous, or at least, relaxed. In the case under consideration this was so. Having introduced the instrument and withdrawn the stilette, I passed through it this platinum rod, round the end of which was firmly wrapped a roll of cotton saturated in the fuming nitric acid; no pain followed this application, which was repeated after the lapse of a week. The result was most satisfactory. The menstrual flow did not reappear for five weeks, and then lasted for but five days, the quantity lost also being moderate. Bear in mind that for months past this woman had never been free from profuse and debilitating hæmorrhage except for a few days at a time. But do not suppose that because I have succeeded, by two intra-uterine applications of the fuming nitric acid, in stopping the excessive loss, that this woman is cured; her condition is improved, but she is not cured. A relapse will certainly occur if the same application be not repeated, and that too, several times.

Now one word as to the details of this operation—if that be not too dignified a name for the proceeding, for you will fail in your attempt to carry out this method of cauterising the interior of the uterus successfully unless you attend to various little points. The first is that you take care to grasp firmly the little projecting ear of the canula with a pair of long forceps before you withdraw the stilette. If you do not do so, one of two things will happen: either the canula will slip out of the cervix, or, if the os be patulous, as is frequently the case, it will disappear *in toto* within the cervical canal. Doubtless it will soon reappear; but it is not then always easy to grasp it, and it will sometimes slip behind the speculum, or, if grasped, may be found full of mucus. By holding the canula firmly with the forceps these troubles will be avoided. Next, and even more important, is the fixing of the cotton firmly on the end of the probe. Draw out the cotton, moisten the tip of the rod, catch but a few fibres of the cotton at first, and roll the rest slowly and evenly on. This is better effected by rotating the rod than by rolling the cotton round and round it. If these directions be not attended to the cotton will wrinkle up as it passes through the canula, and will render the passage of the rod impossible, or, if loosely put in, may be left behind in the uterus when the rod is withdrawn. Neither of these accidents will ever occur if the directions I have given be followed.

These directions apply equally to all liquid caustics used for the purpose of intra-uterine medication, and the success of your treatment will depend very much on the dexterity with which you carry it out. If there be too much cotton rolled round the probe, or if it be loosely rolled on, the rod will stick in the canula, and you will have to withdraw it and re-introduce it again, or if you take up too much of the caustic on the cotton it will trickle down, and may cause a troublesome sore to form on the vagina; so that to carry out this method, simple though it be, skill is needed and must be acquired.

Of the solid caustics, the nitrate of silver and sulphate of zinc are the only ones I use. You can insert these through the canula I have described; but it is better effected through this *portè caustique*. It is known as Sir James Simpson's. By using it you can dispense with the speculum. Ten grains of the nitrate of silver or of the sulphate of zinc, the latter in the form of "zinc points," as suggested by Dr. Braxton Hicks, are to be introduced through it up to the fundus, and left there to dissolve. Either of these caustics so used is liable



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to cause pain, seldom however severe in character; this too can be in some degree at least averted by placing a pledget of cotton saturated with glycerine in the vagina. I use both these agents occasionally, but less frequently than formerly, for since I have devised the means of applying the nitric acid without previous dilatation to the interior of the uterus, as is effected by means of the canula, the results have been so satisfactory that I now seldom resort to the use of the solid caustics. Of the use of ointments I have no personal experience; they are more difficult to apply than either the fluid or solid caustics named. Dr. Barnes, however, considers them to be often of great value in some cases; doubtless they sometimes are so.

It is occasionally advisable to destroy the tissues of the cervix to a greater depth than can be effected by means of the nitric acid. For this purpose two agents are employed—namely, cautic potash, or potassæ c. calce, and the actual cautery; the former is eminently useful in those cases where the lips of the os uteri are in a state of granular erosion. You have seen me use it with the very best results. As I have in a previous lecture explained to you the mode of applying it, I shall not dwell on it now further than to remind you that it must be used cautiously, and that the vagina must be protected from the action of the caustic by the insertion of a pledget of lint saturated in vinegar under the lower edge of the cervix. The actual cautery is not much employed in this country; but in America its use is warmly advocated. Dr. Gaillard Thomas states that, according to his experience, "of all the means of counter-irritation for removing chronic parenchymatous congestion, and causing a diminution in the size of the uterus by stimulating absorption, this is the most efficient and least objectionable as to its consequences." He uses a small steel rod terminating in a disk not much larger than a split pea. This heated in a spirit lamp he applies for ten or twenty seconds to the cervix, so as to create a small slough, re-heating and re-applying the cautery so as to cauterise the cervix in two or three places, one at either side of the os uteri.

Dr. Getchell, of Philadelphia, also advocates the use of the actual cautery in cases in which the cervix uteri is hypertrophied and indurated, but instead of a steel rod he employs charcoal sticks made of nitrate of potash twenty grains, charcoal seven drachms, powdered acacia one drachm, and water sufficient to make into a paste. This paste is to be formed into sticks of any required diameter and length. Dr. Getchell uses them of about the diameter of the little finger; the stick is to be held in the flame of a gas or spirit lamp for a few moments till converted into a live coal, and applied through a glass or wooden speculum. His directions are: "Take the caustic in the forceps and apply it about four or five lines from the os to the lip which is most hypertrophied. Now, if you make slight pressure for a few seconds you will destroy tissue over a space of about the size of a three-cent. piece, and of about two lines in depth; the pain is very slight. On withdrawing the cautery I sponge the part with cold water. I then introduce a pledget of lint saturated with glycerine, and keep the patient in bed for forty-eight hours." The actual cautery may be applied once a month. I have but recently commenced to try this method; I believe, however, that I shall derive good results from the practice.

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TREATMENT OF ERYSIPELAS BY THE TINCT. VERAT. VIRID. CO. CONC.

By John W. Lane, M.D., L.R.C.S., &c.

In June, 1863, I was consulted by a patient who was suffering from mammary cancer, in reference to a violent burning pain, with redness and swelling of the right arm from the wrist to the shoulder and neck. On examination, I found she had been attacked with simple erysipelas, accompanied by the usual concomitant symptoms, she remarking that since it had made its appearance the day before, the cancer had become quite painless and easy. She had been applying the above tincture to the schirrhus mass twice a day for some time, it having been prescribed for her by a London specialist (cancer), at the same time saying she thought it was a very good application, as it relieved the violent burning pain for some hours after it had been applied, and the only disagreeable symptom was a peculiar tingling sensation on the surrounding skin, producing slight giddiness and then drowsiness. I thought that this application was most likely the primary cause of the erysipelas, and desired her to stop using it. "Well, why doctor," she said, quite logically, "If it eases the burning pain in my breast, may it not also ease this burning pain in my arm?" Her argument induced me to try it, so getting a small camel-hair pencil, I applied it all around the shoulder and under the arm, thus covering the extreme boundary of the erysipelatous rash and about two inches of the sound skin. I went to visit her the same evening and was surprised to find that the erysipelas had not spread, at once I applied it freely all over the arm, thus painting, I may say, the whole extent of the surface attacked; the usual concomitant symptoms began to disappear. Next morning on visiting her I made a fresh application, she remarking that the burning sensation disappeared in a few moments after I had painted the whole arm. One more application same evening and one next day were all required, as upon washing off the dark-looking crust upon the arm it had returned to its normal size, colour, and feeling. Very shortly afterwards I was sent for to a case of erysipelas of the face and neck. I applied the tincture pretty freely, taking care to go far enough upon the sound skin with it. Three applications eradicated the disease; since then I have had numbers of cases affecting, I may safely say, nearly all parts of the body, the worst one being where the right leg and side were affected from the toes up to the armpit; two dressings a day were all I used in this case as it covered a large surface. But where the erysipelas is more circumscribed I use it, say every four hours or oftener; to some patients I have administered the tincture at the same time, in doses of from two to seven drops three times a day, but I saw no difference in its effects. I cannot exactly say the number of cases I have had within the ten years past, perhaps twenty, and I have never known the application to fail in arresting the spread of simple erysipelas. I made known the remedy to various of my medical friends in Shropshire, but have not heard of any one of them ever using it except the late Mr. Clement, of Shrewsbury, who used some I gave him, and said it certainly had a wonderful effect, though he had only tried two cases. It is an American preparation made by "Keith, of New York," supplied to me by "Twinberrow and Son, Cavendish Square, London." I should be glad if some of my medical brethren would get some, use it alone in treatment of any cases they may have, and make known the results in the columns of this paper. Having never heard nor read of this tincture ever being used in this country (of course I do not know what any of our transatlantic brethren may have done), but I think if there is any specific in it, it should have a trial. I forgot to mention that in some cases I diluted it with equal parts of whisky, and generally gave a mixture containing *nit. potass.* and *hyoscyamus.*

Bishop's Castle, Salop, Dec. 1873.

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A NEW APPARATUS FOR THE TREATMENT OF FRACTURES OF THE PATELLA (a).

By W. J. Wheeler, M.D. T.C.D., L.R.C.S.I.,
Surgeon to the City of Dublin Hospital.

The treatment of fractures of the patella being one of the most interesting and practical subjects connected with surgery, and being one which has occupied the attention of the profession of late years, and especially in Dublin, I thought it might not be uninteresting to bring under your notice this evening an apparatus which I believe to be in every way suitable for the treatment of such fractures, and more particularly have I been induced to do so from the knowledge that almost every method which has yet been introduced in the hope of obtaining perfect or bony union has met with objections on some justifiable ground, and has not been followed by the satisfactory results anticipated by sanguine advocates. The cases of this accident which have come under my care and observation have led me to an anxious consideration of the various apparatus suggested, and to the conviction that their defects are obviated in the splint now before you, although I have not yet had an opportunity of testing it practically in its present form. It would be unnecessary for me, before such a society as this, to enter into a discussion on the causes and varieties of this accident; suffice it to say that it may occur directly or indirectly, either from violence directly applied or from muscular action. The fracture may be transverse (which is most commonly met with) or stellate, or vertical, multiple, simple, or compound. The transverse most usually occurs by muscular violence, a sudden action of the quadriceps extensor femoris under effort to prevent the body falling backwards (being the common cause), the knee being at the time slightly bent; occasionally, however, transverse fractures are the result of direct violence. The diagnosis of this fracture is not difficult—the history of the case, the loss of power, the bulging of the synovial sac; the distinct separation of the bones, which in the transverse fracture is sometimes very great, depending partially on the amount of muscular action at the time of the accident, and afterwards by the effusion which takes place into the knee-joint. As to the character of the effusion, which is said by some to be serous, by others hæmorrhagic, for my own part I am inclined to think it the former.

(a) Read before the Surgical Society of Ireland, 29th Nov., 1873.

Before describing my splint, I must mention some of the appliances that have from time to time been employed in the treatment of this accident, in order that the merits I claim for the apparatus before you may be more clearly understood.

The first method I would mention is the plan adopted by Sir A. Cooper, namely, a leathern strap or collar, buckled round the thigh above the broken bone, another strap passing under the middle of the foot, the leg being extended and the foot considerably raised, the strap is brought up to each side of the patella and buckled to the band or collar applied to the lower part of the thigh.

The next I would mention is Malgaigne's hooks, which are composed of four claws drawn together by a screw, which act on the upper and lower fragments, and Malgaigne states that the advantage of them is that the edges of the fragments are brought into direct opposition, and that they are not tilted forwards.

The next is Mr. Wood's splint, extending from the tuber ischii to below the foot, having two hooks attached; it is placed on the posterior part of the limb.

Another plan is that recommended by Mr. Butcher; he uses a forked splint on the anterior part of the thigh, firmly bandaged to the limb, the forked part being towards the upper fragment and pressing it towards the lower.

There are several other appliances, such as india-rubber bands above and below the patella, straps of plaister, pads above and below the fragments, and others, too numerous to mention.

In the apparatus now on the table, is a hollow wooden splint, 4¾ inches wide, and extending from above the middle of the thigh to the sole of the foot, at which point a footboard is attached by means of a hinge; this splint having two transverse bars, is fitted into a long box-splint, the sides of which are forty inches long and six inches in depth, in which it travels horizontally. That portion of the splint on which the limb rests can be elevated or depressed as required, by means of perpendicular slots cut through the sides of the box-splint. Thus, the splint can be adjusted to suit a long or short leg, the limb can be elevated or lowered at pleasure, and the foot placed at any angle. This hollow splint is fixed in position by means of thumb-screws which fit into the transverse bars before mentioned; two semilunar pieces of metal, softly padded, are fixed one above the other below the fractured patella by means of leather straps which pass round the limb, the leg is secured to the splint by means of two broad web straps, one round the calf the other at the ankle; the foot can be bandaged to the foot-board; a roller with each adjustment is fitted in the box-splint below the foot-board. From this roller start four cords, which passing through brass sheaves, are attached, two to the upper and two to the lower metal pads by means of chains and light-hooks. The roller is turned by means of a key, and acting on the cords, causes the metal pads simultaneously to approach each other, thereby bringing the fragments into apposition; the rack is covered by a brass box, which can be locked, so that the adjustment of the splint cannot be interfered with by the patient.

The advantages of this apparatus will be more briefly detailed by comparison. To those who advocate Malgaigne's hooks, I claim all the advantages without the objections; my splint provides for the position of the limb, Malgaigne makes no such provision; this apparatus will procure perfect coaptation of the fragments without penetrating the soft parts, without the pain and irritation frequently caused by the hooks. In several cases treated in London by Malgaigne's method, erysipelatous inflammation has endangered both the limb and life of the patient. It is superior to Sir A. Cooper's method, by drawing on both fragments, and can make well-maintained traction on the lower as well as on the upper fragment if necessary—and over both the plans just mentioned, by its being able to exert greater or lesser force on each fragment, as the case may require. It would be tiresome were I to enter into a comparison with all the other contrivances that have been used for this fracture.

In conclusion, I will only add, that not only is this splint suitable for the fracture for which I have introduced it, but I believe also for fractures of the thigh or fractures of the leg (*b*).

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PHANTOM DISEASE.

By W. R. MacDermott, M.B. Dublin.

In the following argument, the term "brain state" is frequently used in opposition to the term "material," "bodily," "physical state," with the knowledge that the former may with propriety be considered as falling under the latter. The use of the term "mental state" instead, among many other obvious difficulties, might sometimes involve the suspicion of meaning some metaphysical entity, and thereby the danger of utter misconception. Even though a physical, material, or bodily condition the brain state is usually immediately attended by or eventuates in mental and other phenomena that identify it, and place it in contrast to all the other states of material being.

It may be allowed that to each bodily state, state of structure, or state of function a special brain state corresponds, and that on a physical alteration taking place the vital equilibrium requires a correspondent alteration in the cerebral condition. Proceeding on this assumption, it may be stated as a proposition that the brain may with more or less completeness take on the state correspondent to any given altered bodily condition in the absence of that condition, and that such an event will be attended by phenomena giving rise to a resemblance, parody, or phantom of the absent condition. To illustrate, an extreme instance may be supposed of a man whose brain takes on the state corresponding to a strictured œsophagus, or a lost limb, in the absence of these conditions. The patient here will in all probability be a monomaniac, and his actual ideas will

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(*b*) The apparatus was manufactured by Messrs. McAdam and Corcoran, of Dublin.

be the resultant of his peculiar brain state, disturbed or otherwise modified by intervening mental activities. For an actual practical illustration the case may be adduced of the child of a lunatic father, a female, four years of age, of feeble vitality, intestinal irritation apparently absent, suffering for over ten days from idiopathic tetanic rigidity, with extreme opisthotonos. The child got well, but wonderful cures are often no cures at all, and venturing to think that if she had had true tetanus she would have died, I am inclined to the opinion that her ailment arose from the assumption of the brain state proper to tetanus, that it was a phantom tetanus.

On a certain mechanical movement in external matter propagated to the cerebral limit ensues a particular brain state, and the interpretation of the motion into sound. Answering to the variations of the mechanical condition, the state is now one to which satisfaction, now one to which distress attaches, but whether it fills us with pleasure or pain, we know that it is done only in the healthy discharge of cerebral function; the states through which the outward condition fills the consciousness with music or discord are not particular states of health or disease. The healthy brain thus answers to the conditions of our being; to disease itself it offers a normal response; if the response fails, or if it is yielded without its appropiate occasion the health of the organ itself will come into question. And the brain, like other organs, takes on diseased states; like other organs too, in taking them on it manifests not something entirely new, something that could by no means be anticipated, but something in which the discharge of usual function is adhered to and essayed, as it were, under difficulties and perplexities. In delirium the diseased brain reproduces in the absence of fitting occasion the objects of sense and thought, nor can we place a limit to its power of reproducing in like condition other possible objects of its experience—a toothache as well as a sight or sound, a tetanus as well as a train of thought.

The causation of "phantom diseases" through the assumption of dissociated brain states allows the character of these diseases to be traced from an *à priori* point of view. A certain relationship and family likeness, for instance, is to be expected amongst them; established in the copies we should find something the absence of which is characteristic in the originals. Their production in mode and frequency should be correspondent, *gleichgültig* to the susceptibility of the brain, and not to that of their apparent seat, and in their progress and termination they ought to maintain the same distinctive reference. They should, on the whole, appear as distinct from the diseases they imitate as the images in a mirror from their objects. The image within the mirror is not an accurate transcript of its object; it is a copy transposed, inverted, perhaps grotesquely exaggerated, diminished, or distorted. The mimic disease, in the same manner, cannot be expected to be a faithful transcript of its antitype; sometimes it may need the greatest pains to trace its true analogies. For the brain being in reality a system of related organs the assumption of one of the special states under view would immediately concern some point of specialised function, then secondarily require physiological consent in one direction or another, and that it is only reasonable to suppose it would very often fail to obtain. Imagine the delirious patient grasping at the visionary shapes before him; his touch consents not with his sight, and in the contradiction of its habitual guides his mind experiences a new element of disturbance.

In the study of insanity, hysteria, hypochondriasis, epilepsy, of cases where the suspicion of simulation arises, of cases of deviation from type in many diseases we see a great range of causation; in the same group of pathological appearances, the cause varies in weight from hereditary impress and organic lesion to mere imitation; causes inefficient in the production of disease generally, obtain novel powers here through their influence over the brain. In a wonderful association, suggestions and imitations of the most diverse and unconnected diseases and abnormal states fall under notice, conditions that, occuring in their habitual manner, want all immediate connection, appear grouped together in close relation, obviously through identity in mode of causation. And lastly, a general constancy may be observed in the progress of these diseases in a direction of brain affection, and not in the direction the apparently associated states are wont to take; eliminating sources of error, the hysterical or hypochondriacal affection is always found tending in the direction of insanity or cerebral disease however positive and urgent the disguising symptoms may seem to be.

The tendency of pathological teaching at the present day is to recognise apparent associations as real in themselves, and potential causes of these diseases. "Hypochondriasis—*definition:* Some disturbance of the bodily health, attended with exaggerated ideas or depressed feelings, but without actual disorder of the intellect." ("Nomenclature of Diseases of the Royal College of Physicians," p. 41.)

Bodily health here will be understood by most readers as in real, if not literal opposition to mental or brain health. "It appears to be tolerably certain that hypochondriacal insanity is in some instances connected with, if not caused by a perverted sensation proceeding from an internal organ, most often abdominal. In health we are not conscious of the impressions which these organs make upon the brain, albeit they assuredly send their unperceived contributions to the stream of energies, of which consciousness is the sum and the outcome; but when a disordered organ sends a morbid impression to the brain it no longer does its work there in silence and self-suppression, but asserts itself in an unwonted affection of consciousness. The hypochondriac cannot withdraw his attention from the morbid sensation to which it is irresistibly attracted, and which it aggravates; his interest in all things else is gradually quenched, and his ability to think and act freely in the relations of life sapped. The step from this state to positive insanity is not a great one, the strange and distressing sensation being so anomalous, so unlike anything of which the patient has had experience, affecting him so powerfully and so unaccountably, gets at last an interpretation that seems suited to its extraordinary character; and he then imagines that some man or animal or devil has got inside of him and is tormenting him. He has now a hallucination of the organic sense, which dominates him, and he is truly insane." (Maudsley, "Gulstonian Lectures," *Lancet,* June 11, 1870).

These passages are quoted to show the opinions to which the view indicated in the present paper finds itself in opposition and contrast. If that view be at all correct, the essential hypochondriasis would be measured, not by the reality, but by the falseness of the impression of organic conditions taken by the brain; it would obtain clearest type, completest form not in the presence, but in the absence of the bodily states apparently indicated. The brain in one of its parts—one of its functions is supposed to take on a false impression, and the general cerebral consent being withheld, the complex whole eventuates in the peculiar hypochondriacal condition: in the falseness of the impression is the reason for want of cerebral unanimity; in the want of cerebral unanimity the reason for the disturbed and exaggerated mental phenomena. While in health we may be quite unconscious of the impressions the abdominal organs make on the brain; in their diseases, as a rule, their state has a vivid representation in it, and this the brain gives in the healthy discharge of its functions; a leading character of diseases of these organs seems indeed the unusual positiveness and clearness with which the brain follows their state, as long as the blood, so dependent on them for its composition, remains unaltered. When, looking for the essential nature of hypochondriasis, we turn to the idea of a perverted sensation proceeding from the abdominal organs, we are as if looking for the essential nature of delirium attended with visual hallucination; we had turned to the idea of perverted sensations proceeding from the eye. Perverted sensations the eye does indeed give, but these the brain almost always follows and distinguishes as produced by disease or defect in the organ; close as its connection is with its great dependency, and though often diseased along it, the cerebral centre is seldom diseased by optical sensations, however perverted or erroneous. In a morbid brain the impressions taken of healthy and diseased organs may alike be false; the nearer the brain goes to a true estimate of an organ's state, the more surely can we look on its own state as normal. In the general falseness of the impressions in hypochondriasis and similar affections resides their character as diseases and the keynote to their nature and causation.

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Transactions of Societies.

MEDICAL SOCIETY OF LONDON.

MONDAY DECEMBER 8TH, 1873.

Dr. S. O. HABERSHON, President, in the chair.

Mr. BRAINE showed a specimen of

CARVED RHINOCEROS BONE REPRESENTING TWO INCISOR TEETH JOINED TOGETHER.

Dr. SEMPLE read a paper entitled

WHAT IS DIPHTHERIA?

illustrated by a recent epidemic in Italy. The author in the first place gave a general sketch of the successive epidemics which appeared in the world, that of 1856, and those of the following years being the most severe which have ever visited Great Britain. Until that time English physicians knew but little of the malady, and what they did know was derived from French sources. The researches of Bretenneau had contributed materially to diffuse a knowledge of its characters, but even now the true nature of the malady was not perhaps fully understood. At the commencement of the present century—viz., about 1818, the disease broke out as an epidemic in France, and then it spread to this country. The loose way in which the word "croup" was used, both by French and English writers contributed very much to obscure the real characters of diphtheria, for while Bretenneau used the terms croup and tracheal diphtheria as synonymous, the English writers included under the name of croup at least three diseases—viz., tracheal diphtheria, layngitis stridulus, and laryngismus stridulus. Dr. Semple's own opinion was that these three affections ought to be called by the above names, and then the word croup might be abolished altogether. Italy has very lately suffered from an epidemic of diphtheria which recalls the former epidemics in that country recorded by Carnovali, Sgambati, Nola, Ghisi, in the 17th century, but the Italian physicians of the present day are more fortunate than their predecessors, for they are well acquainted with the history of former epidemics, and however dangerous and fatal the malady now is, the visitation is only a repetition of previous outbreaks in Europe and America. The Italian epidemic of diphtheria began in 1863, and then it somewhat declined till it broke out again in 1867, but it burst forth with greater vehemence in 1869, and reached its maximum in 1871 and 1872. The fearful ravages it committed may be estimated from the fact, that in the year 1872 there were 1,058 cases of diphtheria reported as occurring in France, of which number 563 died, and only 495 recovered. A committee of medical men had been appointed to take the whole subject into consideration, and to report upon certain questions connected with the outbreak. They had unanimously come to the conclusion that the so-called croupous form and the diphtheric form were only modifications of the same morbid process; that laryngeal and tracheal diphtheria (generally called croup) was consecutive in the great majority of cases to the appearance of the disease in the pharynx. On questions of treatment the results were unsatisfactory, although local treatment was mentioned with a certain degree of approbation, and tracheotomy was considered at best a very doubtful remedy.

Dr. CRISP said, that as regards treatment, he believed the supporting and stimulating system was the best. In a former paper he had clearly proved that two-thirds of the fatal cases of croup occurred in children under two years of age.

Mr. DURHAM said the difference between croup and diphtheria was not apparent in the post-mortem room, and though a deposition of fibrinous membrane took place in both, yet that croup was a simple local disease, while diphtheria was a severe constitutional affection. He regretted that the operation of tracheotomy was not performed early enough, and that the details in the after-treatment were often not sufficiently attended to.

Dr. HAN entered his protest against considering croup and diphtheria as one disease; the latter attacks adults, whilst croup is confined to children, and that treatment which is most advantageously employed in croup is generally fatal if used in cases of diphtheria.

Dr. BRUNTON said that in his opinion one of the chief points of difference between the disease was that croup was neither contagious nor infectious, whilst diphtheria was both.

Dr. SEMPLE having replied,

Dr. FOTHERGILL read a paper on

THE DEPRESSANTS OF THE CIRCULATION AND THEIR USE.

Depressants of the circulation have been largely used in medicine for the relief of febrile and inflammatory affections. The most direct of these, general bleeding, combined with antimony and opium, was for long considered the basis of treatment, so lately as the time of Hufeland. In 1800 Rasini conceived the idea of bleeding the sick person into his own vessels, by the administration of large doses of antimony. After him, Broda used hydrocyanic acid for a similar purpose with good effect. In 1844 Fleming introduced to general notice a vegetable depressant, aconite. He found that it lowered the pulse in both rate and volume, and produced free perspiration; and he regarded it as a substitute for bleeding. Ringer regards it as a most valuable remedy, fully endorsing Fleming's statement, and is of opinion, that many cases of commencing inflammation are cut short by its use. In the meantime the French School have brought forward two measures for affecting the circulation by external means—viz, "Prinodi boot" and the "jacket poultice." The latter is an excellent means of relieveing the circulatien, for, being applied to a large cutaneous area, with its myriads of minute vessels, it dilates them, and actually bleeds the patient into his cutaneous vessels to the extent of their dilation. The good effect of this in the treatment of pneumonia and the passing pulmonary congestion familiar to us all in the course of many heart cases are well known. By means of these depressants several useful actions are induced—1st. The lowering of the temperature by the cooling effects of a free flow through the cutaneous vessels and by the cutaneous exhalations. 2ndly. The induction of sleep, so associated with cerebral anæmia. The coincidence of sleep and perspiration in the crisis of malarial fever is well known. 3rdly. The removal of the evil consequences of a high temperature. These are obviated by the lowering of the body heat by the action of depressants, partly by the direct action upon the heart, partly by the effect on the cutaneous vessels. 4thly. The starving of an inflamed area by affecting the general circulation, the vessels of the inflamed part being already paralysed. Bouchut, in the *Bulletin Général de Thérapeutique* of 15th April, 1873, puts in a plea for bleeding, which he finds to lower the temperature 2 or 3 degrees, and that too, very quickly. But the depressant of the circulation may be utilised for other than the above purposes. Aconite is very useful in the treatment of congestion, headache, with cold hands and feet. Brunton found nitrate of amyl to relieve "angina pectoris," by dilating the peripheral vessels and so lowering the blood tension. Balthazar Foster found it relieve "like magic" severe frontal headache with a high, blood tension, in a case of aortic valvular disease. Crichton Browne has found that the calabar bean which Tragu shows paralyses the cardiac ganglia is a most efficient means in the treatment of the wild paroxysms of general paralysis; not only so, but it exercises a beneficial action over the progress of the case generally. In these cases there is usually a strong heart and great cerebral vascularity. Dr. Browne is also using nitrate of amyl in the treatment of recurring epilepsy with most encouraging success. Hydrate of chloral is a powerful depressant of the circulation, lowering the temperature markedly when given in large doses, as well as producing sleep. In America veratrium viride is being extensively used as a cardiac depressant in inflammatory and other conditions. Veratrium, aconite, and morphia relieve palpitation, not by supefying the heart, but by acting upon the peripheral vessels; and spasm of these vessels commonly is the cause of increased blood tension and embarrassment of the heart, the ventricle contracting with difficulty in the face of the obstructed blood flow. In much the same way potash and colchicum relieve the circulation in chronic renal disease. Ludwig and Traube regard the presence of hystolytic products in the blood in excess as stimulating the vaso-motor centre, and producing spasm of the peripheral arterioles. The elimination of these by potash and colchicum permits of the circulation becoming normal, and it is by this indirect action probably that they act so beneficially, rather than by their direct depressant action.

Dr. **Brunton** said he had experienced great pleasure in listening to Dr. Fothergill's very able paper, and he was sure he was joined in that feeling by all the fellows present. He intended to make some remarks on the use of aconite, but as he was preparing a special paper for the society on that subject, he preferred being silent till he brought the subject fully before them. As regards bromide of potassium in inducing sleep, he quite agreed with the author of this paper, that it did produce anæmia of the brain, and on this principle he (Dr. B runton) had treated a considerable number of cases of acute and chronic hydrocephalus with marked success by lessening the blood supply to the head; effusion was arrested, absorption increased, and cure resulted. He had published a paper in the recent number of the *Glasgow Medical Journal* on this subject, with detailed cases.

December 15th, 1873.

Dr. S. O. **Habershon**, M.D., F.R.C.P., President, in the Chair.

Mr. **Braine** read the minutes of Dr. Fothergill's paper (read on December 8th), and

Dr. **Wiltshire** read the heads of the discussion, which, at the request of the society, had been published by Dr. Fothergill.

Dr. **Fothergill** then related the history of the two following cases which had occurred in the practice of Dr. Crichton Browne:—

George S., æt. 40, a pushing and successful man, of good *physique*, and no family history of insanity, was admitted on the 12th October, 1872.

He had most exalted ideas, as, for instance, that he will supply the earth with steam from one boiler. His pupils were somewhat contracted, and the facial muscles were constantly twitching; his tongue was tremulous, and the voice thick and husky.

Diagnosis—a general paralysis. Prognosis—death within two years. Treatment—extract of physostigma, gr. $\frac{1}{4}$, three times a day.

Nov. 9—Had a paroxysm of paralytic furor. Extract increased to gr. $\frac{1}{3}$, *ter. in die.*

Nov. 11.—Has had several attacks of pallor and vomiting; head to be shaved, and croton oil liniment rubbed in.

Nov. 19.—Decidedly calmer and better.

Dec. 10.—The patient is much better and quieter; sleeps well, and the hand is steadier. Zygomatic muscles and tongue still shaky.

Jan. 3, 1873.—Patient gradually improving.

Feb. 12.—Quiet and industrious; repudiates all delusions. Twitching confined to lips and eyebrows.

May 2.—Quite rational and intelligent; no tremors.

July 30.—Apparently quite well in mind and body.

Aug. 31.—Discharged, recovered.

Annie H., 37, a housewife, healthy, and free from any history of insanity. Admitted July 4th, 1870. Brought to the asylum because she was excited and violent. A tall, stout woman, countenance florid and flushed, pupils very dilated and unequal, talks deliberately, with shaking lips, and occasionally lapses of words, tongue tremulous, gait uncertain. Is mentally confused and bewildered; expresses herself as very happy, and never better in her life. Diagnosis—general paralysis. Prognosis—death in a year. Treatment—liberal dictary, and oxide of zinc.

Nov. 25.—Has gone down hill unmistakably. Extract of physostigma, gr. $\frac{1}{4}$, *ter. die sum.*

Feb. 18, 1871.—Has improved; is clearer in her mind, and steadier in her muscles.

May 2.—Vomiting, with paralysis of left arm; cannot masticate or swallow. Pulse 110.

May 3.—Paralysis increasing; face flushed, skin hot, and bathed in perspiration; sensibility diminished on the paralysed side.

May 5.—Quite unconscious; retention of urine; bed-sore forming.

May 12. — Power returning; some short convulsive seizures.

May 20.—Restless and talkative; exalted ideas of a fragmentary character. Physostigma, which was stopped on the 2nd, to be resumed.

June 3.—Quite calm, but fatuous.

Aug. 11.—Patient has much improved.

Aug. 21.—Again vomiting; physostigma stopped.

Aug. 29.—Physostigma resumed.

Sept. 20.—Patient is gaining ground.

Oct. 24.—Able to sew neatly and walk steadily; tremulousness about lips and tongue still; ideas exalted.

Jan. 28, 1872.—Patient continues to improve. Has had another attack of faintness and vomiting.

May 27.—Improvement goes on.

December 14. — Still improving; disease undoubtedly arrested.

May 7, 1873.—No delusion; converses rationally, but somewhat childish; pupils still dilated; no muscular tremor.

May 20.—Discharged cured.

Dr. **Fothergill** remarked that physostigma not only lowers the activity of the cardiac ganglia, but also renders them very susceptible to extrinsic impressions. Syncope is not uncommon in patients at Wakefield during their daily walks; while on a course of the bean no unpleasant consequences have followed as yet. Dr. Forbes, at Shoreditch, has found the bean useful in the treatment of acute mania in its earliest stage. Both aconite and physostigma have powerful antidotes, belladonna and physostigma being antidotal, and digitalis and aconite.

Dr. **Lander Brunton** agreed with the views of Dr. Fothergill, but made a few remarks on some points which were only slightly touched upon in the paper. It was difficult to see how purgatives could act as auxiliaries to blood-letting if they only emptied the intestine of its contents by increasing its peristaltic action, as taught by Buckheim, Radzeynosky, and other German authorities. Their use at once became evident if the view of Moreau and Velpeau, that they increased the intestinal secretion, were adopted. By draining away part of the fluid constituents of the blood they diminished the pressure within the vessels in somewhat the same way as blood-letting, though to a less extent. The speaker had repeated Moreau's experiments, and found that sulphate of magnesia injected into the intestine of a cat caused about two-thirds of a drachm of fluid to be secreted in four hours by each inch of the bowel operated on, although the proportion of sulphate was only one grain to an inch. The effect of opium in inflammation was due, he thought, to its action upon the vaso-motor centre lessening the determination of blood to the inflamed part. Although congestion usually preceded inflammation, yet the two were quite distinct, congestion without inflammation being noticed in blushing, &c., while inflammation without congestion had been observed by Hollis in sea-anemones, which had no valvular system, and in newts' tails after separation from the body. Congestion was shown by Sinitzius' experiments to be adapted for the restoration of injured tissues, but in inflammation after it had occurred, it increased the pain and probably proved injurious in many instances. Congestion is occasioned by an irritation applied to a sensory nerve, causing the vessels of the part to dilate, while those of other parts contracted and raised the blood-pressure. The blood supply of the injured part and the irritation of its nerves thus kept up and increased the congestion in it. Opium weakened or destroyed this effect of a stimulus to sensory nerves, and by thus diminishing the supply of blood to a part afforded relief, just as raising the hand lessened the pain of an inflamed finger. He considered the beneficial effect of opium in peritonitis to be due to this action, and not merely to its keeping the bowels quiet. Not only was the vascular system capable of being greatly dilated by weakening or destroying the vaso-motor nerves, so that it could then hold more than twice as much as usual, but it could contract so as to keep up the same tension on its contents after they had been reduced by bleeding. Vascular depressants, which dilated the vessels, thus act more powerfully and permanently than venesection. Voit and Bauer had also found that bleeding increases the decomposition of the albuminous tissues, which is already too great in fever, and also lessens the combustion of fat. It thus increases the tendency to fatty degeneration. Aconite, on the contrary, lessened tissue change; for Dr. Meymott Tidy had observed that the tissues of animals poisoned by it retained their irritability for a long time after death, just as in coldblooded animals, where tissue change goes on slowly. Aconite had thus a double advantage over bleeding, and probably other depressants had a similar effect.

Mr. **Brudenell Carter** said that the contraction and dilatation of vessels was best demonstrated by the ophthalmoscope. He mentioned the case of a lad at present under his care, in whom there was spontaneous pulsation of the retinal arteries; he suspected cardiac mischief, but none was found. The sphygmograph showed a high degree of arterial tension, that is, a general narrowing of the blood-vessels, and thus the boy's retina is being starved, and the boy's vision is rapidly failing.

Dr. **Crisp** said that it was assumed by all present that arterioles and some of the larger arteries were muscular, but he had failed to find unstriped muscular fibres in the coats of the vessels, and he did not believe in their contractility. The speaker said he had carefully examined the death-rate for the three last decennial periods, and, allowing for the increase of population, he found that the death-rate had increased in the following diseases:—Fever, scarlatina, measles, whooping-cough, diarrhœa, rheumatism, puerperal fever, and croup.

Dr. **Sansom** said that, as in the investigation of disease objective were better than subjective signs, so in the investigation of remedies experimental data were better than opinions. The old therapeutics had rested too heavily on mere opinions, and even now there were probably many agents empirically employed which were destined to share the fate of the pulverised lizards and decoctions of cerebral substance of ancient days. He could not, without close scrutiny of the data, accept the conclusion that modern medicine was practically less successful than the ancient. Most probably from the advance in diagnosis, cases described as fever, croup, &c., in one epoch differed widely from those so described in the other. The contractility of arteries and arterioles seemed to be so clear that he was surprised that anyone could reasonably doubt it. In common with hundreds of others, he had observed it over and over again. Lester (Phil. Trans., 1858) showed that by irritation of the vaso-motor centre such complete contraction of the arterioles of the web of the foot of the frog could be produced that it became white and exsanguined, as if benumbed with cold. Dr. Fothergill on one point might have unintentionally produced an erroneous impression. He had spoken of a condition of narcotism as produced by a venous reflex with secondary arterial contraction; thence resulted cerebral anæmia. It might be interpreted that, in his opinion, this was the explanation of the production of narcosis generally. Dr. Sansom considered that narcotism might be caused by the obstruction of the cerebral arterioles at the periphery, as when blockaded by emboli or foreign bodies, or by active contraction of the arteriole, whereby the supply of blood was checked, or by dilatation of the arterioles, whereby the blood current was slowed. He had observed that the early action of anæsthetics was to contract the arteries; this was constant in the case of all anæsthetics discovered. Subsequently, however, and this more especially in the case of chloroform, dilatation occured, whereby the blood current was slowed. In narcotism, therefore, the conditions varied; there might be arterial contraction, just as in the case of congelation or dilatation as in the advanced stages of chloroform anæsthesia, but there was one dominant circumstance —the imperfect supply of arterialised blood.

Dr. **Broadbent** and Dr. **Theodore Williams** having joined in the discussion,

Dr. **Fothergill** replied, and, having answered the various questions asked, stated his belief that the veins themselves possess contractile power, more especially those valvular veins of the portal system.

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DUBLIN PATHOLOGICAL SOCIETY.

At the meeting on Saturday 13th December, the President, Dr. **Lyons**, in the chair,

Dr. A. W. **Foot** exhibited the diseased portions of the small intestines of a man aged 40, who died on the sixth day after the appearance of the symptoms of acute peritonitis, and on the sixth day after the initial rigor of the fever. He took 30 grains of extract of opium during the five days he was under observation subsequent to the sudden attack of peritonitis. The opium greatly relieved his pain, without in any way disturbing his head. Two perforations were found within 4 inches of each other at the lower end of the ilium, and copious extravasation within the abdominal cavity of bright yellow fæcal fluid, similar in colour and consistence to what was contained in the intestines. There were several Peyerian ulcers in less advanced grades of disease. This case had not been brought to hospital till the evening of the day on which perforation had taken place; the accident occurred during the act of getting into bed.

Dr. A. W. **Foot** also exhibited the diseased portions of the ilium of a boy æt. 16, who died of hæmorrhage from the bowels, on the sixteenth day of enteric fever. He was brought to hospital on the ninth day, and was then passing blood. He had furthermore three bad symptoms—viz., lethargy, rigidity of shoulder and elbow-joints, and that condition of the tongue in which, after protrusion, it is left outside the mouth until put back. The last 3 feet of the ilium was a sheet of ulceration; the hæmorrhage seemed to have come principally from one large patch 2 inches in diameter about 6 inches above the ilio-cæcal valve. The lower part of the ilium, the cæcum, and ascending colon were filled with blood, partly fluid and partly coagulated.

At the meeting held on Saturday, December 20th,

Dr. G. H. **Kidd** brought under the notice of the society a case of ovarian tumour; Dr. Grimshaw, a case of cerebro-spinal meningitis.

Dr. A. W. **Foot** exhibited the intestines of a young man, æt. 23, who had died on the 25th day of enteric fever. During the period which he had been under observation in hospital, there had been marked constipation. After twelve days' inaction of the bowels an enema of turpentine brought away some fæcal matter from the large intestine. The cause of death was hypostatic pneumonia; the lung complication had been serious and striking from the beginning. In the last six feet of the ileum there were forty-seven ulcerations of various sizes, from cup-shaped ulcers of solitary follicles the size of a hemp seed to oval patches 1½ inches in length. There were many small ulcerations in the cæcum. There was neither perforation, hæmorrhage, nor peritonitis. The eruption was confined to three or four rose-coloured spots

The society then adjourned until the 10th of January, 1874.

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THE SURGICAL SOCIETY OF IRELAND.

November 28th.

Mr. **Wheeler** exhibited a

BOX-SPLINT WHICH HE HAD DEVISED FOR TREATING FRACTURE OF THE PATELLA.

and made a communication on the subject, which will be found at page 586.

Dr. **Morgan** said he had lately had a case of fracture of the patella under his care, in which he had used Malgaine's hooks, and he had never seen any difficulty or danger connected with them. The man was a billiard marker in Fleet Street, and could now run about and play at rackets. He had seen six cases treated with Malgaine's hooks, and never saw any objection to them, but he was aware that objections had been made. The difficulty as to Mr. Wheeler's apparatus was that he had not tried it on a patient, and until they saw the effect of making so much traction on the joint, they could not pronounce an opinion.

The **President** asked Dr. Morgan if there was perfect bony union in the case he had mentioned.

Dr. **Morgan**: I think so. It is about three years since the accident occurred. The man can now run about and play at rackets, and any gentleman who wishes can see him and examine the joint.

Dr. B. F. **McDowell** was much struck with the ingenious nature of the contrivance exhibited by Mr. Wheeler. As he had had some experience in treating five cases of fracture of the patella he would communicate the result. In four of the cases he employed Malgaine's hooks, and in none of them were there any bad results, no erysipelatous inflammation, no suppuration, no starting of the limb. The fragments were kept in close apposition by the hooks, and the patient did not complain of any pain. Apparently, in the first instance the union was osseous, but he was sorry to say that, although the results as far as the patients were concerned were favourable, the union turned out to be ligamentous in all these cases. His distinguished friend, Mr. Porter, saw one of these cases in which the union of the fragments was very close, but after some time there was a separation. Therefore, he (Dr. McDowell) was inclined to think no benefit was gained by osseous union. He was now attending a patient who had a broken patella with a ligamentous union of three inches, and he was able to run about. It was right to say that in three of the cases the fracture was the result of pure muscular action. The patients were endeavouring to arrest themselves from falling backwards, and by the violent exertion the quadriceps extensor femoris caused the fracture. In the fourth of these cases the fracture was caused by direct violence, and in that case the result was not as good as he had hoped for, for there was partial ankylosis of the limb; he attributed that—not to Malgaine's hooks, but to direct violence. The fifth case was that of a porter in an extensive institution in this city. He was brought, five weeks ago, to Mercer's Hospital with a broken patella. In this case he did not think it necessary to employ hooks, but by semilunar pads he could keep the parts in apposition, and the case was going on very well. In cases of fracture of the patella there was always effusion into the joint, and therefore he objected to bandaging the limb. They should keep the limb in view in order to see what was going on, and perhaps apply ice over it. He thought the point principally gained by the use of Malgaine's hooks was the prevention of the tilting forward of the fragments. He thought in Mr. Wheeler's apparatus there was no provision to guard against this, which Malgaine regarded as a matter of great importance.

Dr. Robert McDonnell wished to support Mr. Wheeler's observations as to the unfitness of Malgaine's hooks in the treatment of these cases. He had employed them but once in a rather remarkable case treated in Steeven's Hospital last summer. Both himself and his colleagues were much impressed by the extreme suffering and high inflammation which followed the use of the hooks in that case. The individual had walked out of a high window in his sleep. Both knees were greatly swollen, and on a careful examination it appeared to him that both patellæ were broken. It turned out, however, that only one was fractured. The case was treated, as already stated, by Malgaine's hooks, and although he was a healthy young man, his suffering was so great that he (Dr. McDonnell) should be unwilling to adopt that mode of practice again. For a long time, as he had mentioned, they considered the patella broken in the other limb, although it was not. When he heard of bony union in such cases, he could not help thinking they were cases like this, in which an erroneous diagnosis had been made.

Mr. Stokes said that, without wishing to detract from the ingenuity which Mr. Wheeler had displayed, he thought his apparatus was analagous to, if not identical with, a splint which he had seen in Vienna. He thought all these mechanical appliances for treating fracture of the patella were based on wrong principles. His reason was that the separation of the fragments was not the result of purely muscular action. All these splints and contrivances, such as Mr. Wheeler's and some other surgeons', proceeded on the principle that muscular action was the cause of the separation. In his opinion, the apparatus of the distinguished surgeon, Sanborn, was the simplest and the best for the treatment of these cases. He had treated a large number of these cases by that plan, and there could be no better results than had been obtained. Since the communication he made last session to the Society on this subject, he had had an opportunity of trying it in another case within the last three months—a case of transverse fracture of the patella—and five weeks ago the patient left the hospital, and was walking about ever since. He examined him that morning, and there was no evidence whatever of any separation of the fragments. He showed that case to his colleague, Dr. Thornley Stoker, who would endorse what he had said about it. As to Malgaine's hooks, he had received a communication from Mr. Timothy Hutcheson, whose objection to them was that they had a tendency to tilting forward the fragments. He thought the splint now before the Society would have the same effect, but with Souberon's that could not occur. He believed the cause of the separation of the fragments was due to effusion, that being, in his opinion, a hæmorrhagic one. Jonathan Hutchinson, in his masterly lecture on the subject, proved that the quadriceps extensor had nothing to do with keeping the fragments separated. His practice was to keep the limb in a horizontal position, and apply ice to the knee until the effusion had subsided; and then, in the course of three or four days, he applied the simple and ingenious contrivance devised by Souberon.

Mr. Fleming said that some years ago the treatment of fracture of the patella by Malgaine's hooks was discussed by the Society, and he then exhibited a man who had been so treated, and who complained of the extreme suffering he had undergone, and bore the marks of the erysipelatous inflammation which had been caused by the hooks. He had seen the case mentioned by Dr. McDonnell, and could confirm the accuracy of that gentleman's statement as to the great suffering of the individual. In those cases where a considerable amount of effusion took place immediately, it would be hazardous to introduce these hooks to bring together the fragments.

Mr. G. H. Porter said as others had been permitted to speak in favour of Malgaine's hooks, he hoped he would be allowed to say a word in favour of Wood's splint. He had been in the habit of treating cases in private and hospital practice with it. He could not say he had ever produced bony union, but he brought the broken fragments together as closely as Malgaine's hooks could do. He thought the President, who had seen some of those cases, would bear him out in saying that the union was very perfect indeed. The gentlemen who had spoken in favour of Malgaine's hooks had used them in hospital practice. In the majority of private cases, if the surgeon took such an instrument out of his pocket and attempted to screw it into the knee, the patient's friends would turn him out and send for his friend Mr. Wheeler (laughter). He looked on the traction on the lower part as perfectly useless; they all knew that the lower fragment was almost fixed, and all that was necessary was to pull down the upper to meet the lower one. He thought Mr. Wheeler's apparatus a very ingenious one.

Mr. Wharton thought Drs. Morgan and McDowell had been particularly fortunate in seeing so many cases successfully treated by Malgaine's hooks. He had seen considerable irritation and suppuration from their use, and he thought when such suffering was possible, it was the duty of the surgeon not to employ them. He understood that death had been known to follow the use of Malgaine's hooks, which he thought was a warning to every surgeon not to use them. Mr. Wheeler had candidly stated that he had not tried his splint yet; and consequences had been attributed to it by some of the speakers, which they could not say would really happen. He took it for granted that the apparatus would not be used until the inflammation, whether serous or hæmorrhagic had subsided, and if it turned out to be a means of doing away with Malgaine's hooks, he should be gratified at that result.

Mr. E. Hamilton repeated what he had stated before in that Society, his firm conviction that no instrument, no apparatus, would have the desired effect, unless simultaneous position be resorted to. It was not always advantageous to obtain the very close union spoken of, and there were cases in which that union had been obtained, but where the joint had been torn open upon the first muscular effort.

Mr. Tufnell mentioned the case of a lady who had broken her patella three times, and each time it was a strip of bone that separated, so that the lady's patella was like a Venetian blind with a series of transverse strips of bone. Therefore he said, when they could not get bony union, the best thing to look for was ligamentous union.

Dr. Thornley Stoker said he had examined carefully that morning the man referred to by Mr. Stokes, and could detect no difference in the length of the patellæ. There was complete apposition of the broken bones. He did not say bony union had occurred, and having seen a great number of these cases, he must say he had never seen any instance of bony union of the patella. He had seen cases exhibited at that Society as bony union, and afterwards found they were not so. Mr. Stokes' case offered as good an instance of close union as he had ever seen.

Mr. Wheeler in reply, said he thought one case, which was all Dr. Morgan had treated, was hardly sufficient to enable one to judge of Malgaine's hooks. As regards inflammatory action, his new splint was adapted so as to allow the inflammatory action to be allayed before the pads were put on. Dr. McDowell admitted in the statement which he made some time ago on this subject, that there was separation of the fragments to the extent of three quarters of an inch in one case, and more than an inch in the other, and this could not be deemed satisfactory. As to the tilting forward of the fragments, Malgaine said his was the only instrument that would prevent it, and he (Mr. Wheeler), thought the same thing respecting his own apparatus. He had never heard of the Vienna splint referred to by Mr. Stokes, and as to bony union taking place by the method adopted by Mr. Stokes, it was too soon after the lapse of only five weeks to say that it had really occurred. He thought the effusion into the joint was serous and not hæmorrhagic. If the latter, he did not think it could be absorbed in the tumour in which it was generally absorbed, and besides there would be ecchymosis about the joint, whereas it was frequently absent in these cases. He remembered to have seen a case of stellate fracture of the patella in a cape mounted rifleman, whose horse ran away with him and knocked his knee against the stall of a stable, and in that instance there may have been hæmorrhagic effusion. He found on looking over Larrey's statistics that it only required the fragments to be brought into apposition for union to take place. With reference to Mr. Wharton's remark, that he believed death had followed the use of Malgaine's hooks, he might say he heard of a case in which tetanus had been caused by them. As to Dr. Hamilton's remarks, Mr. Bryant in his surgery said that the position mentioned by the old writers was not required. Mr. Stokes said Mr. Jonathan Hutchinson had proved that the quadriceps extensor femoris had nothing to do with the separation of the fragments, yet, notwithstanding his statement to that effect, he advocated apposition strongly, although he said it was only effusion that caused the separation.

The Society then adjourned.

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DUBLIN OBSTETRICAL SOCIETY.

The second meeting of the present session of this Society took place on Saturday evening, December 13th, in the College of Physicians, Dr. Lombe Atthill in the Chair. There was a good attendance of members.

Dr. M'Clintock communicated a paper on

THE PREVENTIVE TREATMENT OF POST-PARTUM HÆMORRHAGE.

In the early portion of the paper he pointed out the agencies or conditions which exert an influence upon the production of this dangerous form of flooding. These were, he said—1st. The contractibility of the uterus; 2nd. The state of the circulation; and, 3rd. The coagulability of the blood. The only precursory symptoms or forerunners of the flooding were—excitement of the circulation at the latter end of pregnancy, or during labour, the character of the pains themselves, and, lastly, the fact of the woman having had flooding in previous labours. He entirely adopted Dr. Whittle's description of the kind of pains which are generally apt to be followed by flooding—viz., very short, feeble, and recurring at long intervals. Such pains as these in the second stage of labour too frequently are the forerunners of hæmorrhage, and especially where the pulse is quick and jerking. With regard to the *prophylactic treatment* which might be adopted, he pointed out the importance of attending to the state of the pulse towards the end of pregnancy, and adopting suitable measures to regulate the circulation. The administration of gallic acid for some weeks before labour he had found to be of use; but the two great remedies on which our chief reliance was to be placed for averting the hæmorrhage, are rupturing the membranes early in the second stage of labour, and the exhibition of the ergot of rye so soon as the mouth of the womb is fully dilated. The power of these remedies, though clearly described by Levret, Dewees, and Robert Lee, and highly praised by these authors, was, strange to say, quite overlooked by Churchill and the recent writers upon the "Anticipation and Prevention of Post-partum." He (Dr. M'Clintock) considered it a very valuable, and always a feasible preventive against flooding after delivery. He next discussed the different modes of using the ergot of rye, and having quoted the opinions of Hardy, Beatty, Churchill, and Dr. Whittle (the latest writer on this particular subject), he said he preferred the mode recommended by Dr. Whittle, and practised by Beatty and himself—viz., to administer the ergot when the os uteri is fully open, or soon afterwards—the object being that the dose should be taken about twenty or thirty minutes before the birth of the child. The objections to this method, on the ground that the placenta might be morbidly adherent, or that the child might be injuriously affected by the medicine, he considered to be of very little weight in actual practice, insomuch as the former was so extremely rare an occurrence, and the latter so easily obviated by the use of the forceps, though he believed such an alternative would be required in this particular class of cases in only a very few exceptional instances. The preparation of ergot he was in the habit of using was the fluid extract of the British Pharmacopœia, of which he generally gave two fluid drachms.

The President said the subject was a most important one, and had been ably brought forward by Dr. M'Clintock. It was a question which had been discussed rather fully in recent periodicals. In addition to the points mentioned by Dr. Whittle, he referred to the condition of the pulse. If it were necessary, he (Dr. Atthill) had no hesitation in bearing his testimony, as the condition of the pulse was a very important indication. A quick pulse in labour occurred in connection with two very distinct classes of patients—women of a pale plethoric habit, and also in a weakly anæmic condition, with a previously-existing nervous system. As far as the Chairman's experience went, he had not seen that the quick pulse in plethoric women was an indication of post-partum hæmorrhage. He did not think that women of plethoric habit are more liable to hæmorrhage than other females, nor did he think a quick pulse in connection with an ordinary plethoric woman was a matter of great importance. He did not think that a quick pulse in an anæmic woman of feeble muscular habit was of very serious importance; but he looked upon it in that case as an indication of what he had termed in a paper recently published by him, "nervous exhaustion." Mental depression was nearly always marked by a quick pulse. Those cases were all to be treated the same way, and he never had had occasion to treat in a special way any case of an ordinary plethoric woman. He thought Dr. M'Clintock was in error if he imagined he (the President) recommended the use of the forceps in preference to ergot of eye; the treatment he invariably carried out in such cases was that he administered the ergot first and delivered the patient soon afterwards with the forceps. He did not give the ergot with a view of causing the expulsion of the child, but for the purpose of stimulating the uterus to contract, and he was immediately prepared, if necessary, to deliver with the forceps if delivery does not naturally occur. He believed the forceps was a valuable addition and aid to the ergot in those cases. He did not depend on ergot, but he had administered it in all cases in which he had reason to suppose that post-partum hæmorrhage was likely to occur. With reference to the early rupture of the membranes, he might say that he never administered the ergot without having ruptured the membranes previously. In any case in which he anticipated the possibility of post-partum hæmorrhage, he had made it a practice to rupture the membranes as soon as the os was fully dilated, and at the same time giving the ergot. He never removed the placenta for at least fifteen minutes after the expulsion of the child. He thought that in a great many cases the expulsion of the child displaced the placenta, but he believed that it was intended by Nature that the placenta should not be immediately removed. He thought it was not right to remove the placenta immediately after the birth.

Dr. Churchill said that when the os uteri was fully dilated he did not see any object in leaving the membranes untouched. Whenever they found that the pulse did not sink after delivery to nearly its natural frequency, they might then certainly anticipate hæmorrhage. He quite agreed with all that Dr. M'Clintock had said about the use of ergot of rye, and had nothing to add with reference to it. For a great many years he had been in the habit, by firm pressure and grasping the uterus, of making it expel the placenta within upon the whole five minutes, and he had never seen hæmorrhage follow. He had seen hæmorrhage occur before the placenta had been touched. He did not think hæmorrhage had occurred in a single case in which the placenta had been so excluded, but he objected to taking it away simply by dragging it from the cords.

Dr. Johnson remarked that the subject was one of the most interesting and important branches of casualties which they were liable to meet with during labour. He was perfectly in accord with Drs. M'Clintock and Churchill with regard to the administration of the ergot of rye—giving it certainly in the latter portion of the second stage of labour. In the

Rotundo Hospital they always made it a point to administer it in cases particularly where there has been post-partum hæmorrhage on previous occasions, and without exception they had been able to revert the impending danger that they had looked forward to. With regard to the rupture of the membranes at an early stage, they had never tried it, as they depended in great measure on the manipulation of the uterus. They made it a point to maintain a steady contraction of the uterus during the time the head is being expelled, and never to let go until the placenta is removed. He was about preparing a report of last year, and he wished to lay before the Society some of his statistics. Altogether they had 10 cases of post-partum hæmorrhage, and 1 only requiring an injection of the solution of perchloride of iron, with regard to the tendency in the second stage to post-partum hæmorrhage, he might say that in 26 cases the second stage lasted five minutes, and there was no hæmorrhage; in 30 cases the second stage lasted twenty minutes, no hæmorrhage; in 117 the second stage lasted fifteen minutes, with two slight cases of post-partum hæmorrhage; in 37 cases the second stage lasted twenty minutes, no hæmorrhage followed; and in 1 case there had been severe post-portum hæmorrhage on a previous confinement; in 299 the second stage lasted thirty minutes, and no hæmorrhage followed, although there was 1 case in which post-partum hæmorrhage had previously occurred; there were 121 cases in which the second stage lasted forty-five minutes, no hæmorrhage followed, and one case had previously had post-partum hæmorrhage, which had been cured by the application of cold water; and there were 146 cases in which the second stage lasted sixty minutes, and no hæmorrhage occurred. He thought that was a sufficient answer, that there were 686 cases recorded, in 419 of which the second stage was completed in less than thirty minutes. He attributed the hæmorrhages that did occur in a great measure to the want of proper manipulation of the uterus. In former years with many practitioners it was the custom, as it was when he was a pupil, to put on a binder after the child was expelled, and allow the placenta to remain for one, two, and three hours. Then the liability to post-partum hæmorrhage was very great, and some practitioners from want of presence of mind, might not observe the rule laid down of putting the hand above the fundus until the child was expelled. In the case of a woman who was plethoric he did not think sufficient stress had been laid upon the point in connection with proper manipulation. He believed, as far as the statistics which he had mentioned went, that there was not the amount of hæmorrhage existing which they were led to believe. In the third stage of labour he found that out of 1,160 cases, 1,065 were completed within fifteen minutes. He was bound to tell Dr. Atthill that they impressed on the minds of their students never to hasten the third stage, but to keep a steady pressure and never to excite or stimulate by increasing pressure or contraction. Out of the 1,160 cases, in 145 the placenta were expelled in three minutes, 374 in five minutes, and 138 within fifteen minutes. One thousand and sixty-five placenta were retained only a quarter of an hour. Why would they allow a placenta to remain so long? When they found by a little increase of steady pressure upon the uterus they could, why not remove it? At any rate, that was his experience, after close attention; and that was the principle he would inculcate in all the gentlemen under his instruction, and he would try to impress it upon the members of the Society.

Dr. Cronyn said he quite concurred in Dr. Johnson's observations, and he believed without disparaging the ergot, and with reference to the rupture of the membranes, that the proper use of the hand of the attendant was a great preventative of hæmorrhage, and he was satisfied that close attention to that would, in the great majority of instances, be quite sufficient to prevent any hæmorrhage. He had seen a great many instances of hæmorrhage, but if the duties of the medical attendant were properly performed towards the close of the second stage, in very few instances indeed would hæmorrhage occur. He agreed with the President's views as to the necessity for non-interference with the placenta. In some cases he had known that hæmorrhage had arisen through a too hasty removal of the placenta. It was desirable that a few minutes should be allowed to elapse after the birth of the child before any attempt should be made to repel it; and he was satisfied that several cases had been allowed to occur before the uterus had been permitted to recover itself. He also had had occasion to observe in one or two of these examples of hæmorrhage, that it was caused very much by the fact of the attendant—and in one or two instances simple nurse tenders—not having removed the membranes properly, and he was inclined to think that that was one of the causes of secondary hæmorrhage in some cases. In connection with the statement of the second stage not being productive of hæmorrhage, in many cases he had seen occasions where the child and placenta were expelled on the one pain, and he had observed a total absence of hæmorrhage. But in those cases the patient had been properly attended and the judicious pressure on the uterus had been sustained.

Dr. Darby observed that the question that had been discussed hardly had any reference, he believed, to the very able paper that had been read by Dr. McClintock. It appeared to him that the object of that paper had been to enable them to anticipate by certain diagnostic signs the hæmorrhage in a patient in whom it was really to occur. It was in his opinion a most difficult subject. He had met with patients who had had flooding to a very alarming extent on one occasion and no symptom of it at all on the next. He had never seen a patient having a permanently quick pulse prior to delivery or towards labour that some untoward symptom did not arise. He believed that a woman who had suffered very much from hæmorrhage on one occasion was, as a matter of course, subject to it on another occasion. No matter what pressure they put on the uterus or what care was shown, the womb would occasionally escape from the hand and dilate, and they had hæmorrhage. He had seen one or two very serious cases occur where he thought the administration of large doses of ergot were very embarrassing and extremely serious, and great difficulty was experienced in removing the placenta where contractions had been produced by an early dose of ergot. If there was hæmorrhage he preferred introducing his hand and removing clots, and he had never given ergot prior to the removal of the placenta. With reference to the statistics, they of course had great force, but he thought from the manner in which Dr. McClintock had mentioned the matter that it was to enable them to anticipate and point out those cases where they could expect hæmorrhage as likely to occur than where it had actually occurred in hospital.

Dr. Denham believed that the object of post-partum hæmorrhage was a subject of the deepest importance to every member of the profession, and he believed notwithstanding all that had been said about it in the course of that lengthened discussion, it was a subject by no means exhausted. With respect to the pulse, he considered that in almost every case of labour at the second stage, it was an established principle that they would have a rapid pulse. He attached very little importance to the rapidity of the pulse during the second stage. The nervous temperament of the patient, and the surrounding circumstances of the occasion tended to give a quick and rapid pulse. But he attached marked importance to the condition of the pulse after the third stage was completed, and he made it an invariable rule never to leave his patient's room before he ascertained the state of the pulse. Referring to the expulsion of the placenta he thought they ought to go back to first principles. They should bear in mind that there was no immediate or direct connection between the placenta and the wall of the uterus, and that it was quite possible for the placenta to be pulled off from the wall of the uterus and not a single blood-vessel be ruptured or any blood expelled. He was of opinion that the hæmorrhage was caused by the anxiety of the practitioner to tear away the placenta. He thought they ought not to attach too much importance to the separation of the placenta. He adhered always to two rules—he used not only pressure, but a certain amount of contraction at the same time, and that by accommodating the two forces, the pressure on the one hand, and the contraction on the other, they would safely remove the placenta as well. As to the time, he believed they must be guided by circumstances. As a rule he thought it was better to wait for half an hour, but on the other hand there were cases he believed where the placenta would come away almost involuntarily, whether they pressed or not. He had devoted a great deal of attention to the subject of ergot, and he believed the giving of it was an important element if given at the proper time. If it was given towards the end of the second stage it would have marked influence towards preventing hæmorrhage. After the second stage he believed it would be powerless in the expulsion of the placenta, and he did not believe ergot had ever produced such a result. He believed they would have hæmorrhage after some cases, no matter what treatment they adopted. They should always be prepared for the hæmorrhage, for they did not know when it would come on. He had attended patients where there had been a marked amount of flooding, and on the next occasion nothing of the kind occurred. There were circumstances which they did not understand, and which they could not well understand, where hæmorrhage would come on where they least expected it, and his impression was that they should be always prepared for hæmorrhage, never to hesitate in using ergot, but if it was given at all it should be given before the second stage was completed.

The **President** said he desired to correct a mis-statement which had been made by Dr. Bolton, of London, in one of the papers recently published on a discussion in connection with the question of post-partum hæmorrhage. That gentleman had advocated the application of the binder immediately on the delivery of the child, and before the placenta had been expelled, a practice which had in this country long since exploded. Dr. Steele, of Liverpool, then said he was aware that according to the instruction given in the Dublin School of Midwifery, the rule was to apply the binder before the placenta had been removed. He (the President) begged most emphatically to say such was not the practice of this school, as they never applied the binder until after the placenta had been removed. In the course of a few further observations the President said he protested against the indiscriminate use of the forceps.

Dr. **M'Clintock** thanked the members of the Society for the kind indulgence that they had accorded him, and said his object in reading his paper was, merely that he thought it would be advisable at a time when the question was under the discussion of the association, to see what information they could derive from the best authorities. He was particularly anxious to mention the point with regard to the rupture of the membranes, which had been overlooked, and which was a very old and highly recommended expedient when there was any reason to apprehend an occurrence of flooding. He had been most anxious to get the opinion of the Society as to the use of ergot, and also on the subject of the utility and value of rupturing the membranes as a preventive. The careful manipulation of the uterus during the time it expelled the child would contribute materially to the prevention of hæmorrhage, and he took it for granted that the ordinary mode of conducting each stage was pursued, but even with the best manipulation hæmorrhage would occasionally arise to an alarming extent. He attached the highest importance to following the uterus down with the fœtus. He must say he agreed with the Chairman as to the separation of the placenta, and he also agreed with Dr. Cronyn when he said that the uterus should get a little rest after the culminating effort it made in expelling the child. It might be encouraged to act by a little gentle impression of the fundus, but he would not urge it to act by pressure and indentation for some minutes. The cases where morbid adherence of the placenta were met with were extremely rare, because flooding did not frequently occur where they had to give ergot beforehand. The time of the administration of the ergot might prevent a woman having a fatal loss of blood afterwards. Dr. Denham's observations were of great importance, as showing the utility of administering ergot before the birth of the child, if it was to do good. Dr. Hardy in his essay "On Ergot of Rye," referring to the time at which after it was administered it began to exercise an influence on the uterus, came to the conclusion that it seldom commenced sooner than from fifteen to thirty minutes after the ergot was given. If they did not give ergot until the hæmorrhage had commenced, and that it did not begin to act for fifteen or thirty minutes, a fatal effusion of blood may have taken place, and that clearly corroborated the use of giving ergot before the birth of the child.

The Society then adjourned.

We rejoice to learn that at length "Kahn's" Museum, the notorious medium for the propagation of obscenity, which has for years flourished upon the denunciations of all respectable persons, has at length been extirpated by the persevering efforts of the Society for the Suppression of Vice. It is a little satisfaction to be aware that enduring efforts may at length overcome the obstacles which the law has set up with the apparent object of protecting the fomentors of the most disgusting form of immorality.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 31, 1873.

THE CLOSING YEAR.

With the present issue of the Medical Press we close another volume and another year.

In looking back on 1873 we can only take a brief glance at some of the more important professional topics that have occupied us during the year, and this merely in order to brace ourselves for new efforts, in the hope that the coming year may be one of still greater progress.

The General Medical Council, as our foremost corporate body, demands our first word. The Council sat for nine days, directing its attention chiefly to the several Schemes for Conjoint Examination. These Schemes are none of them even yet actually realised, though in England and Ireland they promise soon to be so. Scotland, however, still holds out, and defies the Council, and may not improbably need coercion. Let us hope that 1874 may witness some improvements in medical education and examination. The Council is about to issue an Appendix to the Pharmacopœia, and this, we believe, will be welcomed by the great body of practitioners.

The Royal College of Physicians of London has made several alterations in regard to its fellowship, but we cannot say that they amount to much, nor have they been received with any satisfaction by the members. As we have often pointed out, the members occupy a rather unenviable position. They have little chance of promotion to the fellowship unless personally known to the Council, and high-minded men cannot stoop to seek as a favour what they feel should come to them unsolicited. We have no wish to complain. The Council, no doubt, desires to act justly, but some men are passed over in a most surprising manner, while others are promoted, to the astonishment of themselves and their brethren. The President, Dr. Burrows, enjoys the confidence of all, and we cannot but think that all members would rejoice if they knew he would give his personal consideration to the question—whether it would not contribute to the welfare of the College to enlarge the scope of the fellowship? Our pages have contained abstracts of the Croonian Lectures by Dr. Radcliff, and the Gulstonian Lectures by Dr. Liveing, as well as of the Harveian Oration.

The Royal College of Surgeons of England has seen some changes during the year. The Court of Examiners has three new members, Messrs. Holden, Marshall, and Holmes. The Council has filled up vacancies by the election of Messrs. Walton, Marshall, and Southam. The only examiners not having seats on the Council at the present time are Messrs. Savory and Holmes. Mr. Erichsen has succeeded Mr. Quain as representative of the College on the Committee of the Conjoint Scheme.

The London University has signalised the year by removing Greek from the compulsory subjects of matriculation, a decision on which at the time we expressed our regret. We think that the elements of Greek should be learned by every medical man, and it is discouraging for a great university to make the subject voluntary.

The Public Health Act of 1872 has, so to say, begun to be put to the test, and Mr. Stansfield has managed it in a manner to excite the indignation of the whole profession. Nowhere is it worked as well as it might have been had a large-minded minister administered it under medical advice. A great opportunity has been lost, and Mr. Stansfield, instead of being a great minister of health, has lost the confidence of the entire profession. This only shows that the minister of such a department ought himself to be a medical man ; but, alas ! the medical members of Parliament are as few as ever in England, though in other civilised countries legislative bodies are not without a full proportion of such members.

The sanitary supervision of the Thames has been organised by the City authorities, and has already done good service in isolating a crew of cholera patients, and so preventing the spread of the disease. Similar good work has been done at other ports, in some of which floating hospitals have been established, and promise to be of great use.

The Army and Navy have both witnessed many changes, but we regret to say that the authorities of the country are still reluctant to do justice to the medical officers of either service. With a doctors' war on our hands it is simply disgraceful that our brethren in the Army and Navy should still have cause for dissatisfaction.

We have reported regularly the proceedings of our most important societies ; it is, therefore, unnecessary to inform our readers that numerous excellent papers have been read, and have given rise to much valuable discussion. As a record of work done at these societies, the two volumes of the MEDICAL PRESS for 1873 are worthy of the attention of all practitioners.

The original communications published in this journal have not been wanting in interest, and we challenge for them a comparison with those of other periodicals. Names known throughout the world as authorities on the subjects of which they treat are to be found in this department, to which we intend to devote as much space as ever.

We have reviewed many works published during the year, and other reviews will appear as soon as space permits. In this department of our paper we have desired to do justice to all, but the work done has been so great that it is difficult to keep pace with the march of medical literature. Volumes of great value have appeared, such as Robert Adam's "Chronic Rheumatic Arthritis," Saunderson's "Handbook for the Physiological Laboratory," Budd's "Typhoid Fever," Fayrer's "Observations in India," Gordon's "Lessons in Hygiene and Surgery during the Franco-Prussian War," Barnes' "Diseases of Women," and Klein's magnificent work "On the Lymphatic System." This last, like some others we have mentioned, and more on our table, have yet to be noticed in our columns, but a great many other books have been reviewed during the year, and it has been our aim to entrust our critical work to writers whose opinions are worth consideration.

Death has been busy in our ranks, and many names endeared to their brethren and honoured by all have appeared in our obituary. If we refrain from repeating them, it is not that we respect them the less, and, though we know not who may be next, as we bid farewell to those and to the old year, we enter upon the new in the hope that our work, too, may be worthy of the examples of all those who have held high the standard of our profession.

THE LATE CASE OF DEATH IN AMERICA FROM USING A MIXTURE OF CHLOROFORM AND ETHER AS AN ANÆSTHETIC.

THE administration of ether *versus* chloroform has in this country recently excited considerable discussion. The advocates of chloroform have perhaps many of them still adhered to their faith, while others hesitate in joining in a condemnation of an established favourite. The daily accumulation of facts cannot however fail in making an impression both on the public and on the profession. We cannot better epitomise the effect of the investigation and verdict as to the cause of death of Mrs. Crie, at Boston, on November 19, than by quoting the editorial remarks in the *Boston Medical and Surgical Journal,* November 27, 1873. It states :—

> "This case has attracted much attention, not only from the attempt made just after the accident to pass the death off as one from ether, but also when it became evident that it was due to chloroform, from anxiety to see what would be the conclusions of a Boston jury. The verdict is all that could be desired, as it expresses emphatically the feeling of the profession, and we do not find fault that Dr. Eastham was spared the well-deserved censure which he must have expected. The misfortunes of the past should be remembered only as warnings for the future. The use of chloroform is least justifiable where ether is best known ; there is less excuse for its use in America than in Europe, and least of all in this city. After this verdict, nothing but very exceptional circumstances will warrant its administration. It appears in the evidence that several dentists are in the habit of giving whichever anæsthetic they see fit, regardless of the request of the patient. We hope that this custom is not general, and would advise any who may persist in it not to be too sure that after another patient who shall have asked for ether has been killed by chloroform the verdict may not contain, besides other disagreeable words, the adjective 'criminal.'"

The adjective *criminal* would certainly in this country cause much commotion, but in these days of speculative actions, another evidence is thus now established against the use of chloroform, and would go far to sustain a jury in giving possibly exemplary, but probably substantial damages against any unlucky practitioner ; the question becomes one now of some significance, as to whether a patient should not be pointed out beforehand the comparative risks of the two anæsthetics. In this case, Mrs. Crie, as the evidence goes to prove, desired the use of an anæsthetic for the simple extraction of a tooth ; she asked for ether, and she got a mixture of ⅔ of chloroform and ⅓ of ether, of which she inhaled about two to four drachms, and died, as often recorded, from chloroform, from what has been termed idiosyncrasy, or a peculiar paralysing effect. The pulse fell, and the respirations ceased, without asphyxial symptoms.

The skilled evidence is so remarkable that we give it *in extenso*; it speaks so strongly in favour of ether, that it seems hardly possible that prejudice or hobby-riding can influence its advocates in urging its use and condemning chloroform, and it is to be remembered, that in Boston the largest experience perhaps in the world has been obtained in ether administration.

DR. HENRY J. BIGELOW examined.

Q. You have heard the testimony in this case; you have it under oath that this lady had breathed from two to four drachms of a mixture of ether and chloroform such as you have heard stated; now, what is your opinion as to the cause of death. *A.* She died of breathing chloroform; there is no question about it.

Q. You have no doubt that the chloroform which was used in that mixture was the cause of death? *A.* It was the cause of death.

Q. Have you ever known of a case of death from ether properly administered? *A.* No, Sir.

Q. Do you, from your own knowledge or by reading, believe there ever was a case of death from ether properly administered? *A.* There is a fallacy in the proposition put in that way. Ether is a powerful agent, and if a man is feeble or dying, it would contribute to his death like a dose of opium or anything else that has weight and force and power in it. But that is not the real question as between ether and chloroform, for both of them are powerful agents. The real question is, has chloroform, besides this narcotic power, some very poisonous influence which acts upon the system and in which it differs from ether? has chloroform such a power, has ether, or have both? I answer, chloroform has and ether has not; chloroform kills suddenly and ether cannot.

DR. S. CABOT examined.

Q. As a result of your experience, do you think it dangerous in any way to give ether by inhalation? *A.* I don't, with of course, proper precautions.

Q. Judging from your knowledge, what do you think caused the death of Mrs. Crie? *A.* Inhalation of chloroform.

Q. Do you think that two-fifths of a tablespoonful of chloroform, as taken by bulk, would be sufficient to produce that effect? *A.* I do, sir.

Q. In your judgment, can a person in ordinary good health take ether enough to produce death, say in the course of ten or fifteen minutes? *A.* No, sir.

Drs. Henry G. Clark, George H. Gay, and R. M. Hodges testified to the same effect. On the next evening the jury met again, and presented the following verdict:—

That Mary F. Crie came to her death in the office of Dr. Eastham, a dentist, and that her death was caused by the inhalation of chloroform administered in a mixture of chloroform and ether by the said Dr. Eastham. The jury use this opportunity to caution the public against the inhalation of so dangerous an agent as chloroform for the production of insensibility to pain. In the opinion of the jury the inhalation of sulphuric ether is safe, while the inhalation of chloroform, either alone or mixed, is always attended with danger.

Here is a verdict, supported by an amount of medical skilled evidence which must carry with it conviction to our medical brethren at this side, and the issue might be serious were it proved that the patient, as in this case, asked for ether and got otherwise. We must commend the whole question to our readers and the profession, as assuming an aspect which conscientiously and calmly they must discuss.

Notes on Current Topics.

Professor Blackie on Self-Culture.

STUDENTS in all countries would do well to take as their *vade mecum* a little book on self-culture by the eminent Professor of Greek in the Edinburgh University. As an experienced student himself, Professor Blackie has much wisdom to impart, and we should be delighted to learn that his little book had been read by every student. It is divided into three parts, treating of intellectual, physical, and moral culture respectively. As medical men, we thoroughly endorse the counsels on physical culture. Many a student fritters away his health by neglecting it, whereas, if he properly attended to it, he might gain in bodily as well as in intellectual strength. If all would follow the simple advice here set forth, their gain would be great. Most forcible perhaps of all are the observations on exercise. We have so often advised gymnastics for those who are unequal to the more active athletic sports that we need only reiterate our approval of Professor Blackie's recommendation. In the same way we endorse his views about out-door study, which we have practicallly proved to be as pleasant as it is invigorating. So many young men are damaging their constitutions in the strain to pass their examinations that no time could be more appropriate for urging them to avoid this danger.

In eating and drinking, sleep and repose, and other things, it is common enough to talk of Nature, but in these days of competition it is to be feared it ends in talk. Nature, it is said, is enough. "Exactly so," cries Professor Blackie, "if Nature always get fair play; but she is swindled and flouted in so many ways by human beings that a general reference to her often becomes a useless generality."

And then it is clearly shown that the bodily functions cannot be performed in perfection apart from the control of the will. Hence the need, on this ground alone, of moral culture. Physical energy must not run riot, while, on the other hand, "the music of well-regulated emotions imparts its harmony to the strings of the physical machine." How true this is will at once be recognised by medical readers, and on it the eloquent writer before us bases this advice: "Therefore, if you would be healthy, be good; and if you would be good, be wise; and if you would be wise, be devout and reverent, for the fear of God is the beginning of wisdom."

This conclusion is expanded, and the counsel enforced, in the third portion of a small volume, which we have read with much pleasure, and hope may be widely circulated.

A Sermon on Water.

IT it very easy, says the *Times of India*, for teetotallers to say that water is incapable of doing anybody any harm, but facts are fearfully against that theory. Water has done more mischief in its time than all other liquors of which history makes mention. For one prince drowned by his own choice in a butt of wine, millions of men (of whom no doubt thousands were princes) have been drowned, much against their will, by water. But that is not necessarily treacherous, and it is said to be an easy mode of killing men. It is a more insidious and cruel death which water seems especially to delight in causing, and it is of use to call attention to this peculiarity of that over-praised element. Dr. Henry Blanc has just issued in English and in French a little book, which we cannot say is exactly a gay or jocular production, but which is certainly a very useful one, and which no well-regulated family should be without. It is called *Cholera, How to Avoid and Treat It*, and in it the learned doctor quotes from Dr. Cutcliffe an account of the manner in which the epidemic that is now spreading over Europe took its rise—in water—in 1867. In that year three millions of pilgrims, of whom a handful had come from a cholera district, assembled at Hurdwar, a few miles from the spot where the Ganges escapes from the Himalayas. On the 12th of April the three millions resolved to bathe and drink. "The bathing-place of the pilgrims was a space 650 feet long by 30 feet wide, shut off from the rest of the Ganges by rails. Into this long narrow enclosure pilgrims from all parts of the encampment crowded as closely as possible from early morn to sunset; the water within this space, during the whole time, was thick and dirty—partly from the ashes of the dead, brought by surviving relatives to be deposited in the water of their river god, and partly from the washing of the clothes and bodies of the bathers. Now, pilgrims at the bathing ghaut, after entering the stream, dip themselves under the water three times or more, and then drink of the holy water, whilst saying their prayers. The drinking of the water is never omitted; and when two or more members of a family bathe together, each from his own hand gives to the other water to drink. On the evening of the next day, the 13th of April, eight cases of cholera were admitted into one of the hospitals at Hurdwar. By the 15th the whole of this vast concourse of pilgrims had dispersed," carrying the cholera in every direction over India; it attacked the British troops along the various routes, it passed the northern frontier, got into Persia, and so on into Europe, where it will work its wicked will for some time to come. That is a sample of the mischief water can do in the way of spreading disease. The lesson should not be lost upon the Government when next three millions of its subjects desire to bathe and drink in an area 650 feet long by 30 feet broad. Neither should it be lost on white water-drinkers who on their travels in the mofussil drink freely from lotas, without troubling themselves as to the whereabouts or character of the crystal spring at which they were filled.

Election of a Representative of the Irish College of Surgeons in the Medical Council.

The term of office of Mr. Hargrave as representative of the Royal College of Surgeons in the General Medical Council will terminate on the 16th of next February, and a notification of the fact having been made to the College Council, they have, we learn, elected Mr. MacNamara as their delegate for the ensuing year. The College is already indebted to Mr. MacNamara for an ardent interest in its well-being, and for most valuable services rendered by him as its delegate to the Conjoint Examination Conference. His claim to the consideration of the Council, both on the grounds of long services in the College, intimate acquaintance with its policy, and unchallengeable loyalty to it, has received a well-merited recognition in this appointment. His excellent address renders him especially capable of giving expression to the views of the College, and his well-known diplomatic tact inspires confidence that the Council will be placed in no difficulty by any error of their new representative. Mr. Hargrave retains his office at present, and, we presume, until February.

The Virtue of Mistletoe.

Of course, just now holly and mistletoe are in the ascendant, and most of the papers have some allusion to these plants. Let us take a few of the items submitted to the public, and which are not without interest.

The holly was dedicated to Saturn, and its boughs were used on his festival, whence, it has been asserted, the early Christians derived the practice of ornamenting their dwellings with it during their own season of rejoicing; and hardly a church in England is to be found not thus decked. But within sacred walls the mistletoe is forbidden. Its associations with Paganism and magic, with superstition and revelry, have banished its waxen berries to scenes of social and domestic merriment. "The new year is at hand, gather the mistletoe," was the cry that once rang through the land; and when the mystic branch had been cut, and two white bulls, that had never been yoked, had been sacrificed, the branch was distributed. This process was rendered easy by the readiness with which the plant separates when withering into joints like little bones. The mistletoe is found growing upon thirty-eight different kinds of trees in England, but very rarely occurs on those "needle-leaved," or upon the oak. An old manuscript in the British Museum, referring to the Hagg, in Derbyshire, records how, "Heare my Lord Frescheville did live, and heare grows the famous mistletoe tree, the only oake in England that bears missleto." This, however, is not correct, as a few other instances have been observed. Gerard wrote in Queen Elizabeth's time, "Why that should have the most virtue that grows upon the oak I know not, unless because it is rarest and hardest to come by." Two years later, in 1860, Parkinson observed, respecting the medicinal use of the plant, "The misselto of the oake is the best, made into pouther. It is fit to use forty days together, and with this caution, that the wood after it is broken from the tree does not touch the ground; which is to my mind too superstitious, as in the conceit also that it has power against witchcraft and the illusion of Sathan, and for that purpose use to hang a peece thereof at their children's neckes." To this use Coles refers in his "Art of Simpling," 1656: "The rarest growth upon the oakes, and is counted very medicinal . . which if one hang about their neck, the witches can have no power of him." In Germany it bears the name of *Meist-heyl*, most-heal, or healing, whence, apparently, our term is derived. The plant was considered a sovereign remedy for epilepsy, and an antidote to all kinds of poisons, and Sir John Coldbatch wrote, in 1719, that the mistletoe must have been created "for further and more noble purposes than to feed thrushes, or be hung up superstitiously in houses to drive away spirits." A Welsh writer in the last century inferred that it was the forbidden tree of Eden. Mistletoe grows abundantly in France and Switzerland, and is found in India and the Levant, even upon the old olive trees in the Valley of Jehoshaphat. In Australia its habit of exhausting the life of trees on which it grows has caused it to be considered a vegetable vampire. The mistletoe was dedicated to Friga, the Northern Venus, and the mystic ceremonies still performed under its boughs at this season are traces of her worship.

Increase of Lunacy.

In Dr. Littleton Winslow's book, lately reviewed in this Journal, are some statistics about the increase of insanity that have been reproduced in various newspapers. Thus, we find the *Globe* last week asserting what many will dispute—viz., that "we cannot avoid a conclusion that the human species is becoming more subject to the loss of reason as civilisation progresses." The census of 1861 in England showed 1 insane person in 824. Ten years later the proportion had increased to 1 in 403, which, taking into consideration the relative increase of population, makes the number of the insane very nearly double. France shows a still larger increase, the numbers for 1856 being 1 in 1,128, and ten years after 1 in 418. Comparing the statistics of the several great European States at the time of the last census but one—*i.e.*, about twelve years ago—Mr. Winslow gives some very interesting results in a tabulated form. According to these Denmark stands highest, with a percentage of 1 in 507, and Austria lowest, with an immense difference between her and the other States, containing only 1 insane person in every 4,043 of the population. Italy stands next, with 1 in 2,962, and Piedmont is the only other State which has over 2,000 inhabitants for every lunatic. The United States has a tolerably low percentage, as have most of the German States. Hanover, however, comes below England and Ireland and Scotland, and Oldenburg reaches the extraordinary high standard of 1 in every 301. New South Wales has a very high percentage also, while California stands on very near the level of the United States, containing 1 lunatic in 1,454. The statistics of Asiatic and African countries are not given, and probably could not in most cases have been obtained by any means. But it is to be regretted, says the *Globe*, "that the condition of India, one of the strongholds of lunacy, has not been ascertained, or, if ascertained, has not been included in Mr. Winslow's tables."

The Edinburgh Chair of Physiology.

The *Edinburgh Courant* is angry with us for stating a fact and forecasting an event. Because we ventured to intimate that Professor Bennett is spending the winter at Nice, and to predict that he will retire from the chair of physiology next autumn, and be succeeded in it by Dr. Bell Pettigrew, we are scolded for performing the extraordinary feat of "anticipating dead men's shoes." With more than northern insensibility to humour the Tory transcendentalist of "Auld Reekie," assures us that Professor Bennett does not show "any unusual signs of dying." We recommend our irate and somewhat obtuse contemporary to re-peruse the paragraph which has given it so much offence, and it will then doubtless after a time, and with appropriate automatic movements, perceive that we have not contemplated Professor Bennett's "demise," but simply his retirement, and notwithstanding the "good reason to believe" of the *Courant*, we still contemplate that event as probable. There are ailments and states of the system that are compatible with prolonged life, and even with active practice in an Italian climate, but that render keen east winds quite unendurable. Of course it is most undesirable that the University of Edinburgh should continue much longer to have only a nominal professor of physiology, and, of course, it is likely that when a new professor of physiology has to be appointed the curators will select that candidate who is most distinguished, and who gives the best guarantees of scientific and teaching ability. It is because we have faith in the curators, and in their power to distinguish a triton from even the most inflated minnows that we have indicated Dr. Bell Pettigrew as Professor Bennett's successor. Medical opinion in England at least points to him as the next Professor of Physiology in the University of Edinburgh. Time and the event will decide between the *Courant* and us.

Zymotic Fatality in Ireland.

The epidemic which so seriously affected the south of Ireland in the first two quarters of the present year shows a very satisfactory abatement during the third quarter. The total number of deaths from zymotics in the three months up to October was 2,425, or 509 less than in the second, and 702 less than in the first quarter of 1873. These diseases, however, still linger in the southern districts, for we find that in Munster zymotics caused 14·9 of the total deaths, while in Ulster they only caused 10·7

Medical Fees and Professional Living.

Anent the question of medical salaries in Ireland, so frequently before our readers in these columns, it will not be inappropriate to note the monstrous increase in the cost of living within the last ten years. In the year 1864, just a decade from the year on the threshold of which we now stand, the price of provisions, as recorded in the Registrar-General's returns, has increased fully 30 to 50 per cent. Bread, which then sold at 6d., now sells at 8d.; oatmeal has advanced from 10s. 8d. to 18s. 3d. per cwt.; potatoes from 2s. 7d. to 5s. 6d.; and beef from 51s. to 84s. 6d.

It appears, so far as these facts enable us to form a judgment, that the general advance in dispensary salaries does not at all represent the same proportionate advance as that which has been experienced in the market value of commodities, *ergo*, the Poor-law medical officer is poorer on £100 a year than he formerly was on £75.

Homœopaths on Hypodermic Injection.

The "Homœopathic Academy of Medicine" of Chicago, recently passed the following resolution:—

"*Resolved*—That we, the Chicago Academy of Homœopathic Physicians and Surgeons, in view of serious and often fatal results from the hypodermic injections of morphine and other drugs, denounce this method as being unnatural, barbarous, and highly dangerous."

This appreciation of the therapeutic means in question is characteristic.

The Responsibility of the Profession in Cases of Attempted Homicide.

The prosecution of the assassin of Fisk in New York has given occasion for one of those unseemly contests of swearing by medical men which has brought so much discredit upon both the social character of our profession and the veracity of expert evidence of medical men. As in the prosecution of Kelly for the murder of head-constable Talbot, which created so much sensation in Dublin a couple of years ago, the evidence as to the murderous act was complete and irrefutable, and the only case for a defence which could be put forward was, that death had been caused, not by the wound, but by an overdose of opium given hypodermically by Fisk's medical advisers. The *Philadelphia Medical Reporter* gives an extended and very unedifying narrative of the medical testimony :—

> "It appears that Fisk was attended by seven surgeons, all prominent men—namely, Drs. Carnochan, Tripler, Steele, White, Sayre, Fisher, and Wood. Dr. Tripler began operations by deeply probing the distressing wound, an injudicious proceeding, according to some of the medical experts. Subsequently Dr. Fisher, Dr. Wood, and Dr. White each used the probe. Several glasses of brandy-and-water were administered, also chloroform and morphia. The latter was administered by the mouth, and by subcutaneous injection, six times within four hours.
>
> "Dr. Wood ascribed Fisk's death to shock, but admitted that the later symptoms, such as stertorous breathing were symptoms of opium poisoning. He had heard of many cases of recovery from serious wounds in the intestines ; he did not, in the light of authenticated cases, consider Fisk's wound necessarily fatal.
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> "Dr. John M. Carnochan did not think, when he saw Mr. Fisk, that he exhibited the symptoms of shock ; he thought the giving of two and a half grains of morphia, thirty drops hypodermically, was a most dangerous way of using opium ; it was, he believed, at least the cause of his premature death, that is, that it hastened his death. On cross-examination, Dr. Carnochan said that he found Fisk, when he reached him, in an unnaturally somnolent condition ; the wound did not kill him, the morphia did ; there was a possibility that the wound had something to do with it, but he had none of the usual symptoms immediately following injury from a gunshot wound ; it was a very dangerous wound, but not necessarily a fatal one. Q. You would expect him to get well ? A. Of course I would.
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> "Dr. Gurdon Buck testified that the wound was alone sufficient to account for death, and that the use of opium he regarded as a proper treatment ; but some of the symptoms agreed with those of opium poisoning.
>
> "Dr. Thompson, Professor at the University, said that probing in abdominal wounds, while the shock lasted, should rarely be resorted to. Chloroform was contraindicated by shock. It should not be used while shock lasted. He described at length the symptoms of opium poisoning, which ends in coma, and declared that, in death by shock, though there might be insensibility, that was different from coma. Snoring was utterly inconsistent with shock. He thought the length of time excluded entirely the idea of death from peritonitis, and the only conclusion was that he died from an over-dose of morphia.
>
> "Dr. Macready was inclined to think, from their describing the doses by drops, that one-half more had been given than was supposed, as ten drops would be fifteen minims. The administering of morphia hypodermically nearly doubled its power. He was strongly of opinion, from the description of the case, that Fisk did not die from shock or peritonitis. In reference to that branch of the defence here under consideration, the judge was very clear and explicit: 'If morphia improperly administered, either as to the manner or as to the quantity, caused the death of James Fisk, *not as an accelerating cause, but an independent cause, being in itself the sole agent producing death at that time*, then the prisoner is not chargeable with the death, because another and an independent agent produced that result, in which his act, the wound he caused, did not concur. . . . I charge you, as the law on this subject, that if you come to the conclusion that the medicines administered were the sole cause of death, and at the same time that the prisoner intended to kill, that he fired the fatal shot with intent to kill, and inflicted a wound with that design, then it is your duty to convict him of an attempt to commit murder in the first degree.' "

Suppressed Mortalities.

The *Philadelphia Medical Times* says, that so far as it knows, no case of death from chloroform occurring in this city has been recorded ; yet it has known of the occurrence of several within a comparatively short time. *Mutato nomine de Britannia fabula narratur.*

Births and Deaths in Dublin and the Suburban Districts.

The deaths registered in the Dublin district during the week ending 20th December represent an annual mortality of 22 in every 1000 of the population. In London the death-rate was 38 in every 1000, in Glasgow 28, and in Edinburgh 21.

In the Dublin district the births amounted to 166, and the deaths to 132. The average numbers were—births, 167; and deaths, 167.

Only 4 deaths from scarlet fever were registered ; the numbers for the last eight weeks have been 5, 10, 17, 23, 11, 11, 12, 4.

Fever caused 6 deaths, viz. :—typhoid or enteric 5, and simple continued fever 1.

Three deaths resulted from measles, 3 from croup, 2 from diarrhœa, and 1 from whooping-cough.

Six children died from convulsions.

Bronchitis proved fatal in 23 instances, and pneumonia 4.

Two deaths were attributed to apoplexy, and 4 to paralysis.

Seven deaths were caused by heart disease, 1 by liver disease, and 1 by kidney disease unspecified.

Eighteen deaths resulted from phthisis, 3 each from scrofula and mesenteric disease, and 2 from hydrocephalus.

Five accidental deaths, viz. :—2 from fractures and contusions, and 3 from burns, were registered.

Alcohol.

There lies on our table a neat little volume entitled "Tweedie's Temperance Year Book" for 1874. It is the nineteenth year of the publication, but deserves attention, as it differs altogether from its predecessors. It is, in fact, a volume of essays by various writers. Many of the articles are of only general interest, but there are some of medical value. The first of these is by Dr. Paterson, who reviews with considerable force "recent medical opinion respecting alcohol." He repudiates Dr. Anstie's conclusion that we can fix the dose at which alcohol produces injurious effects, and argues that if noxious at all it would be so, though in a minor degree, in small quantities. He says the burden of proof that small doses are not injurious must be borne by those who recommend them, and denies that any such proof has been given. Dr. Paterson calls alcohol "an irritant narcotic," and says it has no other therapeutic value. At a subsequent page Dr. Paterson's paper, read at the Crystal Palace last July, and of which we published a report, appears in full. He has shown himself entitled to speak on the subject, and those interested in the controversy raging about alcohol would do well to consider what so able a writer has to say against its medicinal use.

Nearly all the metropolitan hospitals acknowledge the receipt of large parcels of game from H.R.H. the Prince of Wales.

Deficiencies of the Irish Registration System.

A pointed reference is made in the last quarterly report of the Irish Registrar-General to the excessively low death-rate which appears—if the registration returns be accepted as accurate—to exist in certain parts of the country. In Fermanagh, for instance, the number of deaths registered represented only 9·4 per 1000 of the population—the real death-rate of all Ireland being 14·4 per 1000. Even this latter figure is obviously much too small.

It is very much to be regretted that the registration system is so imperfectly carried out, for in its present state it not only affords no useful information, but is calculated to lead to serious miscalculations.

It is not, however, surprising that such should be the case when the rate of remuneration which registrars receive is considered. The emoluments of the office are so miserable, and its duties, even in the way of clerkship, so complicated and redundant, that it is only by actually forcing the dispensary medical officer that he can be induced to undertake them, and the average annual income derived by a country medical officer in respect of his registrarship does not, we imagine, exceed two guineas. The shilling fee for the actual registration is surely little enough, but the performance of the Act is weighted with innumerable duties which the medical officer is obliged to discharge without fee or reward. His attendance on the superintendent-registrar, and perhaps before the magistrates, and his pen work in taking copies are in themselves a tax on time and industry which five times the remuneration would not adequately repay.

The Admiralty has announced—says the *Army and Navy Gazette*—its intention to allow double pay to all naval medical officers serving with Sir Garnet Wolseley on the Coast of Africa.

A fourth anonymous donation of £1000 has been received at the British Hospital for Skin Diseases, Great Marlborough Street, London. The Royal Hospital for Incurables has also received £1000 from "R. G. Y.," and £500 from "A Lady."

The *Boston Medical Journal* states that Brown-Séquard's *Archives* will end with the first volume. The receipts have not been sufficient to meet the heavy expenses. The *Archives* have contained many valuable papers, and will not be forgotten.

The Irish Registrar-General reports that during the third quarter of 1873—for which the official report has just been issued—the public health of Ireland was good; no epidemic prevailed to any extent, and the deaths from preventible diseases were considerably under the number in either of the two preceding quarters of the year.

The attempt is being made in London to relieve hospital patients of the discomfort arising from the noise of the street traffic, which usually is sufficient to banish rest from the eyes of any country patients who may be admitted to their wards. The streets opposite the London Hospital are to be paved with wood, and it is probable that, if there be found to be no serious objection to its use, a similar arrangement will be carried out elsewhere.

Seven persons have died of poisoning in Montreal in consequence of having drunk a glass each of vinum colchici. A quart bottle of the agent had been stolen out of a van and distributed by the thief, under the impression that it was ordinary sherry.

It has been decided in England that a parent is legally bound to permit the vaccinating surgeon to take a supply of lymph from his child's arm if he sees fit to do so. The local surgeon asserted this right by legal process, and was successful in doing so.

Metropolitan pauperism has reduced its number by nearly 5,000 since this time last year, and since the corresponding season of 1870-71, the number of recipients are less by nearly 40,000. This is a very gratifying state of affairs, denoting most unmistakably the prosperity of the country.

During the week in which the fog was almost epidemic in London—bad enough to suffocate even some of the prize cattle on exhibition—the deaths rose to 2,415, or 780 above the average. This alarming mortality exceeded the number returned in any week since the cholera of 1866.

The anecdote is trite that a Dublin surgeon of much eminence in the early part of this century committed suicide in consequence of remorse at having caused a patient's death by opening an aneurism in mistake for an abscess.

Dr. Arthur Foster, an interne of Boston City Hospital, committed suicide this month for somewhat the same reason. He was called up in the night to prescribe for Miss Pfyffer, a nurse, who had taken a fatal dose of opium for the purpose of committing suicide. Mistaking her symptoms for those of hysteria, he prescribed an additional opiate, which hastened the fatal result. Upon her death he was so chagrined at his failure to recognise the indications of opium that he immediately went to a bath-room and killed himself by opening the femoral artery.

Literature.

WINTER CLIMATES (*a*).

Dr. Walker presents in a neat little volume his experience, and tells us at the outset he does not propose to extol one place as the only fit winter climate. We are glad of this, for the practice has been too common for writers on the subject to ignore all but their favourite spots. Dr. Walker reminds his readers, as we believe wisely, that in summer the English climate is the most agreeable in the world. In the long winter it is the

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(*a*) "Egypt as a Health Resort, with Hints for Travellers in Syria." By A. Dunbar Walker, M.D. London: J. and A. Churchill.

"Sketch of Cannes and its Climate." By T. de Valcourt, M.D. Second Edition. London: J. and A. Churchill.

"The Climate of Arcachon: a Treatise on its Influence on Certain Diseases of the Chest, with Notes on the South of France as a Winter Resort." By Dr. G. Hameau. Translated from the French by the Rev. S. Radcliffe, A.B., and revised by a Graduate of Medicine and Senior Moderator of Trinity College, Dublin. London: H. S. Kin and Co., 1874.

object of many invalids to find a climate resembling their English summer, and Dr. Walker likes Egypt, though he is not blind to its disadvantages. November, December, January, February, and March, may be passed at Cairo in a warm dry atmosphere, where it is so natural to have fine weather that the inexhaustible topic of English conversation is no longer appropriate. From 9 a.m. to 6 p.m. the invalid may be out of doors, and though the thermometer ranges above 80° Fahr., the heat is not so oppressive as in moister places. Dr. Walker gives a salutary warning against the foolhardy way in which invalids and elderly people attempt to travel in Syria. He has seen the evil of this, and his opinion will, we hope, deter medical men from sanctioning the follies of delicate people. There is much useful advice to be found in Dr. Walker's work, and we therefore recommend it to intending travellers.

Dr. de Valcourt has enlarged his "Sketch of Cannes" in this edition. He now gives six meteorological charts, and those who take the trouble to investigate climate will be much assisted by them. The whole coast of the Mediterranean differs greatly in its climate from London, Paris, and Dublin; but many are aware of the inconvenience attending a sojourn there.

Cannes has been much favoured hitherto, but we fancy that railway extension is rapidly inducing its visitors to spend part of the winter further away. The book before us contains a good deal of interesting information, and a long list of plants to be found at Cannes. The general tone is satisfactory, though the author seems to look upon his town with too favourable an eye. We must take exception to his observations about the north-east and the east winds. We have found both of these more pernicious than he seems to think. One must go considerably further than Cannes to escape them, and there undoubtedly they are very severe. Dr. de Valcourt does not seem to think much of the Mistral, and says it seldom comes till March. If so, we have had the misfortune to be present during its "seldom" visits, and we pronounce it to be as injurious to invalids as it is disagreeable to everyone. With these criticisms we commend this sketch of Cannes.

Dr. Hameau is very severe on Cannes, Nice, and other exciting climates, and upholds the value of Arcachon, which is as sedative as Pau, and is influenced by the immense forest of pine trees at the back of it. Ten years' residence entitles Dr. Hameau to speak with authority, and we listen to him with respect, but when he denounces other resorts he is not impartial. All the evils he describes at Nice are present, but there are some compensating influences to which he has not given due weight in his amusing sketch of his travels. With regard to Arcachon, Dr. Hameau supplies the facts on which his conclusions are based. The translation is well, and the book a useful contribution to climatology.

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THE CHEMISTS AND DRUGGISTS' DIARY, 1874.

This annual publication appears to us to be up to its usual standard of excellence, admirably suited for the purpose for which it is designed. We notice some excellent remarks appended on the working of the Adulteration Act, as it affects chemists and druggists in particular; and an article upon impurities in drugs and how to detect them will be read with interest. We would suggest to the publishers, whoever they may be, the desirability of a title page in future. 'Tis all very well to cram a publication with advertisements, as these commodities pay; but at least one might be reserved for the title page, so that the readers might know where the book begins, and who are its publishers.

Correspondence.

CURED BY HOMŒOPATHY—*BY ACCIDENT* (?)

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Dear Sir—In my letter on the above subject I alluded to a letter signed William Bayes, Ext. L.R.C.P. Lond. In your issue of the 24th inst. the same gentleman stigmatises my communication as pointless and puerile. He takes it for granted that I wrote from personal knowledge, when I distinctly stated it was a story I heard. If Dr. Bayes wishes to know who the homœopathist is, and what the drug was, I can, I dare say, find out for him. He states the weight of a globule to be the 200th of a grain, and that a decanter holds four glasses of water. A tumbler holds something about ten ounces, and an ordinary decanter about sixteen. I was not aware that ten times four are sixteen; perhaps this is homœopathic arithmetic? Dr. Bayes is very much mistaken if he expects me to enter into an argument on homœopathy, which has been scouted as an unscientific and irrational system of quackery by the almost unanimous verdict of the profession, and as long as we are blessed with a rational and scientific system of medical practice and an educated population, homœopathy (I take the liberty of assuring Dr. Bayes) must hide its diminished head. I should not have taken any further notice of this subject had not the language of your correspondent's letter looked very like personal abuse.

I am, dear Sir, faithfully yours,

William Donovan, L.R.C.P. Edin., &c.

Adare, Dec. 26, 1873.

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Medical News.

Public Health.—The return issued by authority of the Registrar-General states that during the week ending last Saturday, 4,577 deaths were registered in London and 20 other large cities and towns of the United Kingdom. The natural increase of population was 759. The mortality from all causes in these towns was at the rate of 32 deaths annually to every 1000 persons living. The annual rate was 21 per 1000 in Edinburgh, 28 in Glasgow, and 22 in Dublin. The annual rates of mortality per 1000 last week in the eighteen English cities and towns, ranged in order from the lowest, were as follows:—Leicester, 17; Nottingham, 20; Hull, 20; Bristol, 24; Norwich, 25; Sunderland, 25; Wolverhampton, 25; Bradford, 26; Sheffield, 28; Salford, 28; Manchester, 28; Oldham, 29; Liverpool, 30; Newcastle, 31; Birmingham, 31; Leeds, 32; Portsmouth, 33; and London 38. The annual death-rate from the seven principal zymotic diseases averaged 4·9 per 1000 in the eighteen towns, and ranged from 0·6 and 1·7 in Norwich and Bristol, to 8·2 and 9·4 in Newcastle-upon-Tyne and Leeds. Measles continues epidemic in London, and the fatality from scarlet fever excessive in Leeds, Newcastle-upon-Tyne, and Sheffield. Six deaths from small-pox were again registered in Birmingham. In London 2,415 deaths were registered. After making due allowance for increase of population, the deaths exceeded the number returned in any week since the cholera epidemic in the autumn of 1866. The annual death-rate from all causes, which in the two previous weeks had been equal to 23 and 27 per 1000, further rose to 38, a rate far exceeding that which prevailed in any of the other large English towns. The deaths showed an increase of 63 per cent. upon those returned in the week ending 6th instant, previous to the recent cold weather and fog; this increase ranged from 46 and 48 per cent. in the south and west, to 73 and 91 in the central and east groups of districts, where poverty is most prevalent. The increase among infants under one year of age was only 11 per cent., while between one year and 20 it was 37, between 20 to 60 years 85, and among persons aged 60 years and upwards 132 per cent. Intense cold weather invariably causes a largely increased mortality among those suffering from chronic diseases, and a considerable proportion of the excess of deaths registered after a few days of low temperature consists of cases in which disease has been probably hastened rather than caused by the cold. Whereas the increases in the deaths from all causes last week was equal to 63 per cent., it was 86 per cent. in deaths referred to diseases of the heart, and 144 per cent. in those resulting from all diseases of the respiratory organs. The 2,414 deaths included 168 from measles, 22 from scarlet fever, 8 from diphtheria, 70 from whooping-cough, 35 from different forms of fever, 11 from diarrhœa, and not one from small-pox; thus to the seven principal diseases of the zymotic class 314 deaths were referred, against 232, 237, and 248 in the three preceding weeks. The fatal cases of measles and whooping-cough showed an excess, but those of each of the five other diseases were considerably below the corrected average numbers in the corresponding week of the last ten years. Of the 35 deaths referred to fever, 8 were certified as typhus, 19 as enteric or typhoid, and 8 as simple continued fever. The fatal cases of measles, which in the two previous weeks had been 118 and 133, further rose to 168 last week, exceeding the corrected average weekly number by 122. The deaths referred to diseases of the respiratory organs and phthisis, which in the two previous weeks had been 520 and 764 further rose last week to 1,112, exceeding the corrected average by 561, and including 632 from bronchitis, 205 from phthisis, 163 from pneumonia, and 50 from asthma.

From a return just published by the Metropolitan Asylum District Board it appears that the gross and rateable values of the parishes and unions throughout the metropolis continue to increase, though it can scarcely be added in a very remarkable measure. The gross value has risen from £24,783,700 to £25,226,885—an increase of £443,185; while the rateable value has augumented from £20,379,535 to £20,731,709, a difference of £352,173.

Precocious Parturition.—Mr. MacNamara, of Calcutta, records in the *Indian Medical Gazette* a remarkable case of early parturition. The infant was a plump, well-made little boy, nine weeks old, and his mamma was only ten and a half years of age: she was nursing her child. When the child was born the labour had not lasted more than six hours, and on the whole was by no means a difficult one. Dr. MacNamara had often known instances in which Hindoo females have had children when twelve and thirteen years of age, but never remembered meeting with so young a mother as the one above referred to. There can be no doubt that the girl was only ten years and six months old when she became a mother, and proved also to be an excellent nurse to her child.

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A NEW OPERATION FOR ANEURISM.

On Monday, October 13, Dr. R. Levis performed, at the Pennsylvania Hospital, an operation so novel in its conception, so plausible in its theory, and, if it turn out successful, so important in its power of saving life, that it seems worthy of editorial notice. The case was one of subclavian aneurism, involving, it is believed at least to the extent of dilatation, the innominate. Tying the artery has been thought by the surgeons who have examined the case to be of more than doubtful expediency, and Dr. Levis has carried out a procedure which he tells us has long been in his mind. As every one knows, the late Charles H. Moore, surgeon to the Middlesex Hospital, conceived and put into execution the idea of introducing fine iron wire into aneurisms, to afford a nucleus about which clots should form. His practice has been followed in two cases, by Dr. Donville and Mr. Murray, both English surgeons. If we remember aright, in each of these instances the aorta was the artery involved, and the result was unfavourable.

Dr. Levis idea consists in the use of horse-hair, with the belief or expectation that it will offer sufficient obstacle to the blood-current to cause coagulation, and at the same time, being animal in its nature and not apt to undergo rapid decomposition, like the catgut ligature will cause no irritation and not give rise to suppuration.

The horsehair was introduced through a fine sharp needle canula, which was plunged into the sac. No difficulty was experienced in its introduction, and twenty-four feet nine inches of it were safely stowed away in the aneurism. In all probability this mass was driven in great part into the distal portion of the aneurism by the blood-current. Be this as it may, a marked diminution in the force of the pulsation of the aneurism and of the pulse of the wrist was at once induced. This has increased since the operation, the tumour has also gained greatly in solidity, the pain has lessened very much, and no unfavourable symptoms have resulted. As, on the other hand, the radial pulse and the aneurismal throb have never disappeared entirely, and as the dangers of suppuration of the sac are not yet past, it is too early to predict the result.—*Philadelphia Medical Times.*

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NOTICES TO CORRESPONDENTS.

Notice to Subscribers.—Subscriptions in advance at the reduced tariff of 21s. per annum, post free for 1874, are now due, and will be thankfully received by the Publishers in London, Dublin, and Edinburgh.

Dr. Francis E. Clarke.—Your communication shall receive early attention. In future you will oblige by writing upon one side of the paper only.

The Index.—The title and index for the past volume of this Journal will be given in our next. Subscribers who do not receive it with the number for January 7th will please communicate with the Publisher, in order that the omission may be at once rectified.

The Use of Hemlock.—In the discussion upon the use of this drug in chronic diseases (page 567, last number) Dr. Henry Kennedy is represented to have said that "he had prescribed two drachms three times a day," whereas it should read "grains." The error is so important that we hasten to correct it.

Dentistry at the Exhibition.—In the Exhibition Palace at Dublin, which has just closed, Mr. Sandheim, of Suffolk Street, was the exhibitor of a case of dental work which was very creditable to his skill as a mechanical dentist. Mr. Sandheim produced adaptations of gold and vulcanite to many peculiarly difficult cases, and the sets exhibited bore all the appearance of sterling work and a high degree of professional skill. Mr. Sandheim's case was a most creditable evidence of his mechanical skill, from which the success of modern dental practice so largely depends.

Post-partum Hæmorrhage.—A very important discussion on this subject, of which a full shorthand report will be found in this week's Medical Press and Circular, took place at the last meeting of the Dublin Obstetrical Society. The combined wisdom of the obstetric authorities of Dublin—a city which has acquired a special renown in this speciality—will be read with much interest, and will, we hope, be considered worthy of the space given to the report.

Dr. J. W. C.—On reference to our issue of December 24 you will find the subject of your enclosure mentioned.

Dr. J. W. L. will find the subject of his communication in our present number.

Dr. Evory Kennedy's paper "On Specific Inflammations" will be continued in our next.

A MINISTER OF HEALTH.

To the Editor of the Medical Press and Circular.

Sir,—Does the sick man really require a State physician or the national doctor? In other words, should the public health of this great country be *directly* represented in the State? Why, we ask, could not the Minister of Health in the House of Commons hold the same relation to public health as, say, the Attorney-General holds to justice and law?—the one the medical, as the other is the legal *referee* of the House of Commons and of the country.

Is not central supervision absolutely necessary over—First, that most important, vast, and honourable body, the medical profession, even to their *employés*, chemists and druggists?

Secondly, over the numerous (if not endless) number of hospitals, sick charities, and institutions confusedly scattered all over the country. Lastly, over every question and subject-matter of a *sanitary* nature, and, like justice and law, are never ending.

We say the "*sick man*" has been, and is, *poisoned* by drugs, drink, adulterated food, nicotine, bad drainage, and inherited diseases, &c., &c. Why not then hold a consultation and have the medical profession summoned to his bed-side to pronounce finally that prevention is manifestly better than cure? Why, we earnestly ask, will not the State *legislate through* the medical profession upon marriage with the view of preventing or mitigating our inherited and so *preventible* diseases?

If the medical profession can decide upon all questions of *life assurance*, why could they not equally decide upon all questions of *life marriages?* We ask, why should the social circle of countless innocent homes in this good and Christian land be cursed and desolated, either by "the drunkard," or "the inherited disease?" More than half the diseases of all our hospitals might be prevented, and should have no other existence except on paper. It is a disgrace to our century that we have not eradicated every disease which is hereditary, and it is quite time we should stop the marriage of consumptive or insane persons, &c., &c.

Since the death of the Prince Consort no fewer than 500,000 persons in this country have been killed by typhoid fever, *one-half* of whom might have been alive had sanitary reform been taken up as *a policy*, and the public health been included among the *great questions of the day!*

I am, Sir, your obedient servant,
Augustus John Harvey, F.S.A.

17th December, 1873.

VACANCIES.

Western General Infirmary. Resident Surgeon. Applications to be addressed to the Secretary, Marylebone Road, N.W.

St. John's Parish, Hampstead. Public Analyst. Salary £50, with fees extra. Applications to the Secretary, Hampstead.

Radcliffe Infirmary, Oxford. House-Surgeon. Salary £105, with board.

Great Northern Hospital, London. Physician. Honorary.

St. George's Hospital, London. Assistant-Physician. Honorary.

Southport Convalescent Hospital. Medical Officer. Salary £80, with residence.

Hospital for Sick Children, Manchester. Resident Medical Officer. Salary £100 per annum, with board. For particulars, see Advt.

Fulham District, Middlesex. Public Analyst. Remuneration by fee for each case. Applications to the Clerk of the Board.

Sunderland Infirmary. Senior House-Surgeon. Salary £80 per annum, with board and residence. Also a House-Surgeon. Salary £60, with board and residence. Address the Secretary.

St. Mary's Hospital, London. Resident Registrar. Salary £100 per annum, with board. Candidates must address their applications under cover to the Secretary.

Queen Adelaide's Dispensary, Bethnal Green, London. House-Surgeon. Salary £100 per annum, with residence, &c.

City of London Lunatic Asylum, near Dartford. Assistant Medical Officer. Salary £120, with board and residence.

Royal Surrey County Hospital, Guildford. House-Surgeon. Salary £75 per annum, with board and residence.

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APPOINTMENTS.

Ash, T. L., L.R.C.P.Ed., M.R.C.S.E., Medical Officer for District No. 4 of the Holsworthy Union, Devon.

Boulger, I., M.R.C.S., Resident Accoucheur to St. Thomas's Hospital.

Browne, I. Lennox, M.R.C.S., Honorary Surgeon to the Society of Musicians.

Concanen, W. A., L.K.Q.C.P.I., L.R.C.S.I., Medical Officer for District No. 8 of the Bedminster Union, and Medical Officer of Health for Division No. 8 of the Bedminster Rural Sanitary District.

Casson, J. H., M.R.C.S., Medical Officer of Health for the Urban Sanitary District of the Ashborne Union.

Davidson, D. C., L.R.C.P.Ed., L.R.C.S.Ed., House-Surgeon to the Dorset County Hospital, Dorchester.

Deane, R. E., L.R.C.P.Ed., Medical Officer for the Pocklington No. 2 District and the Workhouse of the Pocklington Union.

Donkin, H. B., M.B., a House-Physician to St. Thomas's Hospital.

Galt, J., F.R.C.S.E., Medical Officer of Health for the Hurst Urban Sanitary District.

Highton, T., M.R.C.S., a House-Physician to St. Thomas's Hospital.

Hall, C., M.D., Medical Officer of Health for the Swadlincote Rural Sanitary District.

Mackinlay, J. E. H., L.R.C.P.L., M.R.C.S.E., House-Physician to St. George's Hospital.

MacNaughton, A., M.B., House-Surgeon to Gray's Hospital, Elgin.

Miller, L., L.R.C.P.Ed., Medical Officer for District No. 2 of the Westbury and Whorwellsdown Union.

O'Leary, E., L.R.C.P.Ed., M.R.C.S.E., Admiralty Surgeon and Medical Officer to the Coast Guard, at Dunmore East, co. Waterford.

Preston, Eyre F., A.B., M.D., F.R.C.S.I., Surgeon, Agent, and Medical Officer of Coast Guard.

Shaw, J. E., M.B., C.M., Assistant House-Surgeon to the Royal Infirmary, Bristol.

Smith, R. A., M.D., an Hon. Surgeon to the Sunderland Infirmary.

Stirling, E. C., M.B., House-Surgeon to St. George's Hospital.

Torbock, W. H., M.D., M.R.C.S.E., Medical Officer for Districts Nos. 4 and 5 of the Liskeard Union.

Vincent, H. B., M.R.C.S.E., House-Surgeon to the North Lonsdale Hospital, Barrow-in-Furness.

Verdon, H. W., M.R.C.S., House-Surgeon to St. Thomas's Hospital, London.

Wilson, H. O., M.R.C.S., Hon. Surgeon to the Birkenhead Hospital.

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OPERATION DAYS AT THE LONDON HOSPITALS.

Wednesday, December 31.

Middlesex Hospital.—Operations, 1 p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
St. Bartholomew's Hospital.—Operations, 1½ p.m.
St. Thomas's Hospital.—Operations, 2 p.m.
St. Mary's Hospital.—Operations, 1½ p.m.
King's College Hospital.—Operations, 2 p.m.
Great Northern Hospital.—Operations, 2 p.m.
University College Hospital.—Operations, 2 p.m.
St. George's Hospital.—Ophthalmic Operations, 1½ p.m.
London Hospital.—Operations, 2 p.m.
Throat Hospital.—Demonstration, 2½ p.m.
Cancer Hospital.—Operations, 3 p.m.

Thursday, January 1

St. George's Hospital.—Operations, 1 p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
University College Hospital.—Operations, 2 p.m.
Throat Hospital.—Demonstration, 2½ p.m.
Royal Orthopædic Hospital.—Operations, 2 p.m.
Central London Ophthalmic Hospital.—Operations, 2 p.m.

Friday, January 2.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Royal South London Ophthalmic Hospital.—Operations, 2 p.m.
Central London Ophthalmic Hospital.—Operations, 2 p.m.

Saturday, January 3.

Hospital for Women, Soho square.—Operations, 9½ p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Royal Free Hospital.—Operations, 9 a.m. and 2 p.m.

Monday, January 5.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
St. Mark's Hospital.—Operations, 9 a.m. and 2 p.m.
Metropolitan Free Hospital.—Operations, 2 p.m.
St. Bartholomew's Hospital.—Operations, 1½ p.m.
King's College Hospital.—Operations, 1½ p.m.
Charing-cross Hospital.—Operations, 2 p.m.

Tuesday, January 6.

Royal Westminster Ophthalmic Hospital,—Operations, 1½ p.m.
Guy's Hospital.—Operations, 1½ p.m.
Westminster Hospital.—Operations, 2 p.m.
Throat Hospital.—Demonstration, 2½ p.m.
National Orthopædic Hospital.—Operations, 2 p.m.
West London Hospital.—Operations, 2 p.m.

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Marriages.

Smith—Taylor.—On the 23rd inst., at St. Luke's, Cheltenham, F. A. A. Smith, M.D., to Helen Elizabeth, eldest daughter of the late H. C. Taylor, Esq., both of Cheltenham.

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Deaths.

Applin.—On the 24th of Dec., at Hastings, George Peck Applin, L.R.C.P.Ed., M.R.C.S.E.

Grove.—On the 20th of Dec., at Hampton, Emma, wife of John Grove, M.D.

Merry.—On the 20th of Dec., Frances, wife of Robert Merry, M.D., Hemel Hempstead, aged 56.

Preston.—At Kilkeel, Decimus Wm., the dearly beloved child of Eyre F. Preston, M.D., aged 6½ months.

Stuart.—On the 21st of Dec., at 16 South Bank, Regent's Park, his residence for nearly 40 years, Abel Stuart, M.D., aged 78, formerly of Barbadoes. His memory will long be affectionately revered by many grateful patients.

Webb.—On the 24th of Dec., suddenly, at Woburn Place, London, F. C., Webb, M.D., F.R.C.P., aged 47.

Advertisements.

TO PARENTS of STUDENTS in MEDICINE.—The Surgeon to a Dublin Special Hospital, is prepared to receive a Student to reside in his family, for whose entire education he will arrange if desired.—Apply to G. F. B., Office of the Medical Press, 23 Ely Place, Dublin.

MEDICAL EDUCATION.—An Ophthalmic and Aural Hospital Surgeon in Dublin, is prepared to receive the Son of a Gentleman as a Pupil, who will reside with him, for whose Medical and Surgical studies he will arrange and superintend, and whose education, in his own special department, he will himself undertake.

The Pupil will have the advantage of extensive Hospital Practice in Eye and Ear Diseases and Operations.

Address R. S., Office of the Medical Press and Circular, Dublin.

HOSPITAL FOR SICK CHILDREN, Pendlebury, Manchester.—VACANCY.—The office of RESIDENT MEDICAL OFFICER to the Hospital will be vacant by the end of January, 1874. The office-bearer must be unmarried, and his name must be on the General Medical Register. The salary is £100 per annum, with board, &c. Candidates are requested to send in application and testimonials, on or before January 15th, directed to the Hon. Secretary.

CHURCH STRETTON (HYSLOP'S) PRIVATE ASYLUM
FOR GENTLEMEN OF THE UPPER AND MIDDLE CLASSES.

It cannot be too well known that there are Home Comforts and Family Associations not to be met with in large asylums.

Address, Wm. HYSLOP, Esq., Church Stretton, Shropshire.

SURGICAL SOCIETY of IRELAND.—The NEXT MEETING of the SOCIETY will take place on FRIDAY EVENING next, the 2nd inst.

The Chair will be taken at half-past Eight o'clock precisely.

B. WILLS RICHARDSON, F.R.C.S.I., } Hon. Secs.
JOLIFFE TUFNEL, F.R.C.S.I., }

Royal College of Surgeons, Dublin,
2nd day of Jan., 1874.

MENTAL AND NERVOUS COMPLAINTS.

LYSLE HOUSE, CRUMLIN, established since 1843, for the reception of Ladies only labouring under the milder forms of mental derangement and nervous complaints. The House is large and cheerful, commanding a view of the Dublin Mountains, and within three miles of the General Post Office. The inmates receive a constant, kind, and watchful care, which, under Providence, has been the means of restoring many to health of mind and body. The grounds and gardens are large, and in every way suited for healthful exercise. For terms and particulars apply to Mr. HAYES, Lysle House, Crumlin, co. Dublin.